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**DRUG AND ALCOHOL  
PROJECTS**

**THE NATIONAL EVALUATION OF THE YOUTH JUSTICE BOARD'S DRUG AND  
ALCOHOL PROJECTS**

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## SUMMARY

This report provides an overview of the local evaluations of 32 alcohol and drug projects funded by the Youth Justice Board Development Fund. Five projects never started or closed early, leaving 27. Of these 24 provided final reports by 25 March 2002. Evaluations could not provide cost-benefit data and many struggled to produce outcome data because of lack of resources, confidentiality and access issues, and poor record-keeping by some projects. However, to be cost-effective drug projects would have to reduce the offending of relatively few of their clients.

Projects had often been designed quickly and without sufficient information about local needs. One consequence was that caseloads were often considerably over-estimated. Young offenders' reluctance to disclose the extent of their substance use may also have contributed. Good practice was for projects to actively reconsider and redevelop their objectives and the services that they offered. Typically, this resulted in more generic young people's drug projects, compared to the original proposals, offering a range of services including individual counselling, drugs education, liaison with other services and staff training. All but two of the 27 projects offered interventions for young offenders (the other two offered staff training) and eleven of these also offered services for other groups.

Twenty-four of the 27 projects offered an 'industry standard' of individual counselling that included some of the following elements:

- ❖ assessment
- ❖ counselling (which might include any of the following as elements)
- ❖ advice and information
- ❖ harm reduction and preventative work, such as drugs awareness
- ❖ motivational interviewing
- ❖ one-to-one solution-focused work
- ❖ relapse prevention
- ❖ various forms of psychological therapy, including cognitive behavioural work
- ❖ anger or anxiety management programmes.

Also:

- ❖ befriending, mentoring and advocacy
- ❖ referral to leisure or educational activity programmes
- ❖ alternative health therapies
- ❖ referral to other agencies for treatment.

Projects also offered a range of other interventions.

- ❖ Drugs education was offered by four projects and was well received by young people and staff. It appears particularly appropriate for less intense substance users.

- ❖ Four projects formally provided training for professionals, which was also offered on a more ad hoc basis by others. This appears to be an important component of substance project work.
- ❖ Family support was definitely offered by one project and possibly by another. This is good practice, although there are issues of engagement and confidentiality to overcome.

For young offenders some interventions did not work well: Group work about drugs instead of individual counselling, outreach work and arrest referral all had difficulties operating successfully.

There could be cultural difficulties between Yots, drug projects and other agencies, notably the police. Drug projects tend to focus on client need, to prioritise full client confidentiality to ensure rapport and trust and to not treat without client consent. Yot work can focus more on outcome, expect a minimal attendance register, at least, and need compulsory treatment when it is a component of an Order.

Evaluation was impeded by:

- ❖ not being integrated into the design of interventions or services
- ❖ the need to evaluate full services, rather than isolable treatment elements
- ❖ services that could be unco-operative with data collection
- ❖ low priority given to evaluation by some services
- ❖ often insufficient funding to conduct a complete evaluation.

Projects were designed quickly, which led to further problems:

- ❖ lack of a specific evidence base for project design
- ❖ hasty, poorly evidenced estimates of caseloads
- ❖ weaknesses in planning project development
- ❖ under-funding of evaluation in some cases.

Key points for successful project set-up included.

- ❖ Use a competent steering group that can engage all stakeholders.
- ❖ Hire appropriately experienced staff and allow time to recruit them.
- ❖ Have clear line management for staff that includes monitoring of case management and clinical supervision. The latter in particular needs links with existing drugs agencies.
- ❖ Have enough staff to manage diverse work.
- ❖ Use accommodation where young people feel confidential and comfortable.
- ❖ Negotiate referral, confidentiality and information-sharing protocols with Yot and other stakeholders.
- ❖ Develop adequate inter-agency working practices.
- ❖ Collect data that can be used to monitor progress.
- ❖ Be capable of recognising difficulties and implementing changes.

Direct intervention projects varied greatly in the proportion of referrals from the Yot that were seen and varied also in the proportion seen who were fully assessed. These variations

highlight large local differences in referral policies and practices. Once assessed, young people tended to be offered services according to individual assessed need. This is good practice, but makes outcome evaluation problematic because those treated will have received different types of intervention.

Most projects that prospered and produced usable evaluation reports received broadly positive evaluations, but the outcome data used was generally weak.

Projects were extremely varied in the number of referrals recorded (from 15 to 660), with seven recording over 100 referrals. Some projects saw only Yot referrals, for others these accounted for less than a third of cases. Those that received fewer than 100 referrals seem to have had difficulties with the referral process. Common difficulties included inadequate initial assessment of substance use by Yot staff, which was rectified in some places with training by drug workers, poor relationships between relevant staff and low prioritisation of the substance project at the Yot.

- ❖ Substantial numbers of young offenders use alcohol and/ or cannabis in problematic or potentially problematic ways that could benefit from some form of intervention.
- ❖ In some areas, heroin and/or cocaine (sometimes also other opiates, amphetamines and benzodiazepines) were also problems for a large minority of referred young offenders. As is typical, more involved drug users tend to be poly-drug users.

Only six projects reported outcome data, which was uniformly weak self-reported or staff assessment data. However, most noted some improvement among some clients, including reductions in offending and substance use, which suggests useful levels of client satisfaction with the interventions. This satisfaction was supported by qualitative material provided in some local evaluations.

The reconviction study found that most young offenders referred to (or treated by) alcohol and drug services reoffended. Most young offenders referred to substance services had previous appearances, so they were initially at high risk of reoffending. Those with previous offences were around 20% more likely to reoffend than a general comparison group of young offenders, although this disparity may also be due in part to changes following the Crime and Disorder Act 1998, because the comparison group came before the implementation of the Act. There was no evidence that substance treatment reduced reoffending, but such evidence would have required a better control group than was available.

- ❖ Young offenders referred to alcohol and drug projects tended to be repeat offenders.
- ❖ Reconviction may be too blunt an index of offending behaviour to detect any improvements after intervention.

This national evaluation catalogues design, start-up and operational difficulties that impeded outcome evaluation, but found a substantial demand for substance services and suggests that substance projects can impact offending and substance use by some young offenders. To substantiate this, planned evaluations using control groups and designed cooperatively with stakeholders would be desirable.



## BACKGROUND

This report provides an overview of the local evaluations of alcohol and drug projects funded by the Youth Justice Board's Development Fund. The development and delivery of 32 alcohol and drug services provides a mine of information about good and bad practice for the future, as well as providing some indications as to what may work and what will not work for young offenders with substance use problems. The projects evaluated here reflect contemporary UK practices in drug and alcohol services.

The data available from different evaluations is very varied, so little in the way of meta-analysis is possible. The evaluations scrutinised here should be considered to be examples of 'evaluation in the raw', to be commended for what they accomplished rather than criticised for failing to live up to a notional 'gold standard' such as the randomised controlled trial. The rawness of the evaluations was often reflected in a number of features.

- ❖ Most projects were set up without considering how data were to be collected for evaluation.
- ❖ Generally the requirement to evaluate full services, rather than isolable treatment elements.
- ❖ Data collection was often perceived as low priority, interfering, unethical, or simply unnecessary.
- ❖ A generally low priority was given to evaluation by services.
- ❖ Often, there was insufficient funding to conduct a complete evaluation.

These difficulties resulted also in it being impossible to design realistic comparison groups for the interventions being evaluated; not enough was known about the clients or what was done to them to facilitate this. This rawness is typical of 'bottom-up' service evaluations. The Board's initial intent was to encourage a more top-down and sophisticated approach where evaluation was built in to service design and delivery. This did not materialise, for reasons that will be explained below. Some suggestions for building a better top-down approach will also be made.

Another background difficulty for both planning and evaluation was the paucity of local data on drug use among young people. Applications for funding were generally ingenious in adapting whatever information was available, but often had to rely either upon quantitative data that was not local, or primarily upon the impressions of local services, which were only vaguely quantifiable.

## HISTORY OF THE EVALUATION

Development fund money became available at short notice and had to be allocated rapidly, which limited the time available for both the writing and the assessment of proposals. With more time to read and reflect upon the proposals, a number of initial difficulties can be identified with regards to evaluation. As will be seen, these initial difficulties have had knock-on effects on the development and evaluation of projects. Initial difficulties included:

- ❖ lack of a specific evidence base for project design
- ❖ hasty, poorly evidenced estimates of caseloads
- ❖ weaknesses in planning project development
- ❖ little or no involvement of researchers or evaluators in project design
- ❖ under-funding of evaluation, which was sometimes less than 10% of project costs or less than £5,000.

Local evaluation contracts were negotiated locally between the local evaluators and the local projects, often without consultation with the national evaluators. Initially, local evaluators were barely aware of the national dimension to the work and had often agreed contracts for modest work that, while appropriate for the limited evaluation desires of the local service, was inappropriate for the more ambitious evaluation envisaged by the Youth Justice Board.

The national evaluation teams were established while the final project contracts and local evaluators were being negotiated. The first 6-9 months of the work involved developing contacts with the local evaluators as they appeared, as well as negotiating national conditions and standards with the Board and the other national evaluation teams. Only by April 2000 was it possible to give local evaluators a fairly clear description of what was required. By this time, most of them had finalised their local evaluation contracts. Some of these fit poorly with national requirements. The 19 local evaluators turned out to be of high quality. Excluded are evaluators of projects that terminated too early to be evaluated. Table 1 summarises the local evaluators. It can be seen that there were only problems with a small number.

**Table 1: The nature of local evaluators (n=19)**

Quality	Yes	No
Contracted in timely fashion	17	2
University-based	8	11
Track record in similar work	16	3
Autonomous from project	16	3
Co-operative with national evaluation	15	4

National evaluation seminars were delayed as long as possible (until May 2000) so that as many local evaluators as possible were in post and the national guidelines were clear. Local evaluators generally felt considerable uncertainty about their role, particularly for the national evaluation. They were relieved that everyone was in the same boat but concerned that quantitative outcome data had not been budgeted for or negotiated at the local level.

There were also concerns about the suggested cost-benefit analysis because they had generally not been contracted to collect the relevant data. Despite these problems, local evaluators were generally co-operative with the national evaluation as far as possible.

## TYPES OF PROJECT OFFERED

The services offered by the projects varied. A table of brief details of all the projects is included in Appendix 1. The variety of projects reflected in part the unevenness of previous local provision. In some instances, Board funding was used to expand the work of an existing local or national agency to include young offenders, or to extend a peer-led education scheme. In other areas, no relevant services existed.

Excluding five projects that closed and two that only offered training for professionals, the remaining 25 offered interventions to young offenders, but of these 11 also offered services for other groups. Projects for young offenders intervened in different ways and at different stages of the youth justice process. Some offered voluntary contact to young people at the lowest level of the system, those receiving Final Warnings or Reprimands. A number were involved in assessment at the Pre-Sentence Report stage, particularly if the offence was drug-related. One project provided a drugs education group for all young people placed on community sentences; others took referrals only of those whose *Asset* scores in relation to substance use reached a level agreed with the Yot. Most of the interventions offered were at Tiers 2 and 3 and referred young people to other agencies if their needs were more complex, but a small number of projects offered Tier 4 services as well.<sup>1</sup>

Another significant variation in these projects was the location of the workers. Many voluntary agencies preferred to be based away from the Yot, arguing that young people would be reluctant to disclose illegal substance use in a criminal justice setting. Others, however, were happy to work closely with the Yot and share premises; they did not perceive the same difficulties in working with service users and highlighted the benefits in terms of closer liaison and quicker availability. It is important that these matters are considered when setting up a project, but their appropriate resolution depends upon local issues including the precise nature of the service and of the Yot.

### NATURE OF CLIENTS REFERRED TO PROJECTS

Projects varied extremely in the number of referrals that they received and also in the quality and quantity of their data collection procedures. This makes it inappropriate to report summary statistics across all projects. Instead, Tables 2 and 3 show the basic characteristics of the clients referred, project-by-project for the 21 projects that provided at least some relevant data. These statistics are based on the data available in local evaluation reports, which sometimes recorded all referrals, sometimes only those who attended, sometimes even fewer clients than that. These data and their limitations are discussed further in the section about qualitative data obtained from the local evaluations.

Looking at Table 2, even considering that projects ran and collected data for different lengths of time, there were marked differences in the numbers of referrals to or contacts with projects, ranging from 15 to 660 (excluding one which closed but was evaluated).

