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# Custody Navigator Service (CNS)

## Impact Evaluation Report

October 2025



**Fife Alcohol and Drug Partnership**  
Promoting Recovery. Reducing Harm.



**POLICE**  
**SCOTLAND**  
Keeping people safe  
**POILEAS ALBA**

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**Key terms**

CNS – Custody Navigator Service

SU – Service user

Key Conclusions
<ul style="list-style-type: none"><li>• The CNS has successfully been able to engage with the pre-specified sub-population of individuals in Fife.</li></ul>
<ul style="list-style-type: none"><li>• The CNS has received an increase in referral rates year over year, with the highest levels in 2023/24 and maintaining this in 2024/25, highlighting the demand for support for those in a custody setting. Referral numbers by year were:<ul style="list-style-type: none"><li>○ <b>2022/23 - 240</b></li><li>○ <b>2023/24 - 308</b></li><li>○ <b>2024/25 - 304</b></li></ul></li></ul>
<ul style="list-style-type: none"><li>• Barriers to engaging service users and implementing planned service activities included:<ul style="list-style-type: none"><li>○ Challenges around working with other services and the police</li><li>○ Information sharing between agencies</li><li>○ Restrictions on who the navigators can work with</li></ul></li></ul>
<ul style="list-style-type: none"><li>• Facilitators to engaging service users and implementing planned service activities included:<ul style="list-style-type: none"><li>○ Individual navigator experiences, skillset and professional qualities</li><li>○ The service being accessible and visible to all potential service users</li><li>○ Buy-in from custody staff</li><li>○ Non-statutory service and separate from social work</li></ul></li></ul>
<ul style="list-style-type: none"><li>• Individual navigator passion, knowledge of support services and their own lived experience was significant in building trust and providing tailored person-centred support to those presenting in custody.</li></ul>
<ul style="list-style-type: none"><li>• There is evidence that service users have made progress across a range of outcomes and have gained knowledge about the support that is available to them within their community. Progress in relation to motivation, knowledge and behaviour are notable.</li></ul>
<ul style="list-style-type: none"><li>• Next steps and future recommendations include:<ul style="list-style-type: none"><li>○ <b>Improving data collection in relation to the justice outcome star to expand on service user outcomes to demonstrate impact.</b></li><li>○ <b>Further investigation on the impact of the service on re-offending, particularly of those involved in violent offences.</b></li><li>○ <b>Consistently informing custody staff of successes/stories of change amongst those who have been supported by the service.</b></li><li>○ <b>Scope opportunities to collaborate with Fife hospital navigators to assist in identifying and utilising the more relevant services for service users.</b></li><li>○ <b>Determine whether support should be extended to individuals who have committed sexual offences.</b></li><li>○ <b>Implement multi-agency meetings, similar to the newly established liberation meetings but for the community.</b></li></ul></li></ul>
<ul style="list-style-type: none"><li>• The CNS has now been extended to Saltcoats in North Ayrshire, however surveyed custody staff felt the <b>service should be expanded wider to other geographical areas</b> due to the additional benefit the service offers. If this were to happen, the risk factors associated with repeat offending and escalation to violence could be tackled more efficiently.</li></ul>

## 1. The Navigator Approach

The Navigator service was initially introduced within hospital emergency departments in 2015 with the aim of reducing violent offending and engaging patients with appropriate statutory and voluntary services. At the core of Navigator is the goal of reaching out to people who are engaged in, or are victims of, violence at a “reachable and teachable moment”. Within the hospital Navigator model, this moment is the time when the patient is admitted to the emergency department for violent injury, is vulnerable and is inclined to reflect and consider a lifestyle change. Key workers, the Navigators, approach the patients and spend time with them to support them in a credible, human and practical way to identify independently the support they need and want. Navigators can then accompany them on the first steps of this journey – provided this is needed and valued.

### 1.1. Navigators within a custody context

Within the Custody Navigator context, the “reachable and teachable moment” around which the service is based, takes place when an individual is placed within police custody. The Navigators set out to reduce the likelihood of an individual re-offending by providing a person-centred service built on empathy and kindness and making good use of existing specialist support organisation by connecting service users to them in an appropriate and timely way. In doing so, the service aims to support frontline staff and fill a service gap by ensuring that patients are supported from the custody setting into the community.

Service workers will initially meet with individuals while they are remanded in custody, but their support will continue when they have been released back to the community. Workers will support with this transition back to the community and will continue to support service users for a minimum of one hour per week. The aim of the service is to reduce the number of people entering and re-entering custody in Fife by offering support and interventions to reduce offending behaviour and promote positive choices. Utilising existing good professional relationships with partner agencies in Fife, the service will provide support to people who require help through a wide range of support within Fife’s communities.

The main areas of support include:



Housing



Financial



Mental Health and Anger Management



Health and Drug and Alcohol Addiction



Employment



Families



General Support

## **2. Pilot Project**

During the pilot phase, the service was implemented in Fife and was intended to benefit males and females who were over the age of 16 and had been remanded in custody and involved in offending behaviour. Navigators supported those who required help through a wide network of support in Fife communities.

Referrals to the service were received face to face within custody suites as well as direct referrals from the police. The pilot project was initially funded for a period of 12 months and began in January 2021. The Service Provider collaborated with the Analyst Researcher within the Scottish Violence Reduction Unit to collect data to support the evidence base.

## **3. Aims of the Impact Study**

We are interested in examining how the service is implemented and whether it influences service user outcomes. The lessons learned from this impact study will be used to inform the future use of this approach.

As a result, the Custody Navigator impact study has four key aims:

1. Establish how the service works in practice
2. Determine “what works” and identify any barriers and enablers in delivering different features of the service
3. Examine the impact of the service on users short, medium, and (where possible) long-term outcomes
4. Establish any barriers and enablers to the service users achieving these outcomes

## **4. Methodology**

The interim evaluation of the service began in January 2021. This paper refers to service user monitoring data collected between 2021-2025. Due to the impact of the COVID-19 pandemic, data collected within the affected timeframe has not been included. A mixed methods approach to data collection was taken for this impact report, using a combination of both quantitative and qualitative methods.