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<sup>1</sup> In the tier system (Health Advisory Service, 1996) for drug users, tier 1 are young people not particularly at risk of substance misuse, tier 2 are those at risk of misuse, tier 3 are those currently misusing and tier 4 are those with intense problems associated with substance misuse, including serious dependence, dual diagnosis or multiple personal and social problems.

Projects were designed to receive different proportions of their work from Yot referrals. Projects saw predominantly male clients, reflecting the gender imbalance of young offenders. Most projects that provided usable data on age received more clients aged 16-17 than clients aged 14-15 and saw few younger clients. Only two projects saw more than 10% clients aged 13 or less. Some projects saw substantial numbers of clients 18 or older.

Ethnicity is shown separately in Table 3. The percentage of white clients reported ranged from 33% to 100%. A few projects in ethnically mixed areas recorded substantial numbers of Black and Asian clients. Four projects did not report ethnicity data at all. Of the remaining 17, 5 failed to record ethnicity for a substantial proportion of cases. So the typical client was a white (or Black or Asian in some areas) male young offender aged 16-17.

**Table 2: Basic characteristics of clients referred**

Project number	Status and comments (n=32)	N <sup>2</sup>	% Yot <sup>3</sup>	% male	% aged 13 or less <sup>4</sup>	% aged 14-15	% aged 16-17	% aged 18 or more
1.	Outcome data provided	463	45	78	33		61	6
2.	No assessment data	94	100	76				
3.	No outcome data	334 <sup>5</sup>	100	85	Age distribution not reported			
4.	Outcome data provided	88 <sup>6</sup>	100	89				
5.	No outcome data	49 <sup>7</sup>	100	88	4	20	45	0
6.	No outcome data	53	100	90	4	38	58	0
7.	No outcome data	32 <sup>8</sup>	30	61	7	41	52	0
8.	Outcome data provided	42	100	74	Age range 13-19			
9.	Outcome data provided	159	100	82	3	33	62	2
10.	No outcome data	309	27	60	14	25	37	16
11.	No outcome data	120	68	76	11	67		
12.	No assessment data	19	100	84	0	26	58	16
13.	No outcome data	58 <sup>9</sup>	100	74	2	12	47	19
14.	Inadequate evaluation	<sup>10</sup>	58	72				
15.	No outcome data	147	46	55			30% aged 17-18	3% aged 19+
16.	No outcome data	134	33	70	2	19	37	40
17.	Outcome data provided	62	50	72	3	15	52	5
18.	Outcome data provided	15	100	100	Range 11-18			
19.	No outcome data	125	86	89	2	16	36	36
20.	No outcome data <sup>11</sup>	660	100	89	Age data not broken down			
21.	No assessment data/closed	<sup>11</sup>	100	91	0	55	36	9

<sup>2</sup>The number referred as reported in the local evaluators' reports - the time span varies

<sup>3</sup>Percent referred from Yot or other youth justice sources, such as arrest referral

<sup>4</sup>Percentages do not sum to 100 due to missing data.

<sup>5</sup>Sample of 24 interviewed for drugs data

<sup>6</sup>Most data from a sample of 19 interviewed.

<sup>7</sup>Data only recorded for 49 cases and 81 is an estimate of the number actually referred

<sup>8</sup>But there were also 93 telephone contacts.

<sup>9</sup>Number referred from Yot, but Gap does other types of work also.

<sup>10</sup>Apparently several hundred but no figure mentioned.

<sup>11</sup>This is a referral scheme, so no detailed assessment or outcome data are available

**Table 3: Ethnicity of clients referred**

Project number	N <sup>12</sup>	% White <sup>13</sup>	% Black	% Asian	% Mixed	% Other	% Ethnicity not reported
1.	463						100
2.	94	93	0	0	5	0	2
3.	NA <sup>14</sup>						
4.	334 <sup>15</sup>	99	0	0.5	0.5	0	0
5.	88 <sup>16</sup>	42	37	11	11	0	0
6.	49 <sup>17</sup>	96	0	4	0	0	0
7.	53						100
8.	30 <sup>18</sup>	40	7	16	13	0	23
9.	42	90	10	0	0	0	0
10.	159						100
11.	309	94	0.5	1.5	4	0	13
12.	120	79	1	1	0	0	19
13.	19	100	0	0	0	0	0
14.	58 <sup>19</sup>	66	11	2	0	0	7
15.	147	76	5	1	17	<1	2?
16.	134						100 <sup>20</sup>
17.	62	50	2	0	0	0	48
18.	15	33	0	60	0	7	0
19.	125	33	16	24	7	2	18
20.	660	36	33	22	3	7	<1
21.	11	36	64	0	0	0	0

### SERVICES OFFERED BY PROJECTS

This section describes the services that were offered by the 27 projects, identifies good practice in setting up services and comments upon difficulties. Most projects offered a range of services. Except for two projects that only offered professional training, all projects worked with young offenders, but some also worked with young people who had not been referred to them as offenders, but came via other routes. Table 4 summarises these data.

**Table 4: Who the projects worked with**

Work only with young offenders	14
Work also with other substance misusers or vulnerable groups	11
Work with professionals only	2

<sup>12</sup>The number referred as reported in the local evaluators' reports – the time span varies

<sup>13</sup> Includes all UK, Irish and European origins.

<sup>14</sup> Training programme

<sup>15</sup> Sample of 24 interviewed for drugs data

<sup>16</sup> Most data from a sample of 19 interviewed, these are not shown as they are unrepresentative

<sup>17</sup> Data only recorded for 49 cases and 81 is an estimate of the number actually referred

<sup>18</sup> But there were also 93 telephone contacts.

<sup>19</sup> Number referred from Yot, but Project does other types of work also.

<sup>20</sup> Although the ethnicity of the 50 peer educators is recorded.

The projects varied also in the types of service that they offered. Table 5 shows the different types of services. It can be seen that most projects offered individual counselling of some kind, which could in theory be evaluated by looking at outcomes, such as improvements in self-reported behaviour, in behaviour rated by others or reduced likelihood of reconviction. A variety of other services were also offered, which will be discussed briefly before looking at individual counselling in more depth.

**Table 5: Types of service offered by the projects**

Type of service	Number of projects offering (n=27)	Comments
Individual interventions	24	Individual work of diverse kinds was the mainstay of the projects.
Group work	4	This tended to be less successful than anticipated because of the practical problems of forming an appropriate group.
Arrest referral	2	The police station does not appear to be a good place to contact young people about their substance use.
Outreach work	3	This is difficult to evaluate, because individual outcomes are not available and the outreach components of projects did not prosper
Drugs education	4	This form of intervention aimed to inform young offenders about substance use so they could evaluate their own behaviour. It was generally well received by all stakeholders.
Support for families	2	Engaging families in drugs work is good practice, but requires negotiation with the young person and the appropriate engagement of parents or other family members. Both these can be difficult.
Training for professionals	4	Training appears to be useful and, indeed, formed a less formal part of the work of several other projects.

### **GROUP WORK**

Projects offering group interventions (other than drugs education, *see below*) all had difficulties in collecting together enough clients to run groups. There were two reasons for this. First, because of the time-limited nature of young offender disposals, at any one time there were relatively few eligible offenders with relevant substance use problems. Second, it was difficult to collect a group in one place. It was therefore tempting to conduct individual casework instead of group work. Given that preliminary evidence is that young offenders are relatively intensive substance users, good practice would be that groups for young offenders include sessions on substance abuse. “Young offenders identified as having substance abuse problems” is too narrow a remit for group work. Good practice also would be to encourage generic group work for substance abuse to include consideration of offending; the extent to which this already occurs is not clear.



- ❖ Group work for young offenders with drug problems is difficult to implement and the incorporation of relevant issues into generic groups for drug users or offenders might be more appropriate.

### **ARREST REFERRAL**

Arrest referral schemes for adults appear generally to be successful, but neither such project for young offenders was successful. One resulted in very few referrals and the other substantially redefined its objectives to reduce the amount of time spent on arrest referral. There appear to be a number of reasons why drugs arrest referral schemes for young offenders may not succeed. First, relatively few young offenders pass through a custody suite, so having a drug worker on duty in the suite for them is not cost-effective. Second, there are special sensitivities about juvenile substance use and point of arrest may not be the best place to address these. Third, relatively few young offenders who have drug problems are immediately receptive to offers of drugs treatment, which they can perceive as inappropriate. One solution would be that adult arrest referral schemes are expanded to deal also with young offenders. This was what evolved in one project, but with limited success because the emphasis of the project remained too much on adult offenders for it to deal well with the special needs of young offenders.

- ❖ Arrest referral schemes for young offenders are unlikely to succeed.

### **OUTREACH WORK**

The outreach components of projects were never intended to directly address offending and outreach work was offered by projects where youth offending was not the mainstay of their work. One outreach component was in practice dominated by individual counselling work. In another project, outreach was merely one of a range of services offered across a wide geographical area and it was unclear how extensive outreach was in practice. The third project closed.

- ❖ Outreach work did not prosper in the projects evaluated.
- ❖ For youth justice, the objectives of outreach drugs work need to be considered carefully.

### **DRUGS EDUCATION**

Projects offering drugs education provided both general drug awareness programmes and specific programmes for young offenders (although this might simply be referral to the general programme). General drugs awareness programmes were presented in schools as part of their PHSE curriculum or occasionally to youth clubs or services as outreach. Only one project explicitly aimed to offer this alone, rather than also more intensive services. Other forms of drugs education included one peer-led programme and were all aimed at educating young people about drugs so that they could make informed choices about their own behaviour. Programmes that took young offender referrals were evaluated as positively as the more generic individual interventions described below. Also, unlike the other kinds of group work discussed above, drugs education did not have scheduling problems, probably because a group is a prerequisite for drugs education, whereas other forms of intervention can occur in groups or individually.

### **SUPPORT FOR FAMILIES**

Only two projects offered support for parents or other carers and the local evaluation of one of these provides no detail of this component. The other project found that uptake of family support was rare and required sensitive handling, but that it could greatly facilitate intervention. The model used was that one worker worked with the young person and another worked separately with the parent or carer. This is rather different from a family or systemic model of intervention, which has been found to be effective for adolescent substance abusers, particularly in terms of retaining them in treatment (Liddle & Dakhoff, 1995). For such work to occur, young offenders need to be willing to disclose substance use to their carers. They can be concerned about this, except when their problems are already so extensive as to be well-known.

- ❖ Working with the parents or other carers of young substance users is good practice, but there are major issues about disclosure.

### **TRAINING FOR PROFESSIONALS**

Two projects only offered training for professionals. One focused upon solvent abuse and the other trained professionals to deliver drugs education. Two other projects offered drugs awareness training for professionals as one planned component of their work. Other projects appear to have provided drugs awareness training as an element of the work as it evolved – for example training Yot staff. Generic professionals can be poorly informed about substance use issues and lack confidence about dealing with ‘drug users’, so there is a widespread need for relevant training. Often, this may be appropriately provided by local drug services, or drug workers.

- ❖ Being able to provide drugs awareness training for professional groups is a minor but important component of drug project work.

### **INDIVIDUAL INTERVENTIONS**

The typical project worked with individuals and provided the range of services one expects from a substance misuse agency. This usually included a range of methods. Some of these usually occurred within the context of one-to-one counselling:

- ❖ assessment
- ❖ counselling (which might include any of the following as elements)
- ❖ advice and information
- ❖ harm reduction and preventative work, such as drugs awareness
- ❖ motivational interviewing
- ❖ One-to-one solution-focused work
- ❖ relapse prevention
- ❖ various forms of psychological therapy, including cognitive behavioural work
- ❖ anger or anxiety management programmes.

Because of concerns about confidentiality and deficiencies of record-keeping, it was usually very difficult for evaluators to work out which of these interventions had been offered to individual clients. Data about assessment might be recorded, along with some outcome data such as staff-assessed improvements. In between, interventions were not offered in a manualised way, but were delivered according to what the counsellors saw as clients’ individual needs. Additionally, clients could be offered some of the following:

- ❖ befriending, mentoring and advocacy
- ❖ referral to leisure or educational activity programmes
- ❖ alternative health therapies
- ❖ referral to other agencies for treatment.

Records for these were not usually well kept. Even if all such activities were theoretically recorded, in practice they could also occur without traceable records of the individual clients involved. Thus, it was impossible to tease apart different interventions within or across projects or routinely establish what had been provided for individual clients, which made outcome data difficult to interpret. It was not even usually possible to tell how long interventions had taken.

It can be difficult to get staff of any service to prioritise record keeping, which can to be seen as detracting from work with clients (Holdaway et al., 2001). Here, these difficulties were in part also due to projects being new. Additionally, drug services can be particularly casual about record-keeping, perhaps because they often have histories of being reliant upon client self-referral, having high standards of client confidentiality and not having any statutory reporting requirements. Records were better kept where information requirements had been negotiated in advance and when the local project was part of a national organisation, but inadequate record keeping greatly hindered many local evaluations.

## SETTING UP PROJECTS

### GOOD PRACTICE

In setting up drug or alcohol projects for young offenders there were a number of good practices:

First, there was a need to hire appropriate staff, ideally experienced drug workers, with additional experience of:

- ❖ working with young people
- ❖ service development
- ❖ training other staff
- ❖ publicising a service
- ❖ multi-agency working.

When such staff were hired and retained, then projects tended to be set-up efficiently, to build good working relationships and to modify working practices and inter-agency agreements as necessary.

It was not always easy to find such staff and there were sometimes resultant long delays in start-up. Some staff were weak in some of these areas and had difficulties in developing an appropriate service, building the bridges required between agencies and reorganising services if necessary. Small teams were also vulnerable to staff changes and some projects were unable to operate for long periods because of unfilled vacancies or sickness.

Second, there was a need to provide appropriate management for these staff. Best practice was when staff were managed by one or two people, who understood what was going on. Ideally, staff had access to one manager for monitoring of case management and a second for clinical supervision. Such arrangements were welcomed by staff and worked well in practice.

Poor practice was when people with many other priorities and minimal understanding of drugs work were managing staff. In some cases, this led to drug workers receiving little or no appropriate management. When projects eventually prospered under these conditions, it was due to the personal skills of the drug worker. Deficient management appeared to be a reason for the closure of some projects.

Thirdly, projects needed sufficient staff to manage diverse work. Particularly in projects with only one worker, there could be difficulties with managing the work, which could include a caseload of clients, travel around the local area doing publicity and education work, training work and a variety of other demands. Such difficulties were worsened when projects were in rural areas requiring long travel times and when they were spread across more than one Yot area.

Projects that were set up as part of existing drug agencies generally did not suffer from the two preceding problems because work could be informally shared with other staff and,

perhaps, because existing drug agencies were more realistic in estimating staff requirements.

Fourthly, there was a need for appropriate accommodation for drugs work, including space that was convenient for young people to access (and perceived by them to be convenient<sup>21</sup>) where they could be interviewed confidentially without feeling that they were under surveillance. Having a drugs worker located in a Yot could facilitate convenient, rapid, joined up working, but sometimes at the risk of inhibiting trusting relationships with young people. However, alternative venues were often hard to find and one project was delayed initially by the unavailability of suitable premises.

Fifthly, there is a need for the Yot to make appropriate referrals to the drug project, where what constituted an appropriate referral was negotiated and agreed locally, usually supported by Yot staff training. Appropriate referral involved:

- ❖ assessing all young offenders for substance use problems using *Asset* and possibly other tools
- ❖ being sensitive to the difficulties of disclosing substance use problems
- ❖ knowing which local services were appropriate for which kinds of problem
- ❖ making referrals and keeping formal records of what referrals were made.

The main inappropriate referral practices were:

- ❖ referring very few young offenders, probably because their substance use was not being assessed in an appropriate manner, or because the drugs service offered was not appreciated
- ❖ referring all young offenders who used drugs in an indiscriminating manner, so that the project saw many people whose drug use did not constitute a problem worthy of intervention

Referral criteria could be easily quantifiable, for example, an agreed score on the Substance Use section of *Asset*. However, uncertainty could persist over what level of substance use justified referral. There were frequent complaints of inappropriate referral, particularly of tier 1 or 2 clients being referred to tier 3 or 4 services. Referral usually became more appropriate through liaison as projects progressed, but the difficulties could have been largely avoided by the agreement of clear criteria at the outset.

Sixthly, there was a need for the Yot and the project to develop reciprocal and mutually beneficial working practices. These included agreement about:

- ❖ what constituted an appropriate referral
- ❖ how information would be exchanged (and withheld for ethical reasons)
- ❖ how working practices would be co-ordinated

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<sup>21</sup> Convenience depends upon a multitude of local factors. In rural areas, young people without transport may be unable to travel to some places and may have to be picked up. In cities, young people may have higher expectations of 'convenience' and may be unwilling to travel into strange neighbourhoods or change bus.

One role of the project staff or manager was to develop good links with Yot staff. This applied even when the project was within the Yot. Where young offenders were referred to drug projects but the Yot received no feedback from the project, referrals were unlikely to be prioritised. Similar problems probably apply to other sources of referral, but less is described about them.

Projects that involve co-operation between voluntary or statutory substance misuse agencies and Yots need clear protocols and guidelines to govern their relationships. This is particularly true in relation to the sensitive areas of confidentiality and information sharing, and more crucially still, to the establishment of referral criteria.

Many of the substance misuse workers felt that their clients would not disclose sensitive information to them if they were too closely identified with the youth justice system. The commonest compromise was for agencies to notify Yots whether young people referred had attended or not, particularly if their attendance was required by a Court order. Other information might be disclosed with the consent of the service user, and exceptions were allowed for information concerning serious risk or Child Protection issues. There were instances of projects where guidelines were only drawn up after considerable difficulties had been encountered. The key point is that these matters should be resolved before projects become operational.

Seventh, projections of workload were difficult, particularly in areas where there was no existing service. A variety of methods was employed, the commonest being to calculate the total number of young people going through the youth justice system and rely on national or local estimates of the proportion whose offending is drug related. In some areas, this resulted in huge overestimates of caseloads and consequent under-employment of resources. In other areas, staffing levels were inadequate to satisfy the caseload, particularly where one worker was employed to provide a service to two Yots.

These problems meant that it was often necessary to modify the services provided and the working practices of the project, in order to either obtain clients, or manage the caseload. To obtain clients, services without clients often had to widen their focus and extend the range of services offered. So, for example, an arrest referral project was modified to offer other services such as drugs education and staff training, and broadened its scope to work with young substance users referred via other routes. Some projects appear to have closed because they did not make such changes.

To manage large, spread-out caseloads, it was often necessary to negotiate compromises so that project staff did not have to be in several places at once. For example, the drugs worker might see local drug clients one day in one place, another day in another. While this sounds simple, it requires interagency co-operation and planning of how and when cases are seen.

- ❖ Good practice entailed a willingness to reconsider and be flexible about the mode and organisation of intervention.

Eighth, projects needed to develop data collection systems that allowed the types of tracking and monitoring required by youth justice. A fundamental difficulty here was the different standards of confidentiality used in drugs work and in youth justice. Drug services, particularly non-statutory ones, often avoid keeping any personal identifier

information at all, but this makes it impossible to track referrals through the system. This level of confidentiality can be appropriate when the service involves discussing an illegal activity such as drug use, but some information needs to be kept purely for the tracking and monitoring purposes. Good practice here involved:

- ❖ agreeing with the Yot about what information would be passed back to it - typically, this included notification that the referred person had attended and notification about their completion of the programme, without provision of other details
- ❖ recording further client details for internal use - for example, projects should be able to tell whether a referral is 'new' or somebody that they have seen previously
- ❖ having procedures for keeping some records of all client contacts.

Reference has already been made to the difficulties posed for evaluation by absent or inadequate data collection systems. There were projects where no staff time was allocated to record-keeping and there were no procedures for data collection. Some projects did have systems for tracking referrals once the relevant paperwork had been completed, but also took "informal" referrals that were never recorded. A different complication could arise for projects that had more than one funding source, each one potentially requiring different data for different purposes. The results of fundamental weaknesses in data systems will be evident throughout this report.

Where systems were established from the start, however, projects were better able to chart their own progress and provide the source material for steering groups, funding bodies and evaluators to monitor their work. This will also eventually help avoid gross caseload projection errors in the planning of future services.

Finally, implicit in many of the preceding points, there was a need for the project to have a competent steering group that included relevant stakeholders, most obviously from the substance project and the Yot, and that could engage other stakeholders, such as the police, education and social work, when this was relevant. Start-up of a few projects appears to have been delayed by the virtual absence of a steering group. Instead, start-up was primarily the responsibility of a single person who had many other duties too.

#### **SUMMARY POINTS**

- ❖ Use a competent steering group that can engage all stakeholders.
- ❖ Hire appropriately experienced staff and allow time to recruit them.
- ❖ Have clear line management for staff that includes monitoring of case management and clinical supervision. The latter in particular needs links with existing drugs agencies.
- ❖ Have enough staff to manage diverse work.
- ❖ Use accommodation where young people feel confidential and comfortable.
- ❖ Negotiate referral, confidentiality and information sharing protocols with Yot and other stakeholders.
- ❖ Develop adequate inter-agency working practices.
- ❖ Collect data that can be used to monitor progress.
- ❖ Be capable of recognising difficulties and implementing changes.

## PROCESS OF SERVICE DELIVERY

### REFERRAL

The simplest model of referral was in projects based in Yots where staff referred young people to the substance misuse workers for assessment and possible treatment. This section describes the many ways in which this model was varied or augmented.

The decision on referral was often left to the judgement of the Yot worker. Sometimes, a particular score on Section 7 of *Asset* triggered referral, but this too requires a judgement. It was clear in the early days that Yot members did not always identify referrals consistently. Potential referrals could be missed if young people were reluctant to disclose substance misuse and workers were not confident about enabling them do so. Some Yot staff were slow to adopt the culture of referral as opposed to dealing with all the young person's needs themselves. In contrast, other projects observed that young people were being referred inappropriately because their substance use was occasional or recreational and the project's remit was to work with problematic users. These issues were generally resolved by close liaison between projects and the Yot staff, often including opportunities for informal discussion of cases, written referral guidelines, formal training sessions and regular attendance by project staff at Yot team meetings.

Projects could be more pro-active in seeking referrals, for example, by attending when Reprimands and Final Warnings were administered to offer advice and information. This could be time-consuming and rarely resulted in ongoing work, which was demoralising for workers who focused on it. More promising were the practices of intervening at Pre-Sentence Report stage, or carrying out a substance misuse assessment on all young people subject to community sentences. This was usually linked to other specialist assessments. However, this practice developed late in the day and it was too early for evaluations to show whether it led to improved identification of young peoples' needs.

Some projects had a broader referral base, including, obviously, those which provided services to non-offenders. Referral sources included youth services, health services, parents and self-referral. Drop cards and outreach were used to maximise public awareness. It is always difficult to measure the impact of such measures but projects were confident that they assisted in reaching young people who would otherwise have slipped through their nets.

Projects usually relied on written referrals, sometimes accompanied by a copy of *Asset* or other official documents. Those that accepted verbal referrals risked failing to document the work and thus hampered effective monitoring, and this practice tended to diminish over time. Verbal referrals can sometimes speed up the process of intervention (and most projects stressed their desire to respond quickly) but still need to be followed up with written information.

An important area of referral practice was the response to non-attendance, and how this was communicated to referrers. This was inevitably linked to the question of voluntary versus compulsory attendance. Substance misuse agencies have traditionally regarded



voluntary attendance as a necessary indicator of genuine motivation. Voluntary referrals who did not attend might therefore be offered encouragement to do so by further telephone or letter contact, but practice varied as to whether or not the referrers were informed. Yots, however, exist in a growing culture of compulsion in the criminal justice system. Even where confidentiality had been agreed as to the content of any treatment, non-attendance had to be notified if it placed the young person in breach of a court order.

Many projects were uncomfortable with this aspect of partnership, and some did not accept compulsory attendance. Those that did, appear to have accepted the responsibility of informing Yot officers, albeit reluctantly. One project reached a compromise of sorts by securing agreement that the actual number of sessions attended could be agreed between them and the young person.

Most young people referred to most projects were white young men, who are the majority of young offenders in most areas. It is worth highlighting the efforts of one project to be more accessible to young women by co-operating with a local voluntary agency running a drop-in centre and a project for young sex workers. Equality of access was also often raised regarding ethnic minorities. Projects were all aware of the need to be anti-discriminatory in their practice and many, especially in London and other metropolitan areas, had black and Asian staff members. But there was little information they could draw on as to the specific needs of different communities.

Referrals were generally low and there was no way of knowing whether this reflected low levels of substance misuse or reluctance to approach services. Services did not necessarily have the time or resources to develop links with local ethnic minority organisations; in areas with small black populations and few such organisations, they had few options other than to publicise their services as open to all.

Geography also had an important role to play in access. Rurally based projects need to plan how to transport young people to the projects, or staff to the young people. Solutions included drivers picking up young people and bringing them to the project, project work occurring at various convenient places around the rural area and staff travelling to the young people. The latter was problematic if only one or two staff had to cover a large area.