### **1. Project Implementation**

#### *A) Qualitative Data*

Data was obtained from the following groups

- **Custody Navigators – Focus Groups**
- **Police Custody Staff – Survey**
- **Service Users – Feedback Survey**

The number of participants is as follows:

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<b>Custody Navigators and Sacro staff</b>	N = 4
<b>Custody staff</b>	N = 14
<b>Service Users (qualitative responses from surveys)</b>	N = 40

*B) Quantitative Data*

Secondary Analysis of Service User Monitoring data collected between 2021-2025 (provided by Sacro)

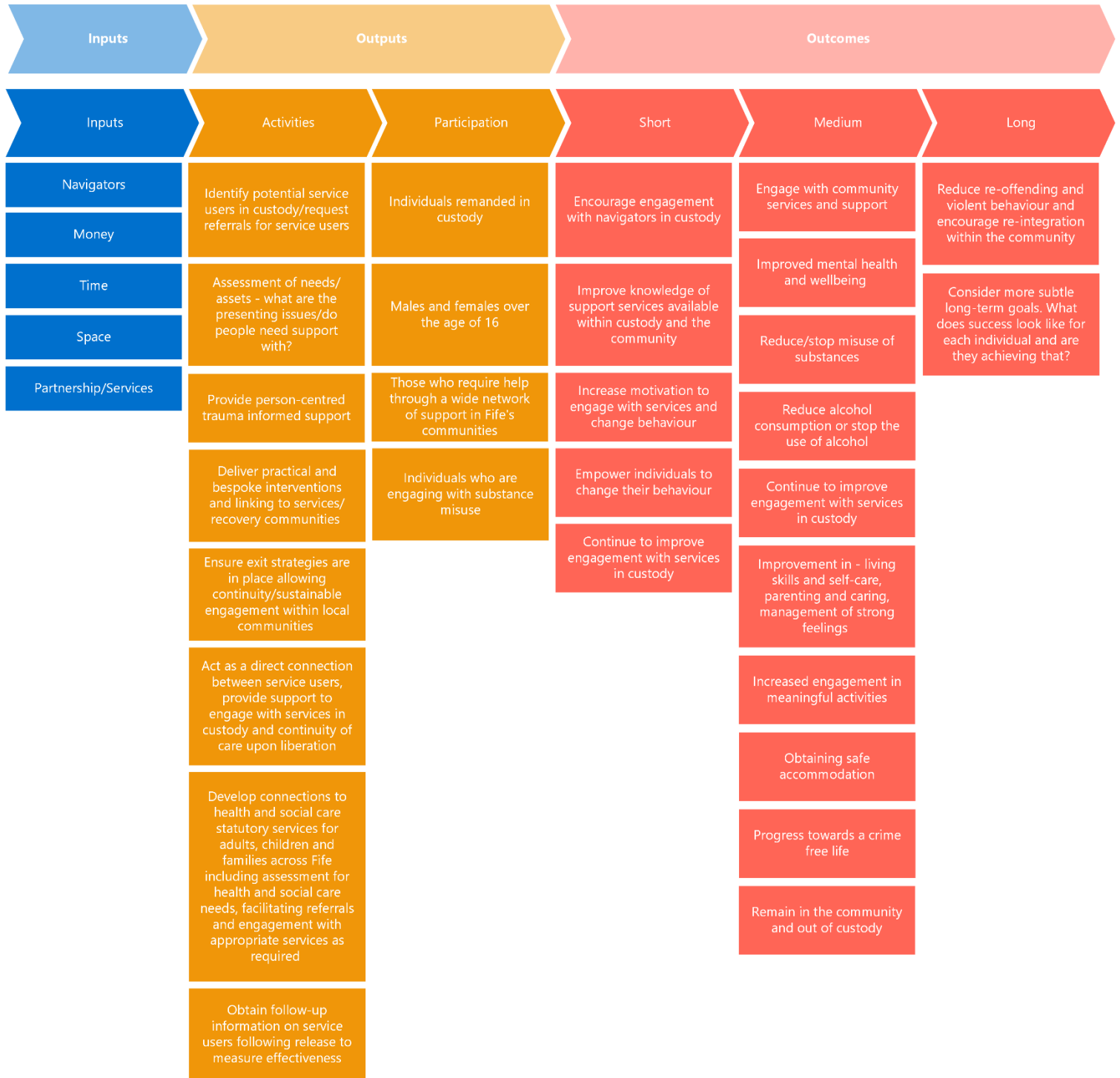
- **The number and source of referrals to the service**
- **Levels of participation in the service**
- **Profile of the service users and their needs**
- **Navigator and service-user's assessment of progress**

**2. CNS Impact**

- **Signposting Data**
- **Service User Stories of Change**
- **Service User Survey**
- **Justice Star Outcomes**

The unpublished interim evaluation was structured around the programme logic model, which showed that the investment of specific resources allowed navigators to undertake activities that were predicted to lead to progress on short-term outcomes, medium-term outcomes, and ultimately the long-term outcome of reduced re-offending. The model was divided into the planned work (resources and activities) and the intended results (outcomes). Within this context, activities refer to the processes and actions that are developed and implemented to bring about the intended outcomes of the programme.