### **ASSESSMENT**

The initial contact following referral usually involved another assessment in addition to *Asset*, though the degree of formality varied. This intake session was usually concerned to assess the potential client's basic characteristics and suitability for the project. Most projects reassessed client's substance use, looking at all substances used and taking a substance use history. *Asset* lacks breadth and depth about drug use for this purpose.

They also took a family and life history, including education, offending, health and past service use. Some used existing or specially designed forms; others regarded assessment more as part of a continuing process of casework and obtained information by taking notes.

Many local evaluations include specimen data collection forms. These are highly diverse, but most appear adequate for the purpose 'on paper'. General clinical wisdom is that questionnaires and forms are only an aid to assessment and are not a substitute for

establishing a therapeutic relationship. The quality of the forms used is therefore secondary to the quality of the staff doing assessment.

The nature of assessment depended to some extent on whether the next step was treatment by the project itself or referral to another agency. Some projects offered a wide range of services themselves; others mainly referred young people on to other activities or treatment options. The range of services offered is detailed in the next section.

After intake assessment, several projects found in their early days that they were being referred Yot clients who were not appropriate. The most common reason being that young offenders with Tier 2 or 3 level substance use were being referred to a service intended to deal with Tier 4 clients. Agreeing clear *Asset*-based criteria for referral and training for Yot staff usually resolved this difficulty. When clients were judged to be Tier 2, or even Tier 1, they were usually only given some minimal drugs education, often in the same session as assessment; excepting projects that explicitly aimed to do drugs education. Alternatively, after intake the client might continue to be seen by individual caseworkers at the project, or referred on to other services judged appropriate.

*The training sessions provided by the substance misuse worker were really useful. It was not just focused on lower level drug education but encompassed harm minimisation, first aid and demonstrated resuscitation techniques if a client has overdosed on drugs*

Yot practitioner

Projects varied substantially in the extent to which adequate records of assessment were kept, as is evidenced by the incomplete data collected for evaluation. Some projects began with no record-keeping procedures and a few failed to develop any adequate ones. The use of a structured form or questionnaire probably encourages improved record-keeping, although not all the information listed on a form is necessarily collected in a single assessment session.

### **TAKE UP OF SERVICES**

The incomplete nature of data makes it very difficult to judge whether different services had different impact in terms of their ability to engage young people. One or two fairly clear trends emerge, however. Offers of voluntary contact to young people receiving Reprimands or Final Warnings were very rarely taken up, however pro-active projects were in promoting them. Young people who were required to attend under a Court order were more likely to keep appointments, but some projects felt that they then only paid lip service and benefited less than those who attended voluntarily. Young people who did attend and gave positive feedback as to what they found helpful in services tended to stress the traditional social work values of non-judgemental warmth, relevant advice and confidentiality, or, more simply, the opportunity to talk to someone who really listened to them.

There is a difficult trade-off between the severity of offending and the severity of substance misuse. To anticipate the reconviction study, those referred were twice as likely as a comparison group to be repeat offenders. It is likely that many first offenders with substantial substance abuse problems were not referred for intervention, because their offending was not seen to be sufficiently problematic to warrant a disposal involving such intervention.

- ❖ Young offenders who might benefit from substance interventions are unlikely to volunteer for them and mandatory referral clearly has its place.

### **RELATIONSHIPS BETWEEN YOTS AND ALCOHOL AND DRUG SERVICES**

Relationships between the projects and the Yots developed gradually and, by the time of the final evaluation reports, most were described in positive terms such as “excellent” or “productive”. Indeed, apart from the minority of projects that closed through lack of referrals, this was not a problem area once projects were established. Yot staff appreciated projects’ willingness to provide information and training on substance use (even in one Yot whose members complained of ‘training fatigue’). They also found it helpful when they could discuss individual cases informally before deciding whether to refer them.

Two areas of potential conflict, confidentiality and referral procedures, have already been discussed. A third, more central, difference was over the purpose of referral. Here, the conflict between criminal justice and substance misuse agencies was clearest. Yot workers’ primary duty is to reduce crime and there was sometimes an expectation that referral to a substance misuse project would focus on abstinence and produce measurable changes in behaviour. Substance misuse agencies are more overtly client-centred, aiming to promote changes in attitude, health awareness and harm reduction. These differences in values are likely to persist, but their impact can be lessened by mutual understanding and clear working protocols.

### **GOOD PRACTICE**

- ❖ clear referral criteria and good, ongoing liaison between substance misuse agencies and potential referrers
- ❖ swift response to referrals and feedback of information to referrers
- ❖ assessment tools and methods appropriate to young people
- ❖ availability of a wide and flexible range of services, including referral to other agencies where appropriate, to meet varied needs
- ❖ appropriate language and interpreting provision - there were examples of a signing interpreter for a hearing impaired client and Welsh-speaking workers.

### **POOR PRACTICE**

- ❖ failure to consider the specific needs of young women and minority groups
- ❖ failure to budget for additional transport costs in rural areas

## OUTCOMES FROM THE LOCAL EVALUATIONS

### DATA SOURCES

Local evaluators faced considerable difficulty in identifying measurable outcomes. Problems with data collection and access meant in many instances that only small numbers of young people could be followed through the system, even in those projects which had dealt with reasonable numbers. Attempts to obtain the views of the young people themselves often foundered, either on the reluctance of agencies to allow access, or the reluctance of the young people themselves to respond. Both type of reluctance were confounded by the practical difficulties of making and keeping appointments to interview young people, who can have high ‘did-not-attend’ rates anyway and are often only briefly and occasionally on project or Yot premises.

Some evaluators were able to draw on self-assessment questionnaires completed by the young people at the beginning and end of their contact with the projects. A few were able to conduct interviews, though these tended to be with clients selected by the project workers. These interviews produced interesting material but the fact that the young people concerned had usually had lengthy and positive involvement with the projects made them untypical. None of the evaluators was able to draw on any comparisons or control groups.

Additional qualitative data about the projects was obtained from interviews with workers, managers and steering group members, and from staff in Yots and other agencies which dealt directly with the projects.

### COMPARABLE QUANTITATIVE DATA PROVIDED IN LOCAL EVALUATION REPORTS

Generally speaking, the variety of the projects and the methods employed by the local evaluators makes aggregation of results very difficult. Nevertheless, a number produced findings in relation to self-reported or project worker assessed substance use and offending. Some were also able to comment on whether young people were convicted of further offences while in contact with projects or immediately afterwards, though none was able to access sufficient information to carry out a full reconviction study. This section examines the quantitative data that was provided in the local evaluation reports in a form that could be compared across different projects. Details of findings from individual evaluations are included in Appendix 2. Table 6 summarises the availability of quantitative data from the local evaluations.

**Table 6: Outcome of alcohol and drug projects and their evaluation**

Project closed	5	
Staff training project – no young offenders involved	2	
Late reports (as of 14/3/03)	3	%
No usable data about young people	3	14
No data assessing young people	2	9
Assessment data, but no data assessing project outcome	11	50
Some assessment and outcome data	6	27
Valid Total	22	100
Grand Total	32	

Of the projects that closed, one never started, three closed early before evaluation was fully under way and one closed during evaluation. Two funded projects trained staff to deal better with substance use issues, and their processes and outcomes cannot be evaluated in terms of changes in young people's behaviour. Several other projects included substantial general educational or outreach work for young people, which cannot be evaluated in terms of specific impact on individual offending or substance use. Where possible, the components applying to individual young offenders are included in the data reported here.

Three reports failed to provide data about young people in a form that could be used. In two cases, the data, tabulated across different agencies, is too patchy to make sense of and in the other case relevant data is not provided. In all three cases, the evaluators had overarching responsibility for the audit and evaluation of alcohol and drug initiatives across several Yot areas that only included the Youth Justice Board-funded projects as small components. The reports all document the processes of project set-up but were unable to focus enough on the specific Board components. Furthermore, in all three cases the evaluators lacked a track record in research or evaluation. This does not appear to be good practice for evaluating specific projects of this kind.

- ❖ Evaluation of specific funding should not be mixed into general audit and evaluation of local services.
- ❖ Evaluations should be conducted by people with experience in research or evaluation.

Two reports provided data about young people referred to the projects, but did not provide usable data about their assessment. In one case this was because the project was specific to alcohol problems and hence the relevant questions were somewhat different (and the project was also late in starting). In the other case the assessment and outcome measures reported are divergent and do not include data on which drugs were used or on offending.

Projects usually recorded the personal circumstances of the young people referred to them. As might be expected, they showed high levels of unemployment or exclusion from education. Most were living with parents or other relatives, but significant numbers were or had at some time been accommodated by local authorities.

Seven projects recorded over 100 referrals. Of these, four came from urban areas of Northern England, two from the same multi-cultural area of Greater London and the remaining project was rural. Other projects from urban areas of Southern England tended to receive relatively few referrals.

Projects also varied in the proportion of clients that came from the Yot. This varied from 100% to 27% (not counting projects where there were separate programmes for offenders and general educational work). Projects that saw larger proportions of Yot clients tended to be referred more males ( $\rho = 0.72$ ,  $p < 0.005$ ), reflecting the disproportionate number of male young offenders.

- ❖ Projects that received large numbers of referrals from Yots tended to be located in the North of England.

- ❖ Where there were few referrals, this appears to be explicable by deficiencies in the processes of referral and service provision, rather than by lack of demand.

### OFFENDING

Where the nature of the current offences was shown, they were usually acquisitive, with a significant but smaller proportion of public order and minor violence. Some evaluations contained information from young people about their sources of income and how they funded their drug use. Many had legitimate incomes and were spending relatively small amounts on drugs or alcohol. As might be expected, a small number were dependent on crime to fund expensive habits.

### SUBSTANCE USE

Looking at the drugs that were in some sense recorded during assessment, remembering that different referral and assessment methods will result in different recordings of drug use and drug problems, it was possible to look at the frequency with which alcohol, cannabis (including skunk – very strong marijuana – in some large city Yot areas), heroin and cocaine (including crack) were recorded. Other drugs were recorded more rarely in most places, except as part of poly-drug use.

Frequencies varied substantially from area to area as a function of local differences in drug use, local referral policies and local definitions of and recording of problems. Nonetheless, some key points can be taken from Table 7. First, alcohol and cannabis problems are generally more common than heroin or cocaine problems. Furthermore, projects that assessed a higher percentage of referrals tended to find more with alcohol problems ( $\rho=0.78$ ,  $p<0.01$ ), suggesting that more alcohol problems are uncovered by in-depth assessment of young people suspected of substance use problems.

Second, cannabis use *is* a problem for this age group. It can be identified as a problem in its own right – with two evaluations specifically mentioning skunk – or in the context of a poly-drug use pattern including alcohol, cannabis and other drugs less often. Third, in some areas but not others, heroin and/or cocaine use is also a problem for a substantial minority of detected young offenders. It is also of interest that projects that tended to identify higher percentages of heroin users tended to identify lower percentages of alcohol users ( $\rho=0.73$ ,  $p<0.01$ ). This is the result of local differences in use patterns and in service provision. It is not possible to estimate the proportion of young offenders who have substance use problems from the available data; bias being introduced at both the assessment and referral stages.

**Table 7: Recorded percentage drug use or problems among clients referred to projects**

Drug	Lowest recorded % from a project	Highest recorded % from a project	Mean % across all projects	SD	Valid N
Alcohol	18	91	42	27	14
Cannabis	10	96	46	23	16
Heroin	2	41	18	13	15
Cocaine	0	33	9	11	12

Looking further into the details of the local reports, one gets the impression that the substance use of young offenders is varied, but these variations cannot be tabulated because of differences in how drug use was reported and described. These differences occurred despite *Asset* and the evaluators' efforts to get projects to adopt common standards.

Some young offenders were judged after assessment to be using alcohol and drugs in ways that are normative for their age group (if of concern to adults). They tended to be regarded as 'inappropriate' referrals and receive minimal advice or education about substance use, often in the same session as their assessment. Many young offenders use alcohol and drugs in ways that seemed excessive to those assessing them. Typically, this involved near-daily use of alcohol and cannabis, in considerable quantities, with other drugs occasionally.

Some of these young offenders were not judged to particularly fund substance use with offending. For others, offending and substance use were seen as more related, via funding, or because offending occurred while drunk. A minority of young offenders appeared to have a more persistent pattern of offending and substance use that already resembled dependence, although project staff were understandably wary of labelling young people as drug dependent. It is also likely that habitual heroin or cocaine users were more likely to be judged dependent than were cannabis or alcohol users. Standard diagnostic criteria for substance abuse and substance dependence were not generally used by projects.