Figure 1: CNS Original Pilot Logic Model



## 5. Findings

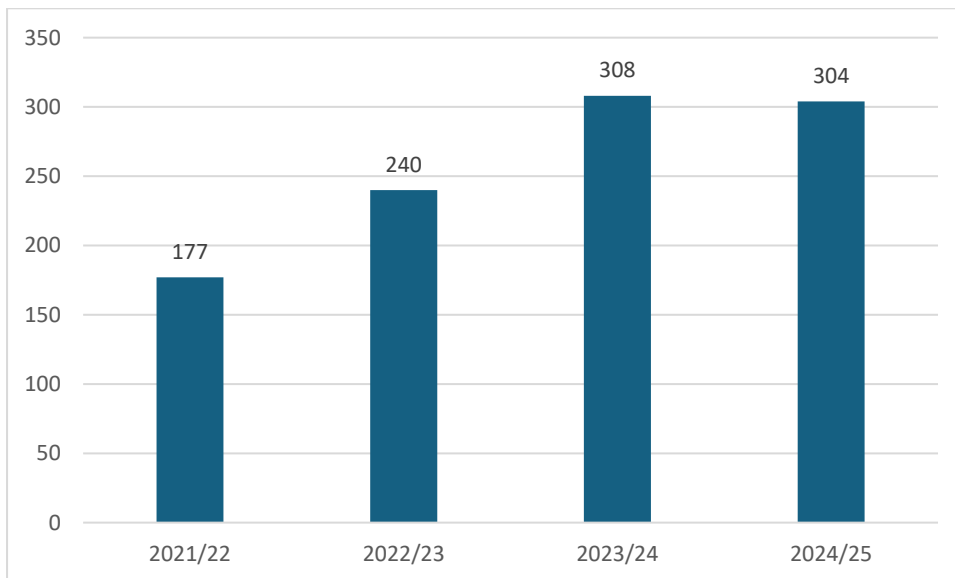
### 5.1 Has the service been able to engage the intended sub-population of individuals in custody?

To determine whether the service has been able to engage the intended sub-population of individuals in custody, it is important to examine levels of participation in the service as well as the profile of individuals who are engaging with the CNS.

The service is designed to benefit men and women over the age of 16 who have presented in custody in Fife and have been involved in offending behaviour.

Graph 1 shows that between **2021/22 and 2024/25 there were 1,029 referrals to the service**. Referrals to the service increased by around 36% between 2021/22-2022/23, and 28% between 2022/23-2023/24 where referrals peaked. The service largely maintained this volume of referrals between 2023/24 and 2024/25.

Graph 1 – No of Referrals 2021-2025



The majority of referrals have been received from males, however given that men are more likely to be in conflict with the law than females, this is to be expected.

Table 2 – Gender of Service Users Referrals 2023-2025

Gender	2023/2024	2024/2025
Female	25%	26%
Male	75%	73.7%
Transgender	0%	0.3%
Grand Total	100%	100%

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The key target group were individuals over the age of 16. Most referrals came from individuals aged 25-40 in 2023/24 and 30-34 in 2024/25. A prominent change in the demographic of referrals was witnessed between 2023/24 and 2024/25 whereby there was an 80% reduction in 18-19 year olds referred into the service.

*Table 3 – Age of Service User Referrals 2023/24*

Referrals by Age	2023/24	Referrals by Age*	2024/25
16-17	9	16-17	10
18-19	28	18-19	6
20-24	39	20-24	50
25-40	153	25-29	42
41-50	53	30-34	55
51-54	15	35-39	46
55-64	5	40-44	37
65+	6	45-49	26
		50-64	27
		65+	4

*\*Referral age coding altered in 2024/25 within Sacro monitoring data*

*Table 3 – Area and Number of Data Zones in the 20% Most Deprived by Referrals (2022-2025)*

Area	No of datazones in 20% most deprived*	2022/23	2023/24	2024/25	Total
W - Kirkcaldy	20	68	96	88	272
E - Glenrothes	15	35	45	68	163
W - Dunfermline	11	32	47	49	139
E - Leven	26	47	29	49	151
E - Cowdenbeath	19	28	36	28	111
W – Southwest Fife	5	6	22	13	46
E – Northeast Fife	1	7	19	2	29
N/K	N/K	11	4	7	22
<b>Grand Total</b>		<b>234</b>	<b>298</b>	<b>304</b>	<b>836</b>

**\*Source:** [SIMD-2020v2-Focus-on-Kirkcaldy.pdf](#).

**Most of the referrals came from Kirkcaldy (33%).** SIMD data shows the areas with the lowest amount of data zones within the 20% most deprived had significantly fewer referrals than those with a higher number of deprived data zones. It is worth noting that the service has been implemented for a longer period in Kirkcaldy, so this has highly likely impacted the level of referrals.

The majority of service users’ initial needs assessment identified a need for **mental health and addiction support**. However, navigators expressed that once meeting with service users

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and building trust, service users would expand on areas of their life that they needed support with.

Due to the nature of the service and the variety of different challenges faced by service users, some were not ready to engage with the service and thus disengaged. However, members of the service voiced that unplanned exits were expected, as service users' ability to engage with the service was impacted by how dependent service users were on substances, their previous experiences of working with services, as well as their outcomes at court.

*“Say you get 100 people referred into the service, well you actually might get a significant number closed because of either non-engagement or they are remanded, that’s where you are you can’t do much about the remanded, you try and improve the non-engagement but you will get a far smaller percentage who are ready to work with the service and it’s getting to them early and getting them intensely.” (P3)*

Overall, the collected data suggests that the service has been successful in engaging with the intended sub-population of individuals presenting in Fife custody suites.

### **5.2 Have navigator activities been able to take place as planned?**

Data collected from the service user monitoring dataset, questionnaires, focus groups with navigators and stories of change informed our investigations of implementation. Overall, the evidence collected suggests that navigators were able to implement activities with a high consistency against the formative logic model and the refreshed theory of change.

- *Identified potential service users in custody and made requests for service users.*

The level of referrals from several areas provided evidence that the service has been able to identify several potential service users. This includes face to face – from police custody, direct police referrals, enhanced bail service and self-referrals.

Within the focus group, navigators highlighted barriers towards identifying service users such as a lack of understanding of the service by some custody staff. This was amplified by a high turnover of staff and some lack of understanding about what the service provides:

*“You get some of them who are really invested in the service and some of them are like...it’s just another service coming in.” (P1)*

- *Carry out service user needs-assessments and develop person-centred plans*

The service has developed an assessment tool to conduct needs assessments for potential service users referred to them in custody. This allows them to identify the immediate needs of service users and create plans to achieve long-term goals. Navigators highlighted that some service users only required guidance and short interventions, whereas some service users voiced hopes of working towards going back to college or employment, which required longer-term support.