The existence of noticeable numbers of dependent users is important, because reductions in their substance use are liable to reduce their offending. Some local reports contain some data about expenditure which can be illustrated as follows: A linked excessive user who consumes cannabis and alcohol quite heavily on a daily basis can conservatively spend £50 per week on substance use, about which about £40 will be funded by offending. This amounts to £2,000 a year. Allowing a highly conservative multiplier of x2 for the real costs, rather than resale value, of crime gives £4,000. A dependent user may spend £16,500 per year (Bramley-Harker, 2001), costing £33,000. Even on this basis, if a drugs project costing £100,000 per annum helps 3 dependent users to quit, then it has already paid for itself. Even the weak evidence from the evaluations discussed here suggests that this is a feasible level of achievement.

- ❖ Substantial numbers of young offenders use alcohol and/or cannabis in problematic or potentially problematic ways that could benefit from some form of intervention.
- ❖ In some areas, heroin and/or cocaine (sometimes also other opiates, amphetamines and benzodiazepines) were also problems for a large minority of referred young offenders. As is typical, more involved drug users tend to be poly-drug users.
- ❖ Future audit and evaluation work would be facilitated by the adoption of common agreed ways of describing and defining drug use.

## OUTCOMES

Only six evaluations additionally reported outcome data about offending or drug use during or after the interventions provided by projects. Most outcome data was simply self- or key worker-rated 'improvement' in drug use and in offending. Most evaluations saw it as inappropriate to report such weak data and lacked the resources to collect more robust and longer-term data. To do this it would have been necessary to agree access with all stakeholders, including the Yot, the project, the young people and their parents, then to

maintain contact with the young people for six months or more. This would have been difficult, time-consuming, sensitive and costly.

A further problem is that some evaluations only report data from a small sample of those assessed. Table 8 summarises this rather weak and incomplete outcome data. Particularly in light of the few projects with outcome data, it would be inappropriate to suggest that projects with higher recorded improvements were actually more successful. There were no correlations between recorded improvements and any of the client characteristics discussed above. Nonetheless, these data suggest a useful level of client satisfaction with alcohol and drug interventions, which is further supported by the qualitative process data from the local reports. It is also worth noting that the ‘industry standard’ (at least for adult clients) is that about 25-30% of clients remain in some sense improved six months after intervention. Higher rates of improvement tend to be due to various biases and artefacts.

**Table 8: Percentage outcomes reported**

Projects that recorded some, usually weak, outcome data	% of clients assessed as offending less <sup>22</sup>	% of clients assessed as abusing substances less
Number of cases		
463	30	33
159	70	44 <sup>23</sup>
62	24	30
58	82	50
42	41	52
15	50	60
Mean <sup>24</sup> % showing improvement	50	45

All projects that reported outcome data found improvements on the range of desired outcomes, particularly substance use and offending. However, they are based solely on self-report, or counsellor rating measures, and also fail on the following methodological points. There was no:

- ❖ information about how clients were assessed and selected
- ❖ follow-up beyond the end of treatment
- ❖ follow-up of non-attendees and drop-outs
- ❖ information about comparable untreated individuals.

It is also important to respect the views of the majority of local evaluators, who felt that outcome data of this kind were inappropriate. Because of these problems, it is not sensible from this data to highlight projects with high improvement rates as models of good practice.

<sup>22</sup> Percentage who were recorded as improving in some way in this regard (same for drug use)

<sup>23</sup> 70% is the percentage who did not reoffend during the programme, 44% is the percentage judged substantially improved in some way

<sup>24</sup> This is the mean percentage across projects, not the mean across the total n, as this would over-represent the larger projects.



Nonetheless, 50% showing some improvement immediately after intervention is promising and suggests that further systematic controlled evaluations of drug treatment for young offenders may be appropriate.

### **DISCUSSION**

This is undoubtedly a far more modest set of outcome findings than was originally anticipated. This reflects some of the factors described earlier in this report, notably the late starts, short running periods and small numbers of referrals of many of the projects, and the failure to include research and evaluation needs in the project design from the beginning. Best practice here would have been to negotiate evaluation methods and objectives with all stakeholders from the start, including young people and their parents. This would have surmounted most of the difficulties met by the local evaluations. Unfortunately, in most areas neither the time, nor resources were available for this process.

This process would also have overcome some of the difficulties of evaluating the outcomes of projects that did not treat individual young offenders. These projects were primarily evaluated in terms of process, not outcome. Reducing reoffending in a measurable way did not appear to be a sensible outcome criterion for these projects, but other measurable outcomes could have been negotiated locally.

At best:

- ❖ Substance services may reduce substance use and offending by some young offenders.
- ❖ Robust outcome measures require a project to be well established, that access to the client population has been negotiated with all stakeholders and that the resources are available for follow-up of that population.
- ❖ Considerably more work would be required to identify what works, for whom and why. This would include stakeholder involvement in the research and evaluation process.
- ❖ Meanwhile, drug services would need to have impact on the offending of relatively few offenders for them to be cost-effective.

## YOUNG PEOPLE'S VIEWS OF THE PROJECTS

A few local evaluations interviewed young people and provided some qualitative information in their reports. First, one highlights issues of trust and confidentiality.

*I tell [worker's name] absolutely everything. But with the Yot worker I can't because you don't know what bit they are going to tell or when. Like you're in court when they read it out in court all of a sudden that's in your face and you're like 'Ah great!'*

Another young person from another project highlights similar issues and also discusses the benefits of the sessions with the drug worker.

*We go for a drive in his car to somewhere quiet and private and talk and talk. ... I talk about problems with alcohol and drugs. ... He comes to the house and picks me up, and we go somewhere private; I can't talk in front of Mum and Dad.... We don't ever meet at the Yot place. That wouldn't be private. I wouldn't want to go there. It's better the way we do it. ... I get a lot of help. Thing is, I was on an ounce of cannabis a week. Now I'm on nothing and no drink at all. It's being able to talk. Getting it out in the open with someone who understands about it.....'I don't know what happened. But he's been a great help, [The Project Worker] has. I can trust him. He's a real decent bloke. Modern, you know. I'm proud of doing [stopping] both alcohol and drugs and with the rest of my life going good. I'm with a different girlfriend now and we've got a baby coming in June. Come January, my License is over and I'll be free and legal.*

Another report summarised interviews with young people as follows:

*All respondents either liked or were indifferent about the way the drugs specialist had worked with them. Fourteen participants thought it had been worthwhile seeing the drugs worker; 13 felt that they had at least got something from the session. Almost half of the respondents said they would have carried on seeing the SDW even if they had not had to.*

Even allowing that these quotations are selective, it is clear that some young people referred to substance services find the experience positive and beneficial.

## THE PROJECTS' VIEWS OF THE YOUNG PEOPLE: TWO CASE STUDIES

One local evaluation provided some very useful case studies that illustrate the type of casework that many projects conducted. First, a case that illustrates intervention with a Tier 2 client, as well as showing how complex individual intervention even with a relatively 'easy' client can be.

### CASE STUDY 1

'Z', a 15-year-old, received a Final Warning for theft. When I initially met Z, she was very demotivated and not very interested in doing anything. She was in full-time education and spent a lot of her social time participating in recreational drug (mainly cannabis) and alcohol use.

After my initial assessment of Z, she reluctantly agreed to participate in the drug education programme; attend the Forum and receive careers advice.

It was evident, after working with Z on her first drugs education session, that she was very intelligent. However, she did have an attitude problem. I believe that she thought her peers at school were emotionally and mentally younger than her. She was also easily bored at school.

I found Z quite a challenge to work with but I must stress that she participated well in most of her sessions. She also attended six drugs education sessions. Two of these sessions were at my main office and the others were in her school during her lunch break.

I feel Z benefited from the drugs education because she had a safe and confidential platform on which to discuss her drug and personal issues. I believe it was the first time in her life that an adult had listened to her and not made judgements.

In our sessions, which often went on for over an hour, we covered issues such as basic drug information; harm reduction and the cycle of change. I discovered that Z actually lacked confidence and therefore it helped her to address topics such as personal effectiveness and assertiveness.

On Z's fifth session she informed me that she had cut down on her drug use and that she did not have the need to drink alcohol. On Z's last session she had not used any drugs the previous week.

Z received a lot of help from a careers advisor, who set up an action plan for her. I understand that Z is hoping to go to university. I believe that the support she received from the careers advisor gave her the confidence and helped her focus on her goals.

Z attended all the sessions at the Forum. She then attended a subsequent six-session programme. Z informed me that she loved attending it. I believe it also gave her a lot of confidence.

It is my understanding that Z has not reoffended.

Her mother once said to me that it was sad that she had to get into trouble before anybody would offer her any help.

I do not believe that Z will ever totally give up cannabis during her adolescent years but I believe it will be limited use and under control.

## **CASE STUDY 2**

A Tier 3 case that was also successful and illustrates how multi-agency working can help.

H was, when I met him, a 16-year-old in the care of the local authority. He had been known for some time to be taking a mixture of substances which included amphetamines, cannabis, alcohol and heroin. He was also known to the Local Authority and to the Yot, to be a persistent offender, and it was almost certain that an impending court case would have sent him to a Youth Offending Institution.

He had been in care throughout most of his teenage life, and had been moved around to different care homes throughout most of this period. He had infrequent contact with his mother, and no contact at all with his father. He was intelligent, but had intense feelings of anger, frustration and low self-esteem. Drugs and offending had become a major part of his life, and certainly, within the community where he was born, he was a very well-known figure for his drug-taking and offending habits. His identity at this time really rested on this.

When I met him, he continued to use drugs and was certainly dependent on opiates. He was taking £40 to £50-worth of heroin per day, mostly by smoking, but occasionally intravenously where it needed to be done. I advised him on safer drug use, but he was well informed already as to the dangers of infectious diseases such as hepatitis and HIV. He continued to offend in order to supply himself with opiates, and was already, when I met him, on a charge of burglary of business premises. Potentially, he could have received a custodial sentence, but a report was prepared by myself and the Yot worker suggesting to the court that if he could achieve stability and a street drug-free state, that his offending would come under control, and he would be able to remain in the community with a package of regular appointments with both myself and the Yot.

That is, in fact, what happened. It was made a condition of the Yot Supervision Order that he received treatment from the Community Drugs Team, and we prescribed Subutex (buprenorphine), a substitute prescription for opiate dependency, and his drug taking did, indeed, come under control. He stopped using street opiates and stopped offending. He continued to live at home with his mother, and we continued to work with him on his future prospects. After some negotiation with social services, a local fisherman paid for him to do a seamanship course, and social services paid for his travel and accommodation costs. After completing and achieving an award, he was given employment on a local fishing boat. He moved out of his mother's home into bed and breakfast accommodation and remains there. He continues to remain not dependent on opiates, and continues to be employed as a fisherman.

His Yot Supervision Order is going to call for early revocation, and he maintains contact with me, albeit on an infrequent basis, as he is often away at sea, and it is difficult for us to meet. He is no longer on a prescription, however, but will, if difficulties arise in the future, no doubt be in touch with me.

## RECONVICTION STUDY

It became clear by Autumn 2000 that the outcome data available from local evaluators would be weak and incomplete. It was therefore agreed that the national evaluators would conduct a separate reconviction study, using Yot records to identify young people who had been referred to alcohol and drug projects.

Reconviction is a hard but imprecise index of reoffending. The reconviction rate is simply the proportion of the sample of young people who received a conviction, caution, reprimand or Final Warning in our sample period, and who subsequently received another one or more convictions, cautions, reprimands or Final Warnings within one year. Many substance-using offenders offend with high frequency. Reductions in offending frequency may not be accurately reflected in reconviction rates: Some offenders may be reconvicted despite substantially reducing their offending frequency or severity. Or, offenders may *not* be reconvicted in a set time period despite continuing to offend.

A reconviction study requires the identification of offenders referred to alcohol and drug projects from local records, with identifier information used to match with the Offenders Index/Police National Computer databases. The time lag between offending and data entry limited the feasible timespan of the study. Two cohorts were initially chosen, but as there was no evidence of differences between them these are combined in this report, so the cohort comprises:

- ❖ young offenders referred to alcohol or drug projects (according to Yot records) in the project areas who had been arrested between 1 June and 31 December 2000, and whose initial disposal was a conviction, caution, reprimand or Final Warning.

It was impossible to collect information concerning the young people by direct contact with the drug and alcohol projects, because their records were generally kept differently and often without suitable identifier information. Therefore, the information was collected by contacting the Yots that had referred young people to the projects. The study looked at 22 projects connected with 28 Yots.