*“You do loads, and when we talk about it, I always say this because I always like to make sure it’s recorded that we are very much a person-centred support network for them.” (P2)*

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- *Provided person-centred, short and medium-term support*

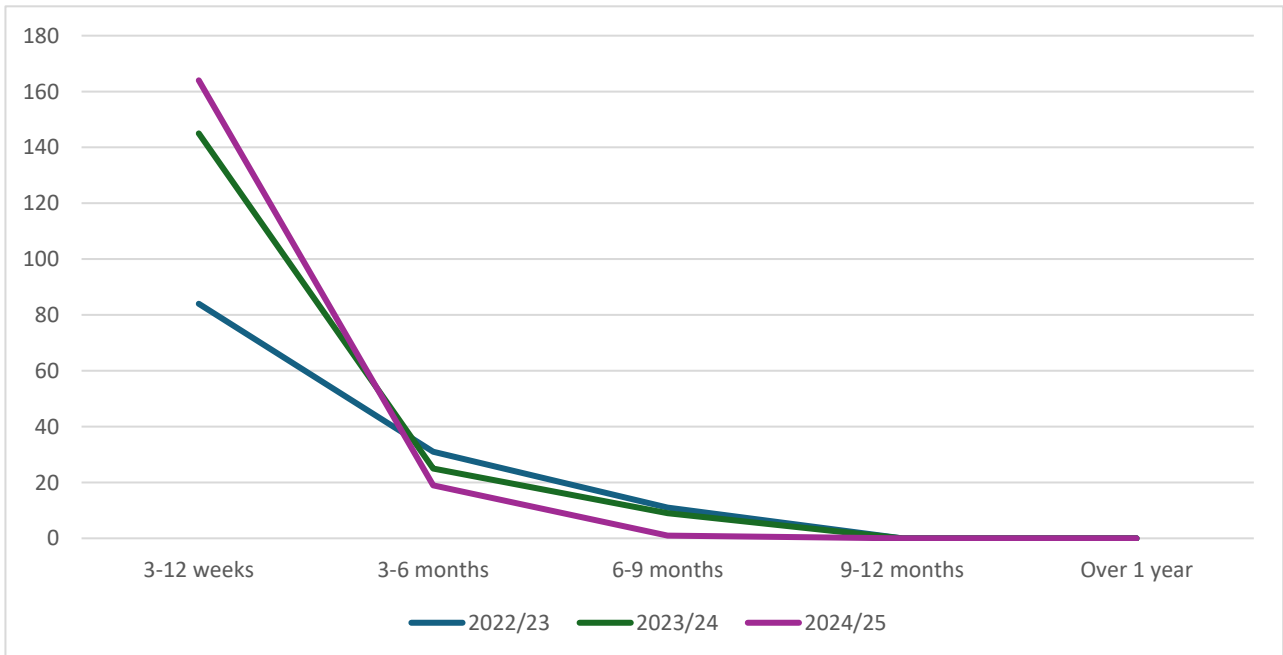
The service aims to provide person-centred support by identifying service user needs, signposting, and supporting users to relevant services until they feel independent enough to engage with them on their own.

*“You never quite know what thing will make the difference, you can have this great strategic aim of reducing offending and keeping people out of the cells but that is quite a long-term thing for some people. But just making that gradual intervention, even sometimes the short intervention in the police cells where the next day they are remanded in court you never quite know what might stick...that bit of advice that might be the thing. I think people need to be ready to change, but the work that the (navigators) do can start to move them to that stage.” (P3)*

One service user reflected on their relationship with the navigator and how a person-centred approach and building trust allowed them to discuss past trauma and seek help for further areas of their life where they required support.

*“Even though I only needed help with gas and electric, I knew the moment I met her that I could open up and I am now getting help with my mental health and dealing with my childhood. I have realised that there are still some people who care.” (Service User)*

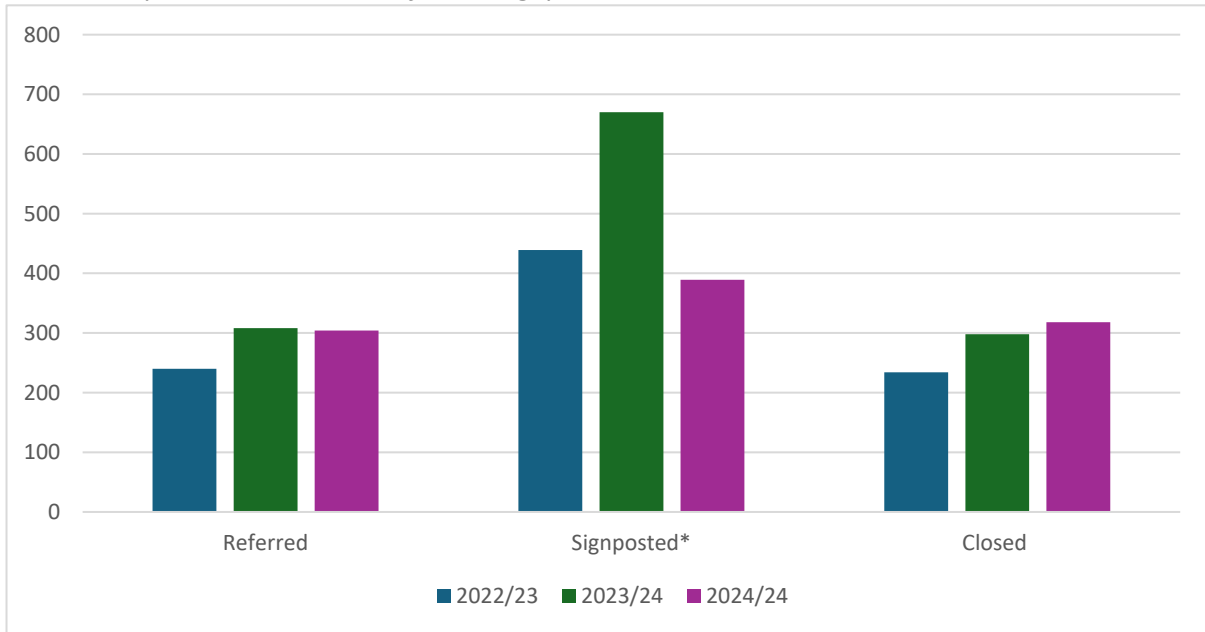
Graph 4 – Length of engagement 2022/23-2024/25 (Planned Closures)