Collecting referral data found that the number of clients that Yot records indicated had been referred to substance projects did not match well the number of clients that the project evaluators recorded as having been referred from Yots. For arrest referral projects, this was because the vast majority of project contacts were young offenders with at least limited Yot involvement, but few progressed beyond initial contact in custody. However, other forms of project also recorded substantially higher numbers of clients referred from Yots than Yots recorded sending.

This suggests that there tend to be a variety of pathways from Yot to substance projects, not all of them formally recorded in the same manner at both ends. Perhaps, for example, young people arrested but not convicted might nonetheless be referred. There were probably also variations in local practices, but these are not documented in the local evaluation reports. For example, where referral was not a specified element of an Order,

then perhaps it was not documented. Multiple, sometimes informal, pathways of referral is a common depiction of service inter-connections, but it potentially hinders effective monitoring and evaluation of the delivery of services for young offenders.

- ❖ The young offenders entered into the reconviction study may not be representative of young people seen by the alcohol and drug projects.

It was not found feasible to collect data from a sample of young people who have recorded substance use problems, but were not referred to the local drug and alcohol projects, because such information was not available (and indeed may not exist). Instead, the Home Office has provided data on a 12-month reconviction study on 10,000 young people from July 1997-July 1998, which will be used for comparison. This cohort predates implementation of the Crime and Disorder Act 1998, which probably affects the reconviction rate - there now being a larger number of disposals recorded than pre-implementation.

- ❖ In the study group, the reconviction rate is the proportion of the sample of young people arrested in the sample period in our sample period – then sentenced - and who received one or more convictions, cautions, reprimands or Final Warnings within one year.

Contact with the Yots began in September 2001. Since the Yots did not necessarily hold information concerning the date of referral to the projects, the young people were selected according to their arrest date. Most of the Yots were able to supply the required information by telephone, email or fax, necessitating only a few visits to Yot sites. By the middle of December 2001, information had been collected concerning 680 young people who were referred by the Yots to the projects and had an arrest date between the 1 July 2000 and 31 December 2000.

The reliance on arrest date is acceptable for a global reconviction study, but it makes problematic comparisons of different projects which commenced different times after arrest - varying from immediately in the case of some arrest referral interventions to some weeks later. Furthermore, different interventions were of different lengths. Assuming that offenders are less likely to reoffend during an intervention, longer interventions that started more quickly will seem more successful without proper date information.

#### **DATA ANALYSIS PROCEDURE**

Once the data was received from the Home Office, it was analysed to produce reconviction rates broken down by age, gender, ethnicity, number of previous appearances, drug and alcohol project, and whether the client attended for treatment at the project or not. This analysis resulted in a final total of 451 young people, spread across 20 drug and alcohol projects. No control group was available, and the comparison data supplied was aggregated and consisted of one-way tables of reconviction rate by various parameters. Since our contact was primarily with the Yot rather than the drug and alcohol project, it was not possible to collect complete data on the level of engagement of the young people with the projects, and what information that was available was often different for the projects. However, we were able to collect data on whether the young person actually attended the project, after referral by the Yot for 176 cases - around 40% of all cases.

**RESULTS OF RECONVICTION STUDY**

**Table 9: Percentage of young offenders reconvicted by various parameters**

Variable	Category	Base% <sup>25</sup>	(N)	Drug% <sup>26</sup>	(N)	
(A) Age <sup>27</sup>	10 - 13	25.2	(2,266)	64.6	(48)	
	14	34.8	(1,720)	77.3	(75)	
	15	34.5	(2,260)	74.6	(114)	
	16	35.1	(2,523)	78.2	(124)	
	17	37.0	(2,803)	74.4	(90)	
(B) Gender	Female	23.1	(2,414)	68.1	(91)	
	Male	36.2	(9,148)	76.7	(360)	
(C) Ethnicity	0 (Unknown)			50.0	(2)	
	1 (White European)			76.7	(403)	
	2 (Dark European)			50.0	(6)	
	3 (Afro-Caribbean)			78.3	(23)	
	4 (Asian)			41.2	(17)	
(D) Number of prior appearances <sup>28</sup>	0	21.2	(6,959)	55.2	(87)	
	1	40.3	(2,224)	66.3	(101)	
	2	55.4	(1,073)	70.2	(57)	
	3	63.1	(556)	83.7	(49)	
	4-9	72.4	(700)	90.4	(125)	
	10 or more	90.0	(50)	90.6	(32)	
	(E) Project Code	IS070			75.6	(82)
IS004				77.8	(63)	90
IS037				85.7	(49)	86
IS175				65.7	(35)	80
IS093				86.2	(29)	93
IS048				60.7	(28)	71
IS153				68.0	(25)	44
IS326				95.8	(24)	88
IS344				47.6	(21)	52
IS228				73.3	(15)	80
IS256				75.0	(12)	75
IS298				75.0	(12)	92
IS370				72.7	(11)	100
IS110				55.6	(9)	67
IS360				66.7	(9)	67
IS230				75.0	(8)	75
IS280				100	(6)	100
IS174				100	(5)	80
IS346			40.0	(5)	40	
IS219			100	(3)	100	
(F) Attended Project	Yes			78.7	(141)	
	No			51.4	(35)	
	Not Known			76.0	(275)	
(G) Project	Attended Project					
	IS070	Yes		77.3	(22)	
		No		50.0	(10)	
		Not Known		80.0	(50)	

<sup>25</sup> Reconviction Rate (%) – Home Office Baseline Study – may be lower rate than contemporary baseline.

<sup>26</sup> Reconviction Rate (%) – YJB/Essex Study of Young Offenders referred to alcohol and drug services.

<sup>27</sup> For YJB/Essex Study – Age on 30<sup>th</sup> June 2000.

<sup>28</sup> For YJB/Essex Study – Number of Convictions, Cautions, Final Warnings or Reprimands before 1<sup>st</sup> July 2000.

<sup>29</sup> Percentage of cases with previous appearances.



IS004	Yes		79.0	(62)
	No		0	(1)
	Not Known		0	(0)
IS093	Yes		83.3	(24)
	No		100	(5)
	Not Known		0	(0)
IS048	Yes		91.7	(12)
	No		33.3	(15)
	Not Known		100	(1)
IS153	Yes		66.7	(21)
	No		75.0	(4)
	Not Known		0	(0)
All Other Projects	Not Known		75.0	(224)
<b>All Offenders</b>	<b>All Offenders</b>	<b>33.7</b>	<b>(11,562)</b>	<b>74.9</b> <b>(451)</b>

### GRAPHICAL REPRESENTATION OF MAIN RESULTS

The following figures show the distribution of cases within the samples as well as the reconviction rates for the Home Office baseline figures and our study.

Figure 1: Age of young offenders referred to projects

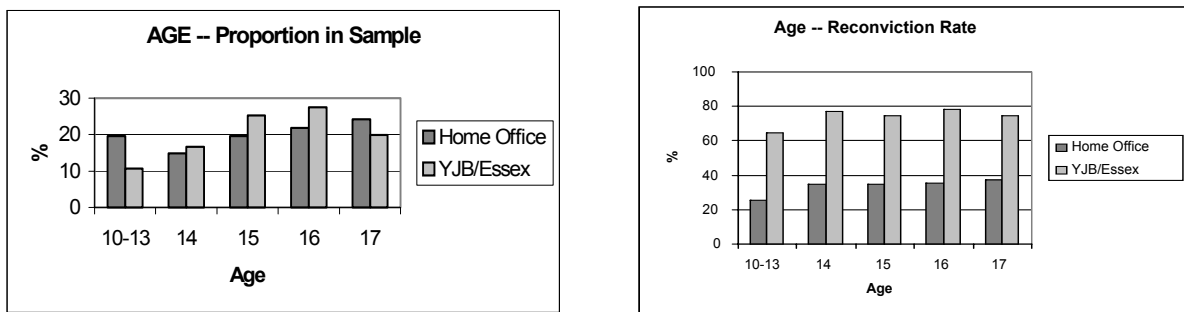


Figure 2: Gender of young offenders referred to projects

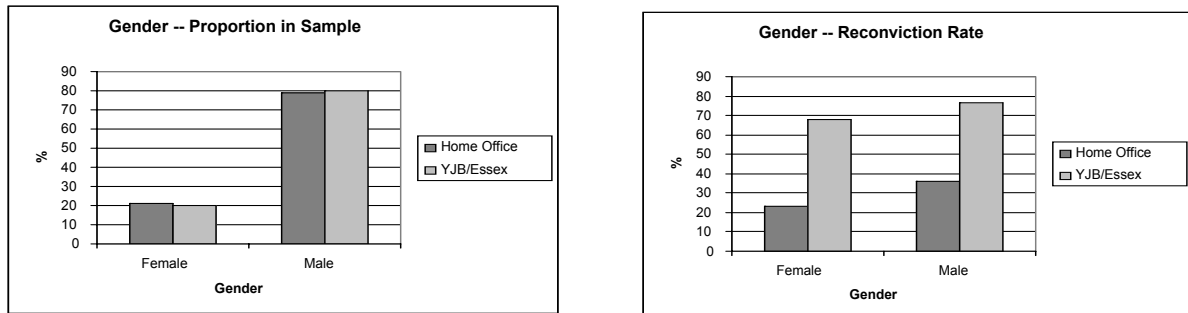


Figure 3: Ethnicity of young offenders referred to projects

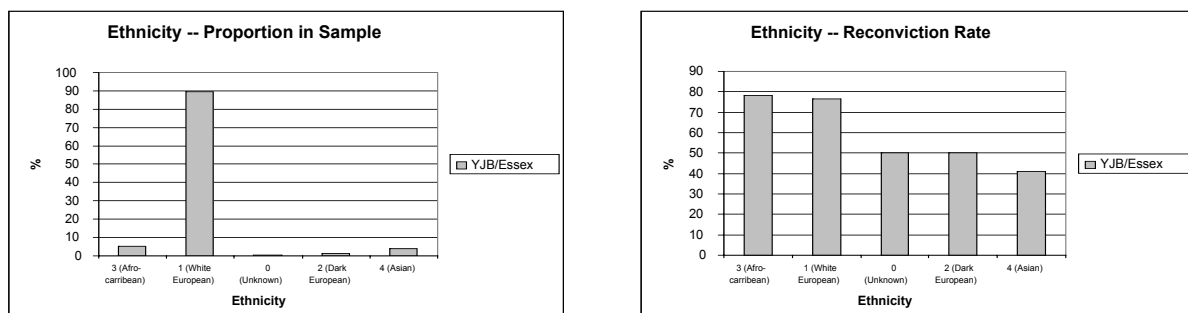
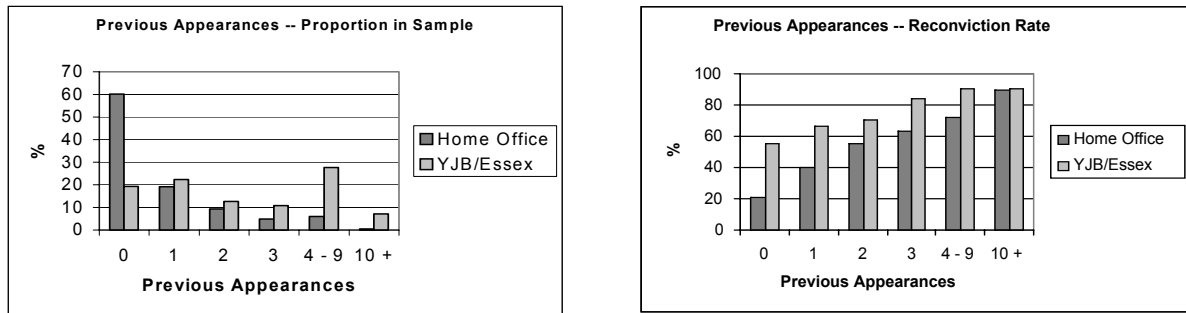


Figure 4: Previous appearances by young offenders referred to projects



### DISCUSSION OF MAIN RECONVICTION RESULTS

As can be seen immediately, the overall reconviction rate in our study is much higher than for the Home Office baseline study – the figures being 74.9% and 33.7% respectively. This difference may have been inflated by the fact that the baseline is pre the Crime and Disorder Act 1998 Orders.

As can be seen from Table 9 and Figure 1, our sample contains a lower proportion of younger offenders than the Home Office study. However, the pattern of reconviction rate increasing across age is similar for both studies, albeit higher for our study.