Navigators were able to provide short-term support to service users, with the majority of those being supported for 3-12 weeks. Therefore, because navigators can support service users across several domains, they were able to adapt to provide further support. It was noted that some service users only required immediate support or guidance, whereas other service users may need longer-term support across all areas of life. One service user advocated for longer-term support from the CNS:

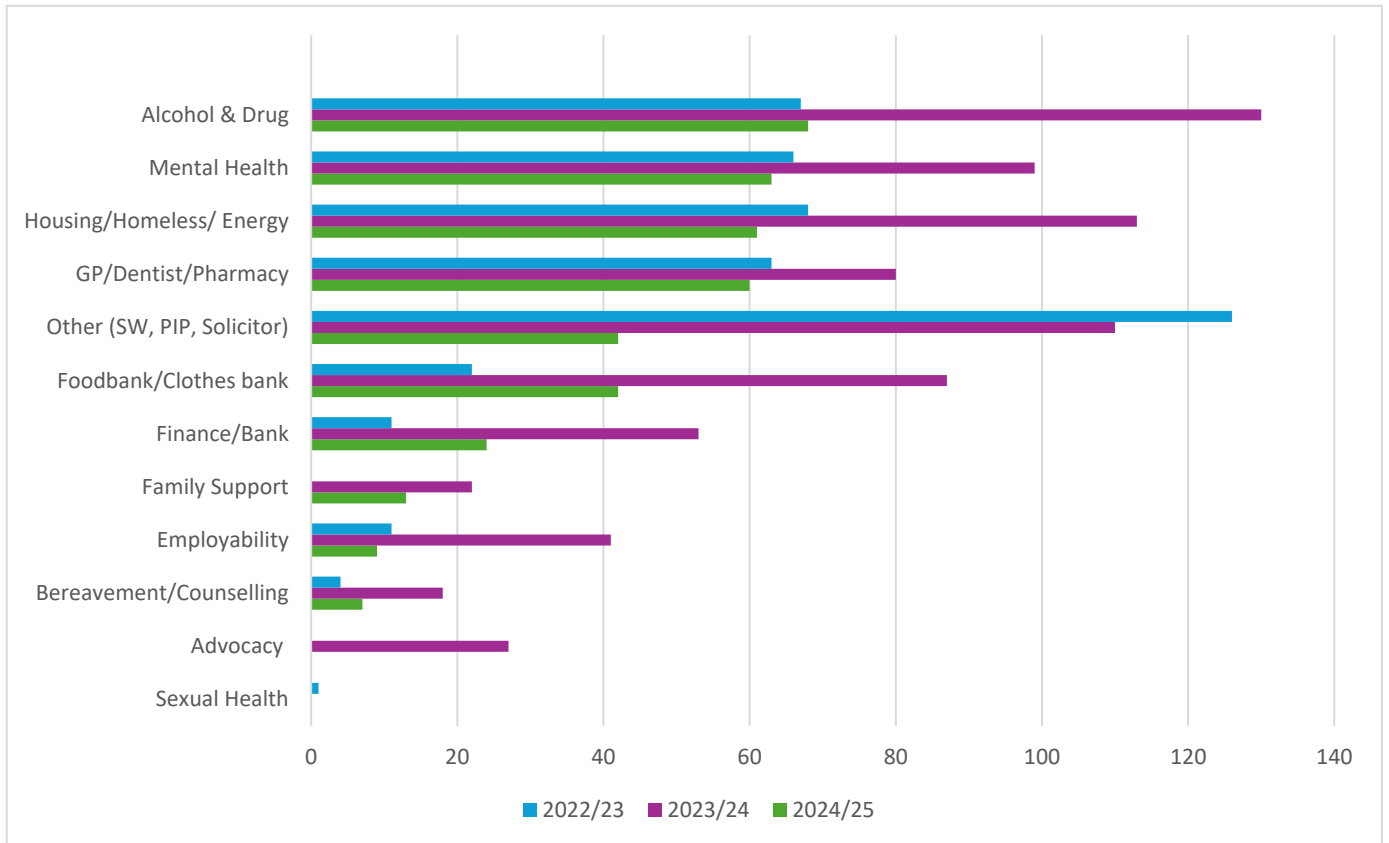
*“Support should be available longer term, if my life can change this much in this short time then longer support would enable those wanting to, to change more.” (Service User)*

*Graph 5 - Service Users Referred, Signposted and Closed Between 2022/23 & 2024/25*



*\*Note: Figures provided are not representative of the total number of service users supported by the service across this period. This is the case as the figures refer to the amount of signposting’s from the CNS to different services and individual clients may be referred to multiple services if being supported with needs across different domains.*

*Graph 6 – Support Type and Number of Signposts Between 2022-2025*



### 5.3 What does service user feedback tell us about how the Custody Navigator Service works in practice?

Forty service users completed the service user feedback questionnaire between 2023-2025. Overall, the survey responses suggest that service users positively viewed the CNS and felt that the support they received had improved their overall wellbeing. A high number of respondents also reported that upon receiving support, they would recommend the navigator service to others.

The service user survey aimed to determine the impact of navigator activities and the implementation of the service in relation to service user journeys. Additionally, it sought to seek SU opinions of how the service might be improved. SU commented on increasing the navigator resources and implementing longer-term support to SU who struggle to engage with other services independently. However, most SU who responded to this question felt that the service could not be improved and highlighted that the support they had received was of a higher quality than they had experienced previously. The question asked was, “**Can you suggest how we can improve the service?**” SU responses included:

*“Nothing service is great and improved my life drastically.”*

*“I don’t know as its better than I have ever had anywhere else.”*

Question	% of Respondents who Agree
1) Were you happy to be contacted by the Custody Navigator Team?	95
2) Were you treated fairly by the Navigators?	95
3) Do you feel your life has improved after being supported by a Navigator?	90
4) Would you recommend the Navigator Service to others?	95

*Source: Service User Questionnaire Results (2023-2025)*

## 5.5 What barriers and facilitators are there to engaging service users and delivering the service activities?

The following facilitators have been identified:

- Individual navigator experiences, skillset and professional qualities

### *Specialist knowledge of local services*

Several navigators highlighted that their knowledge of what local services were available in the local community and their ability to share this with service users was a key part of the service:

*“We have no shame, we put ourselves forward, and living in Fife we know where services are, we know what help is there and we just try and reiterate that to all the clients.” (P2)*

### *Establishing relationships and trust with local services*

Navigators and staff noted the value of relationships with local services that they were signposting service users towards. It was found that being able to speak to services directly was beneficial for collaborative working and information sharing.

*“(the navigators) have alluded to it, you know the value of those local contacts, and relationships I think is the big thing you know, I always remember John Carnochan, when he set up the VRU saying ‘whatever the question is the answer is relationships’, but it’s so true; in the sense that even with things like information sharing, you can have all the protocols but if you build the relationships you will get told things – legitimately.” (P3)*

Navigators said that having up to date knowledge of services was central to supporting clients and providing them with correct information. They also said that trusting the services they were signposting clients to was important:

*“We need to make sure we trust the services that provide the outward support, and we need to make sure we are up to date with waiting times, what new services are there, what’s been pulled back – so that we’re not providing them with false hopes.” (P2)*

### *Navigator passion for the service*

Throughout the interview, navigators expressed their passion for delivering the service and supporting service users:

*“I think the big part is the way we describe the service and the energy that we have when we go in, so there’s sometimes I’m not going to see anyone so we will just speak to people at their cell door. And because we speak to them on their level, because we get down to their level, and it’s like “this is what we can help you with”, this is the immediate stuff from what you are saying, that I know we can help with, and then even ten minutes later they are like “I’m really needing this or that” and I say that’s further on that we can help you with that.”*

(P2)

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### *Advocating on behalf of service users:*

The person-centred approach delivered by the navigators means that their role is to support and advocate for service users where required whilst encouraging long-term independence for the service user.

*“The advocacy is a big one as well, not doing everything for people, trying to build their resilience but initially...the vast majority are vulnerable and chaotic, so its actually trying to put them in a better place you know, a lot of times if they were to try and refer themselves into a particular organisation for addiction or stuff like this or try to seek help for housing, its quite a confusing landscape there and if you are chaotic and vulnerable it’s ten times worse isn’t it.” (P3)*

- The service being accessible and visible to all potential service users

### *Building trust from initial custody meeting:*

It was raised that navigators engaging with service users directly in custody suites allowed them to quickly offer support at the point of crisis – a reachable and teachable moment. When individuals were in custody, it was more likely they would reflect upon their situation and deviate from their past behaviour.

*“Meeting them in the cells and meeting them after court, I think that’s where you get the best engagement with them and if you get that trust built up whilst you’re in the custody suite.” (P1)*

Navigators explained that individuals in the cells were receptive to the way that the navigators engaged with them as non-authority figures offering them support.

*“And because we speak to them on their level, because we get down to their level, and it’s like ‘this is what we can help you with’, this is the immediate stuff from what you are saying, that I know we can help with, and then even ten minutes later they are like ‘I’m really needing this or that’ and I say that’s further on that we can help you with that.” (P2)*

### *Navigator uniforms and being visible at court:*

The uniforms allowed other services as well as the courts to recognise the navigator’s role in the service users support.

*“Before if we were just going in, having the uniform has made a massive difference, even with us getting in the courts, if I know they are going to get remanded or anything like that, I’ll ask to go down and speak to them, I’ll give them my card to put in their property for when they get out, and if you need the support and help when you get out then there is the card you can self-refer.” (P1)*

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The visibility of the uniform was an important factor in building trust between navigators and service users. It was highlighted in the focus group having the pink tops allowed service users to identify them.

*“They have probably disengaged because they don’t believe that we’re going to be able to continue through so when they come out of court...they come out and they see the pink and some of them are surprised that you are there.” (P2)*

### ○ Buy in from Custody Staff

*Positive relationships with most custody staff:*

Most navigators felt that the relationship with custody staff was mainly positive. It was raised that custody staff who could recognise the benefits of the service were more likely to engage:

*“What I pick up from speaking to (the navigators) and generally it’s a pretty good relationship, unfortunately you’ll never get it 100% because it’s about people and, I suppose the ones that are good are probably thinking about the bigger picture, and thinking ok I have a job to do but if I can let (the navigators) in, maybe one time in the future they (individuals in custody) won’t be back, so the demand will be less, communities will be greater.” (P3)*

*Updating police about service user successes:*

Although navigators expressed that they had delivered presentations detailing service user’s successes to police officers, the high turnover of staff in policing made this difficult to maintain. It was highlighted that this was an important aspect of the police buy-in and witnessing the impact of the service.

*“We did go in last year and do little presentations because there was a change in staff and change of teams.” (P2)*

*“And that is probably needed again because there is going to be a different SPOC [specified person of contact] and everything as well.” (P1)*

It is recommended that service users successes are reported back to policing on a more regular basis to emphasise the importance of the service receiving referrals.

### ○ Non-statutory service and separate from social work

*Providing independent support:*

The navigators felt that a key benefit of the service was that service users could differentiate the navigators from social work and other services that they may have had previous negative engagements with:

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*“That’s sometimes the difference that the third-sector can make you know, people probably either have been or perceived that they have been let down by statutory agencies, probably for a long time and they see them as a threat because, the police can lock them up, the prison can lock them up, housing can take away their house, other departments in the council can take away their children potentially; ours is all about support and actually being there and trying to help them. It’s unfortunate because a lot of times social work are there to help them, but they’ll not see it as such.” (P3)*

CNS staff also expressed that the independent and person-centred nature of the service encouraged service users to engage and build trust with the navigators:

*“That’s what the service user said today when she phoned me at 7:45 this morning, she said ‘you’re just going to work with me aren’t you’, I said that’s what we do, we don’t tell anyone else unless there is a cause for concern, I’d bring it up with you first.” (P1)*

### **The following barriers have been identified:**

- Challenges with working with other services and the police

#### *Lengthy waiting lists for services*

Navigators stated there were challenges around long waiting lists, meaning service users were not able to access support quickly. Likewise, it was highlighted that there was difficulty around obtaining support for vulnerable service users who may not have extensive experience of working with a variety of services. However, the navigators were able to increase the window of opportunity for service users to engage by advocating for them and limiting, where possible, barriers to accessing services.