Table 9(A) and Figure 1 show that the distribution of males and females is almost identical for the two studies. The reconviction rates are higher for our study, and females appear to be proportionally more likely to reoffend than would be expected from the Home Office study – though this may be an artefact, due to the 'ceiling effect' on the reconviction rate of males.

The small sample sizes in all but the 'white European' group make it impossible to make any statement about the relationship of ethnicity with reconviction rate.

Table 9(A) and Figure 4 show the striking difference in our sample compared to the Home Office sample in the distribution of cases by number of previous appearances. Our sample has far fewer cases with no previous appearances, and more cases with many previous appearances. Furthermore, the larger the number of previous appearances, the closer the Home Office figures approach our figures for reconviction rate (although a ceiling effect undoubtedly exists).

Table 9(E) shows the reconviction rate by project, ordered by number of cases. The results show marked variability. Considering the projects with more than 20 cases (which account for about 80% of the data), the range of reconviction rates is from 47.6% to 95.8%. Project IS344 stands out among the entire data set as having a low reconviction rate (47.6%). The extra column - "% Prior", in Table (9)E shows the percentage of cases handled by the project, who had one or more previous appearances (defined as conviction, caution, reprimand, or Final Warning). It appears that the reconviction rate is related to % Prior, and this is confirmed by performing a simple correlation calculation on the aggregate data in the table. Pearson's  $r = 0.76$  for the correlation between reconviction and having a prior appearance for the data in Table 9(E), considering all projects.

This suggests that projects whose clients are more likely to have prior appearances are more likely to be the projects with higher reconviction rates for their clients. The variability in reconviction rate by project is therefore mainly due to their client's initial offending history. This additionally implies that any specific advantage of one project over another was small.

The results shown in Table (9)F seem counter-intuitive at first. People who did not attend the projects after referral have a lower reconviction rate than those who did (51.4% compared to 78.7%). A simple inspection of these results might suggest that the effects of attending the projects were negative, however, reasons why this is probably not so are discussed below.

#### **MODELLING THE RECONVICTION DATA WITH LOGISTIC REGRESSION**

Examination of the data presented above suggested that the major influence on reconviction rate was the number of previous appearances. This was confirmed by the results of a multinomial logistic regression performed on the data. For the whole sample age, gender and previous appearances (coded as more than one, one, or none) were entered to predict reconviction. Only previous appearances were related to the reconviction (Wald=12.691, df=1,  $p<0.0001$ ): Cases with more than one previous appearance are more likely to be reconvicted.

For the subset of cases in which it was known whether the client attended the project or not, it was found that attendance was correlated with reconviction rate (Wald=11.550, df=1,  $p<0.001$ ). Cases who did not attend the projects were less likely to be reconvicted. Age and gender had no effects.

#### **GENERAL DISCUSSION OF RECONVICTION STUDY**

The main conclusion is that people referred to drug and alcohol projects by Yots had a higher reconviction rate than the Home Office baseline sample. Various factors may account for this result and some possible reasons are suggested shortly. In the absence of an appropriate control group with data about comparable individuals, or baseline data, it is very difficult to assess the effectiveness or not of the projects in preventing reoffending.

The higher reconviction rate among people referred for drug treatment may be affected by the following factors.

- ❖ The difference in the distribution of previous appearances between our sample and the baseline Home Office sample may go some way towards explaining the difference in overall reconviction rate.
- ❖ The reconviction rate in the Home Office Study may be lower, due to the recent introduction of Final Warnings, which occurred after that study, and which tends to boost the reconviction rate (Hine and Celnick, 2001).
- ❖ Our sample has a higher proportion of older offenders than the Home Office sample. Again, older people tend to have an increased risk of reoffending, and the difference between the age distributions in the two samples may, as above, explain in part the increased reconviction rate.
- ❖ Among the group of people with previous convictions, drug use in itself is associated with an increased likelihood of offending – which carries with it an increased likelihood of being reconvicted, which in turn increases the reconviction rate –

giving an increased baseline reconviction rate for people referred to drug and alcohol projects.

- ❖ The higher reconviction rate may reflect the referral policies of Yots. Possibly Yots have tended to refer people with long criminal histories and who use drugs, disproportionately to the projects. Furthermore, individual projects with lower reconviction rates were simply referred clients with fewer previous offences.

Another interesting finding of our study is that young offenders who did not engage with the projects had a lower reconviction rate than those who did. As mentioned above, this might suggest that intervention by the projects does not work. However, there are other more plausible explanations.

- ❖ People who choose not to engage with the projects may be a self-selecting sample of people who are less likely to re-offend, perhaps sometimes because their drug use and other problems had been overestimated during the Yot assessment.
- ❖ The sample of people for whom information on engagement with the project was available was quite small, and it is possible that the information provided by the drug and alcohol projects is unrepresentative, or even unreliable.

In conclusion, it is not possible to make any statement about the effectiveness of treatment of young people referred to drug and alcohol projects by Yots, on the basis of the reconviction study, since we have no control group with which to form a comparison. It did not appear that some projects were more successful than others but, as discussed above, interventions in most projects tended to be tailored to the individual.

However, what can be said is that young people who are referred to drug and alcohol projects for treatment are much more likely to be reconvicted than the sample used in the Home Office study, and that the likelihood of reconviction for the people in our study is high. Around three-quarters of these young people will go on to be reconvicted. Among those referred are many intensive offenders, who are unlikely to be rehabilitated by any but the most intensive interventions tackling their entire life and functioning (e.g. Schumacher & Kurz, 2000).

## GENERAL CONCLUSIONS AND RECOMMENDATIONS

### WHAT WORKS

Can substance treatment reduce offending and substance use among young offenders? It probably can; this set of evaluations provides no evidence that well-planned and set-up projects providing standard drugs work for young offenders fail, and provides limited evidence of improvement among some young people. The reconviction study documents the magnitude of the criminality of some drug-using young offenders. Interventions for their substance use are therefore more likely to reduce than to eliminate offending. To evaluate this properly, some form of controlled trial would be required which would require the co-operation of all stakeholders. For a group with a high baseline probability of reoffending, reconviction is a poor indicator of improvement.

Given the current state of knowledge about what works in drugs treatment, it is inappropriate to be too prescriptive (Muck et al., 2001). Orford (2001) suggests that it is often the specific relationship between client and counsellor that has most effect. Different young offenders have different circumstances and substance problems, so may require different treatment.

Sensible ‘industry-standard’ individual interventions appear to be adequate. Drugs education and family support may also be useful. Compulsory referral seems to be useful, but it needs to be handled sensitively. While some young offenders undoubtedly elect to conceal their substance use or refuse to co-operate with substance treatment, others come to appreciate the opportunity to discuss and work on their problems. Young people saying that it was the first time that anyone had expressed concern about them as people is telling. Compulsory treatment would not be offered by the projects evaluated here and may be inadvisable, because not all those referred were appropriate for more than Tier 2 interventions.

The high conviction rates found suggest that there is a need for more Tier 4 treatment for young offenders. Young people who both use drugs routinely and offend persistently can be considered to have complex multiple problems, whatever the causal links between offending and substance use and even if the primary substances used are cannabis and alcohol, rather than heroin or cocaine.

Some of the initial proposals were complacent about getting referrals, but it is far from trivial to develop an effective system for making and receiving useful referrals from Yot to drug project. The difficulties that can occur are illustrated by the projects that struggled or failed. While it was helpful when Yots learned to make appropriate referrals, it seemed useful to allow drug projects to assess substance use in more depth before deciding upon the appropriate form of intervention. One important thing that the evaluations have shown is that there is a clear client demand for substance services linked to Yots. Despite the hazards of admitting substance use problems, many young offenders appreciated the opportunity to address these as appropriate.

Some more minimal interventions for substance use were not designed to impact offending. Although they might reduce future substance problems and so reduce offending some years hence, this would be extremely difficult to evaluate.

Some interventions were directed at more intensive drug use that was already, in some sense, associated with offending. Moreover, most referrals to substance services from Yots were young people with prior appearances, often a long string of prior appearances. It would be a tall order to expect any service to measurably stop reconvictions in this client group, even if the service reduced offending or produced other improvements. There were substantial variations in reconviction rates across different projects, but this was due largely to variations in the proportion of those referred that had previous appearances.

The strong message from most projects and evaluators is that it would not even be appropriate to develop a simple 'out-of-the-box' intervention package for substance use that maximally impacted offending. Even quite simple interventions, it is felt, only work within a holistic approach to the young person that considers and meets their specific needs. Quite simply, when this does not occur then young people will either refuse to engage with the service - for example by lying about intensity of substance use - or if compelled will engage insincerely.

Even if the impact of substance services for young offenders is modest, it will be extremely worthwhile for society. It is important to recognise that even highly effective interventions are unlikely to immediately eliminate further offending by young people with extensive histories of offending and substance abuse. Reducing frequency and intensity of offending is one more feasible target. Shortening the length of a criminal career is another. The most challenging target is to reduce the number of criminal drug abusers who become drug dependent. Evaluating any of these targets would require a longitudinal study over a period of several years that included self-report data from past young offenders.

#### **HOW TO PLAN NEW EVALUATED SERVICES**

This work has illustrated the many complexities of setting up and evaluating substance services for young offenders. It is suggested that the following points increase the likelihood of success.

- ❖ set up project in a timely and organised manner:
  - need small, specific steering group
  - need support and involvement of key stakeholders who can include:
    - Yot management
    - Yot workers
    - police
    - drug service staff
    - evaluation team
    - users or potential users:
      - use existing drug service if available
    - recruit key staff
    - staff need development skills as well as generic drugs work and youth work skills
  - provide clear management structure for project staff

- the success of single worker projects depends largely upon the personal drive and talent of the worker, so the project is vulnerable when that person moves on.
- agree realistic aims and objectives of the project with stakeholders.
- ❖ get enough appropriate referrals from Yot:
  - drug workers who can build bridges
  - substance training for Yot workers
  - routine substance use assessment in Yot
  - skilled and non superficial assessment in Yot
  - agreed working relationship between Yot and project.
- ❖ develop other useful forms of intervention including:
  - substance education for young people
  - substance education and advice to parents
  - substance education for professionals, including developing referral networks
  - arrest referral that contacts as many arrested young people as possible
  - outreach to high-risk groups.
- ❖ develop adequate audit procedures including:
  - agreed and recorded referral pathways between agencies
  - basic data collection from all referrals
  - detailed assessment of substance use and offending behaviour
  - procedures for monitoring and acting on non-attendance and drop out
  - routine end of intervention assessments.
- ❖ be capable of using audit data to design and implement changes in service provision such as:
  - training of stakeholders
  - improved referral procedures
  - alternative forms of intervention (see above)
  - development of services for young women and local ethnic minority youth.

#### **NEED FOR A REGULAR, REGIONALLY STRATIFIED SURVEY OF YOUNG PEOPLE'S SUBSTANCE USE**

There is a need for young people's substance use to be surveyed regularly, with stratification by region so that regional variations, such as found here, can be quantified and used for local service planning. Such data has been collected at times, but in a piecemeal fashion (see Gilvarry, 2001).

The difficulties documented here of interviewing young people about drug use in a criminal justice context, or when parents are nearby, suggest that routine *Asset* data or other survey data gleaned from young offenders is unlikely to be suitable for this purpose. The great diversity in the rates of reporting of different drugs across different projects probably illustrates these problems as much as they represent genuine local variations in drug use.

A neutral and anonymous survey via schools or households would be preferable, although there will still be problems of under-sampling vulnerable groups such as truants and of

ensuring confidentiality from parents and teachers. It might be appropriate for the Youth Justice Board to commission the design of a routine survey instrument that could be used periodically in every Yot area. At the moment local DATs are commissioning such surveys for audit and service planning, but in a piecemeal fashion. Such a survey would have to use a sampling methodology capable of locating a substantial proportion of young offenders.

It might also be feasible for such a survey to incorporate questions on offending, although there are disadvantages to assessing substance use in the frame of crime. Nonetheless, this would surmount the difficulties of following up Yot clients, and would automatically provide comparison data from offenders who have not been detected or subject to Yot interventions or orders.

### **SUMMING UP**

Substance misuse services are probably capable of impacting the substance use and offending of young offenders. There is clear evidence of a demand for such services, which are appreciated by clients who attend and which are likely to be cost-effective ways of reducing offending. It is common practice to use a range of interventions based upon assessed need. To have the impact that they are capable of for young offenders, good working relationships need to be built with the Yot and other relevant agencies, including protocols for managing referral, consent and confidentiality in ways that satisfy all stakeholders. Where projects did not work well, it was usually because these basics did not get established.