*“it’s getting the services and because there is a waiting list as well, and obviously some services have gone right, we’ve phoned them once and they’ve not engaged...close them, and we’re like you can’t do that because they live sporadic lives they are chaotic, they are not in the same place all the time, they don’t even have the same phone number all the time...so what my thing is you can’t just close them. We need to engage with them from the start from day 1 but if we’re not getting the services to engage, then three four months down the line, even though we are not a support service we do support them at the same time.” (P1)*

#### *Fluctuation and turnover of staff:*

Focus group data suggested that the turnover of police custody staff was a challenge for navigators. As such, navigators stated that this resulted in some custody staff having limited knowledge of the service and the polices’ role in its delivery.

*“I started in Dunfermline... so they know my face and my voice better but because, what’s happened recently is, St Leonards has been closed so we are getting a lot of new staff there, so it’s been new sergeants and it just depends who you get, they’re like no we haven’t got anyone, and I’ll say I’ll still need to come along anyway.” (P1)*

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The navigators consist of a relatively small team, this meant that where there were staff vacancies, service users had to be placed on waiting lists. Navigators stated that this impacted the ability to reach service users at a reachable and teachable moment.

*“We had a waiting list because there was only two staff so most of the referrals were coming in so we had a waiting list, so when you phone them up a couple of months later, they are like ‘I don’t want it anymore.’ So, I think it is crucial we get them within the first couple of days to get them to engage whether they are on a come down, that’s where you are more likely to get them to engage.” (P1)*

### *Increased training and awareness for custody staff:*

Navigators were understanding of the challenges the police faced with individuals in custody. They indicated that notifying officers of the supported service users outcomes was helpful to evidence the impact of the service to the police.

*“I get it for the police staff because if you have been at the point of contact when they have been arrested or when they come into the cells and they have been, particularly aggressive... it’s very difficult to suddenly remove that you know and think this person is actually a decent human being when they have behaved completely the opposite. I have a couple of case studies to send, that’s quite good you know if you can get that through to some of the staff, when they can actually read some of the differences that can make you know.” (P3)*

However, one navigator said that engaging in partnership working with the police was sometimes challenging. It was felt that the longer the relationship was built between the navigators and the officers improved their understanding of the CNS role.

*“But for the barriers sometimes it is sometimes the cops, and not just the police but the PCSO’s because they see us, fortunately now we are long run in Kirkcaldy.” (P3)*

### ○ Information sharing between agencies

#### *Lack of information from services:*

Often the navigators were given limited information from other services about the history of service users. This limited their overall knowledge of what support the navigators required as well as the potential risks for the navigators supporting the service users.

*“I think the big thing for me is when you get red flags back from social work, you get no information...you just get...they’ve been violent.” (P1)*

Additionally, it was felt that if there was a way for more information to be shared from policing, this would enhance the work of the navigators.

*“From a policing side if you can share more you are going to get more at the other end.” (P3)*

#### *Risk averse culture:*

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Similarly, it was noted in the focus group that a risk averse culture existed in relation to data sharing.

*“I still think more progress could still be made, I mean the sharing of information could still be better, because realistically there is still a bit of a risk averse feel to it you know.” (P3)*

However, if the process for data sharing between agencies improved, a focus on what data is required to support an individual’s needs should be considered.

*“You are trying to build more positive relationships, there is no person-centred approach to risk.” (P3)*

- Restrictions on who the navigators can work with

*Unable to support individuals with a sexual offence:*

The CNS is unable to support individuals who have been convicted of an offence with a sexual nature. Although the risks of working with this group were acknowledged, the navigators stated that service users should be assessed through a person-centred lens to determine whether they can be supported to not reoffend.

*“And the bit about supporting people with sexual offences is a real issue because the reality is that if they don’t get proper support there is more chance of them reoffending and actually there is not a person-centred look at that by just grouping them all together.” (P3)*

*Unplanned exits of high-risk clients:*

Likewise, the requirement for a person-centred support was reinforced in relation to other ‘high risk’ service users.

*“red flag can’t work with them, so before we would be, not shoving them to the side but maybe signing them off and closing them because they’re too high risk, but as I say met someone last week, just a coincidence met them in court and I’m like...he is not going to be an issue at all and he has engaged he’s phoned he’s been to court and everything with us.”*

## 6. Custody Staff Perceptions of CNS

Those working in Fife custody suites including Police Officers and PCSO’s were asked to carry out a survey about their involvement and perceptions of the CNS. 14 members of custody staff completed the survey. 62% of those who responded said that they were aware of the intended goals of the CNS, with 38% being somewhat aware. Additionally, 54% felt that the service brought additional value.

- Service impact on repeat presentations to custody

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Although several custody staff reported positive aspects of the service, 50% of respondents said they had not seen a reduction in repeat presentations to custody amongst those who are being supported by the service. However, one respondent highlighted that by offering the service communicated to individuals in custody, it indicated that the police were aiming to support them, which may improve community-police trust and relationships.

*“Hopefully helping the individuals but it is hard to see this from within the custody suite. I do think offering the service makes some people realise that we are genuinely trying to help them.” (Custody Staff Member)*

However, it is worth noting that this is based on custody staff perceptions of repeat presentations. Within the monitoring data provided by Sacro from 2023/24, they reported that 31% of those supported by the CNS had a reduction in reported criminal activity or re-offending over a 12-month period. The overall impact the service has on re-offending is recommended to be further investigated within future evaluations of the service.

### ○ *More awareness of the service and service user positive outcomes*

46% of custody staff who responded to the survey said that they were not made aware of positive outcomes of clients who had been supported by the CNS. Ensuring that stories of change are shared with custody staff by the CNS is likely to demonstrate the need for the service and the impact that it can have.