The projects evaluated began as Yots themselves were being set up. Much of this report is therefore about the complexities of set-up and inter-agency working in a climate of rapid change, which was not conducive to evaluating the outcome of specific interventions. Even the reconviction study shows who was referred to drug services - drug users with histories, often long histories, of offending - rather than showing what worked.



## APPENDIX 1: BRIEF DETAILS OF INDIVIDUAL DEVELOPMENT FUND ALCOHOL AND DRUG

Project number	Main activity of project	Referral source(s)	Whether new or existing service	Comments on funding	Workers' employer
01	Assessment and intervention for individual young offenders at all stages of the criminal justice process	All parts of the youth justice system, care homes other drug services, self, outreach, YOI.	New service, added to existing young people's drugs project		Volun agency proj
02	Trains professionals to deliver drug education to young people	Agencies employing staff who work with young people	New service provided by existing national charity		Natio char
03	Individual work with young offenders (group work anticipated but hasn't happened)	Yot and local community agencies	New service provided by existing agencies		Manag exist agenc
04	Trains professionals to deliver drug education to young people	Agencies employing staff who work with young people	Addition to existing service		Local H Autho Serv
05	Drug education group work and individual counselling with young offenders	Yot + Final Warning	New service with 2/4 workers employed by existing adults substance misuse agency	42% YJB 58% HAZ (Projected)	2 emplo voluntar agency proba officer social w

Project number	Main activity of project	Referral source(s)	Whether new or existing service	Comments on funding	Work empl
06	Individual counselling with young offenders	Yot	Existing agency – Youth Awareness Project (drugs, sexual health in several London boroughs)		YA
07	Individual assessment and counselling for young offenders (only?)	Mainly Yot; CPN referrals 50% from other sources (GPs, Social Services etc)	Drugs workers based in existing substance misuse agencies; project also employs CPNs	Various funding sources including YJB and increasingly Health Authority	Voluntar agencies Hea Autho
08	Individual assessment and counselling for young offenders	Yot	Existing agency – Youth Awareness Project (drugs, sexual health)		Youth a sta
09	WITHDRAWN FROM YJB PROGRAMME				
10	Individual and group work with young offenders	Mainly Yot but also YOI, Arrest Referral etc	Existing young persons team in voluntary drugs agency		Volun agen
11	Individual work with young offenders	Yot	Existing drugs agency but with no previous young persons service		Drugs a

Project number	Main activity of project	Referral source(s)	Whether new or existing service	Comments on funding	Work empl
12	Substance misusers aged 10-17	Any	New project, extending work of existing agencies; one area had some young persons provision, other none.	100% YJB in first year but tapering to 60% and 30% in 2nd and 3 <sup>rd</sup> years, replaced by health funding	Existing agency p
13	Individual work, mainly with young offenders	Mainly Yot, also CDT and Children & Families	National agency with young persons development plans; no previous young persons' drug service in this area		Natio substa misuse a
14	Assessment and referral of young offenders to one of four projects/treatment programmes	Mainly Yot (84%)	Existing drugs agency but with no previous young persons provision	YJB & Health Authority	Drugs a
15	Individual work with young people 10-17 with substance misuse problems	Yot plus many others	New service – no previous young person's provision apart from a short-term project	YJB funded one worker (Family Support Worker) and Team Leader	Seconde various a
16	Individual young offenders	Yot	Existing agency – offers much wider service and only gets 50% of its young persons referrals/funding work from Yot	YJB funding is use to buy additional counselling sessions as needed	Drugs a

Project number	Main activity of project	Referral source(s)	Whether new or existing service	Comments on funding	Work empl
17	Only just starting but intended to be individual work with violent young offenders with alcohol problems	Yot, but planning to expand to other agencies plus self/families	New appointment of alcohol/violence worker to existing young persons' drugs agency	Partnership between police, probation, health authority and local authority	Young p drugs a
18	Individual treatment and counselling for young people under 25 (mainly under 18) and not necessarily offenders	Yot (32%) and others	Addition to pre-existing adult services	Mainly a health initiative with various sources of funding, mainly National Assembly	The pr
19	Individual work with young offenders and others, support for parents and carers, and drug education work in schools	Yot and "the community"	Existing service expanded with YJB funding	Fully funded by YJB; workers are seconded part-time from other services	Drugs a
20	Individuals offending or at risk of offending plus outreach, training and family support	Yot (58%) plus family, Social Services accommodation, GP's and health	New scheme	YJB and local partnership (HA, police, probation and LA)	Hea Autho
21	Individual work, mainly with young offenders, but also e.g. offering drug ed programme to PRUs	Mainly Yot and Police (63%) but also word of mouth (20%) and self (13%)	Existing drug agency but with no young persons service	1 worker, funded by YJB	Drugs a
22	Individual offenders, mainly one off drug awareness sessions	Mainly Yot (78%)	Existing agency which was already providing informal service	1 p/t worker, funded by Yot	Drugs a
23	PROJECT DID NOT START				

Project number	Main activity of project	Referral source(s)	Whether new or existing service	Comments on funding	Work empl
24	Individual counselling for young people, not necessarily offenders, and peer led drug education programme	Many including Yot (33%)	Expansion of work of existing voluntary agency	Part funded by YJB, plus HA funding	Drugs a
25	Individual work with young offenders with substance misuse or alcohol problems	Yot and others, including Social Services	New appointments in Yot	YJB funds part of Health Authority employee's post	Substa misuse v = Yot H officer; a work employ HA, sec to Y
26	2 projects: individual counselling with offenders (Lifeline) and detached work with "hard to reach" non-offenders (but outreach hasn't really happened)	Lifeline: Yot (& Outreach agency	Existing drugs agency but with no young persons provision		Drugs a
27	Individual work with young offenders	Mainly Yot but others such as CDT	National agency with young persons development plans; no previous young persons' drug service in this area		Natio substa misuse a
28	Individual treatment and group work for young offenders	Yot 67%, Arrest Referral (project 346) 20%, Juvenile Liaison Panel and others	Existing agency – Youth Awareness Project (drugs, sexual health)	YJB funded two new part-time posts	You Aware Proj

Project number	Main activity of project	Referral source(s)	Whether new or existing service	Comments on funding	Work empl
29	Assessment and referral of young people arrested	Mainly arrest but also Yot and other services	Additional specialist worker for existing adult arrest referral scheme (in theory)	YJB money used to fund this worker	Arrest R Sche
30	Individual work with young offenders plus drug awareness group work with Final Warnings	Yot	New agency, not clear what existed before in area	Joint Health and YJB funding	2 volun agen
31	Outreach and drug awareness with young people	None specific; no formal links with youth justice system	?	?	?
32	WITHDRAWN				

## APPENDIX 2: DETAILS OF OUTCOMES AS IDENTIFIED BY INDIVIDUAL LOCAL EVALUATIONS

Most of the evaluations which included quantitative findings about outcomes showed some degree of positive change that could be attributed to the intervention of the project. For example, one project was able to draw on 62 self-assessment questionnaires completed by young people after their contact had ended. A total of 8% said that they had stopped using drugs (and a further 7% had stopped during the intervention), 25% had reduced their drug use, and 58% had stabilised it; 31% had stopped offending and 58% were offending less. Some of these young people attributed the improvements directly to something the project worker had said, or concern for what the worker would think of them.

Another project reported that of 75 young people who had been offered ongoing counselling, 52 reported a reduction in drug-related harm, 35 in drug-related crime and 68 in drug use. Of these, 27 had stopped using drugs and 35 had stopped criminal activity. Although these were self-reported changes, the project worker was often able identify improvements in lifestyle and activities which substantiated them.

A third project provided information from its evaluation database covering 60 cases. Twenty-eight young people had experienced improvements in their employment or education situation, 18 in communication and family relationships and six in their living arrangements. Eight had stopped injecting drugs, three had stopped using heroin and three had stopped shoplifting for drug money. Interviews with eight of them revealed that most had reduced or stopped their heroin and amphetamine use, though not alcohol. Some had reduced cannabis use. All those who had reduced said the project had helped them. On the negative side, 18 of the 60 on the database were arrested in the six months after leaving the project; 10 were convicted of an offence and 15 sentenced, including two who received custodial sentences.

Elsewhere, evaluators reported on smaller numbers. Ten out of 13 young people who completed a drug education group programme said that the project had had some impact on their offending (four had stopped). They found both the information and the project staff were helpful. On another project that offered individual counselling, 15 out of twenty-nine clients discharged in 2000 said that their drug and alcohol use was better or much better and 12 said the same about illegal activity. Others reported improvements in such areas as mental health and legal situation but things like family relationships and housing tended to stay the same.

On another of the projects offering individual treatment programmes, 19 young people completed a questionnaire by post or at the Yot. Over half were still using drugs, though most of them had found the sessions worthwhile and were very complimentary about the worker and the time spent with her; at the least, they had obtained useful information. Eleven of them said that the worker had helped them make positive changes. Almost half said they were less likely to use drugs and had changed the way they thought about them; 12 felt more confident about making drug-related decisions and the same number had reduced their frequency of drug use.

### **INTERVIEWS WITH SERVICE USERS**

In addition to the third project above, three other evaluators succeeded in interviewing service users. One evaluation reported interviews that were all very positive about the service. Only two of the interviewees were still using the substance for which they were referred at the same level, and only one had been in trouble since referral, although others continue to use illegal substances. However, these interviewees were selected by the agency workers and were not necessarily representative of all those who used were referred.

Another evaluator interviewed eight young people. Four described themselves as recreational or experimental users; they did not see themselves as having a problem and had only attended the project once or twice. Two had stopped using drugs because they were only trying it, and the other two had carried on. The other four were poly drug users, three of whom said that drug use caused their offending. Two had only attended the project to get methadone and the other two to comply with court orders. None said they'd gained anything, though one admitted to knowing more about safer drug use.

The evaluation of a project that referred young people to a variety of intervention and activity programmes reported interviews with seventeen young people and two sets of parents. Eight of the young people reported that their drug use had reduced, six that it had stayed the same and three that they were using more. Six felt that relationships at home had improved, three had started employment and two had started training placements. Smaller numbers reported improvements in other areas of social functioning. Adolescent Severity of Substance Misuse (ASMA) scores for these young people were down in ten cases, the same for five and up in 2. Both sets of parents reported positive outcomes. In addition, the project staff assessed the young people on completion of their programmes, and 74% were rated as having made some, significant or marked change for the better.

One other project offered support to the parents of young people who were being treated. The local evaluator contacted six sets of parents and all stated that they were all pleased with help and support offered.

### **ASSESSMENTS BY PROJECT STAFF**

Several evaluators included staff assessments of outcomes, drawn either from case records or from data collection forms, sometimes specifically for the evaluation. In one project offering a high level of one to one support, the workers recorded risk and protective factors before and after assessment; exit risk scores were much lower for most young people. However, they commented that for young people, cutting down after long-term dependency often brought underlying problems back to the surface, resulting in self-harm or increased substance use.

Another project recorded ASMA scores before and after intervention. The average score at the time of referral was 13.3 (n=44); after intervention this fell to 8.4 (n=37). The project staff perceived positive change in attitudes and risks in relation to substance misuse and consequent reduction of the likelihood of substance misuse related offending.

Records were available for 10 discharged cases in a further project. Outcomes recorded as better or much better included drug use in six cases, illegal activity in five, physical health in five, mental health in four and legal situation in four. Areas of social functioning that were



considered worse or much worse were relationships with partners (four), relationships with children (five), legal situation (three), drug use (three) and illegal activity (three).

Two similar projects in neighbouring areas recorded only the staff's general impression of the main outcomes of their interventions. In one of these, two of the staff highlighted reduced consumption as the main outcome and the other four improved understanding. In the other, the main outcomes perceived were improved schooling, safer injecting, harm reduction, engaging in service and improved understanding.

Finally, one evaluation drew on the evaluator's own consideration of the project's records and reached the pessimistic conclusion that "an examination of case records does not appear to suggest any marked degree of success in achieving this aim [reducing offending]". There was little evidence of any impact in work at Final Warning and Reprimand level but there had been worthwhile contact with Yot clients, producing evidence of reduced drug use, especially opiates, and periods of improved social functioning during contact, sometimes followed by relapse.

Some clients did well and others did not, but it was impossible to tell why; other factors such as the threat of custody might have been more decisive than the project's intervention. And where there was individual work, the case records did not indicate its content, so it was not possible to distinguish methods that worked and any that did not. Another evaluator stated simply that a wide range of interventions was used and "no single intervention was deemed to be more effective than others".

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