*“Not enough knowledge about the service in general but aware it is beneficial to persons in custody.” (Custody Staff Member)*

Some respondents had been made aware of positive outcomes, and this increased their awareness of the impact of the service:

*“After hearing some success stories, the service is clearly helping people and so is a benefit to them and us.” (Custody Staff Member)*

Custody staff also suggested increasing the training they are given at the beginning of the service to increase awareness of the processes:

*“More initial training if possible - either a short input at training centres during initial custody training or a package with a flowchart of processes.” (Custody Staff Member)*

### ○ *Trying Something Innovative*

Staff referred to the importance of trying something innovative and different to the issue of re-offending, signalling that as a positive aspect of the CNS.

*“We have to try CNS because prison is clearly not preventing re-offending.” (Custody Staff Member)*

### ○ *Custody Staff Capacity*

Custody staff noted that some service users appeared to not want to engage with the service but utilised the conversation with the navigators to have time out of their cell.

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Custody staff described that this often meant they would have to assist with this, and this could potentially be time consuming.

*“A lot of the time they use 10-minute chat with CNS just to get out of the cell as they are bored due to them being in custody all weekend.” (Custody Staff Member)*

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## Refreshed Theory of Change

As the evaluation progressed the theory of change was adapted to present the best available evidence and knowledge of how the service works in practice.

### Principles of the CNS

Follows the public health approach, person-centred and tailored support, partnership working/collaboration between services, impartial and non-statutory.

Target Population & Inputs	CNS Stages and Activities	Change Mechanism	Intermediate Outcomes	Measurable Outcomes
<p><b>Men and Women</b> over the age <b>of 16</b> presenting at custody in <b>Fife</b>. Those at <b>risk of re-offending</b>.</p> <p>Individuals requiring support for:</p> <ul style="list-style-type: none"> <li>• <b>Alcohol and drugs</b></li> <li>• <b>Mental health</b></li> <li>• <b>Housing</b></li> <li>• <b>Employment</b></li> <li>• <b>Anger management</b></li> <li>• <b>Family support</b></li> <li>• <b>Healthcare</b></li> <li>• <b>Bereavement</b></li> </ul> <p><b>Funding</b></p> <p><b>Sacro</b></p> <p><b>Police Scotland</b></p> <p><b>Scottish Violence Reduction Unit</b></p>	<p><b>1 Referral</b></p> <p>(a) Custody staff identify and refer eligible individuals in custody.</p>	Individuals in custody experience non-judgemental support from navigators who do not act as an authority figure.	Service user is willing to work alongside navigator and consents for their monitoring information to be stored.	<b>Service users reporting increased motivation to reduce their use of substances and number of brief interventions delivered.</b>
	<p><b>2 Engagement</b></p> <p>(a) Navigators explain the service to service users. Service users can then consent or decide the service is not for them.</p> <p>(b) Navigators engage with the service user to determine their immediate needs and offer support.</p>	Navigators create a rapport with service user (sharing their lived experience where appropriate) resulting in increased trust.	Service user agrees to meet with navigators.	<b>% of service users reporting they were engaged with longer-term, ongoing support.</b>
	<p><b>3 Assessment of Service User needs and person-centred plans</b></p> <p>(a) Service users undertake a needs assessment and navigators provide person-centred, trauma informed support.</p>	Service users benefit from an initial needs assessment and therefore have a more comprehensive understanding of their challenges.	Service user accepts support for immediate needs.	<b>% of service users reporting that their life has improved.</b>
	<p><b>4 Initiate practical intervention and signpost to relevant services</b></p> <p>(a) Navigators implement practical interventions, and link service users with relevant community and support services.</p>	Navigators' expert knowledge and tailored recommendations of support services allow service users to engage with service they were previously unaware of/did not know how to access.	Service user engages with a broader network of support and develops increased trust and confidence in local services.	<b>Service users moving onto positive destinations.</b>

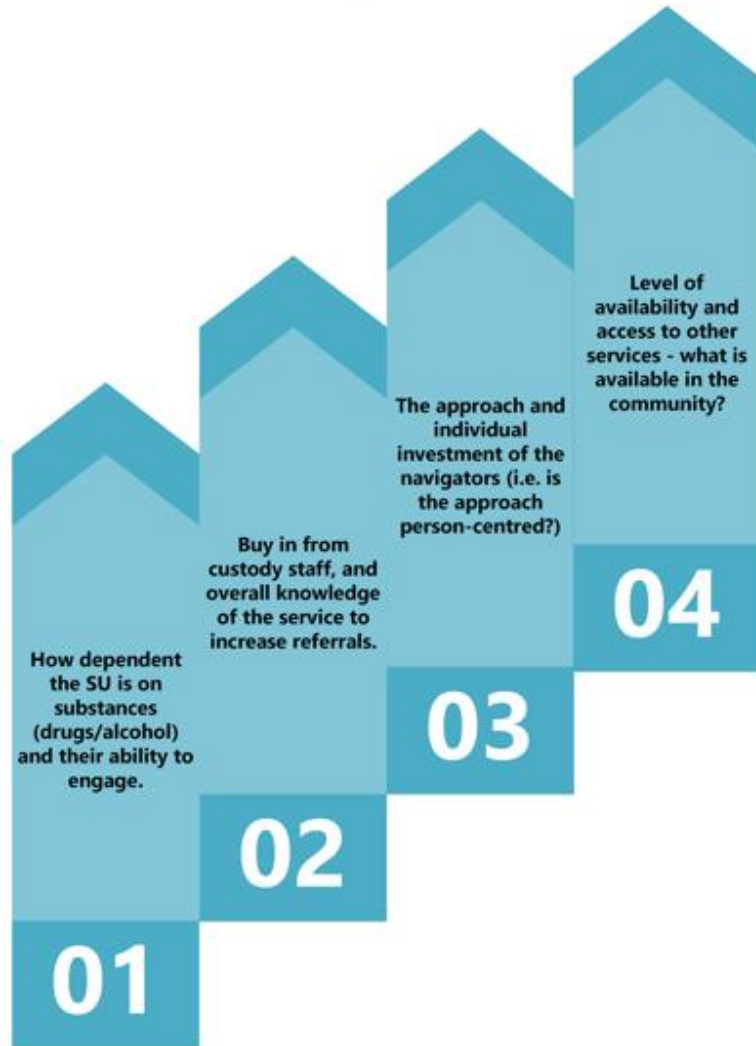
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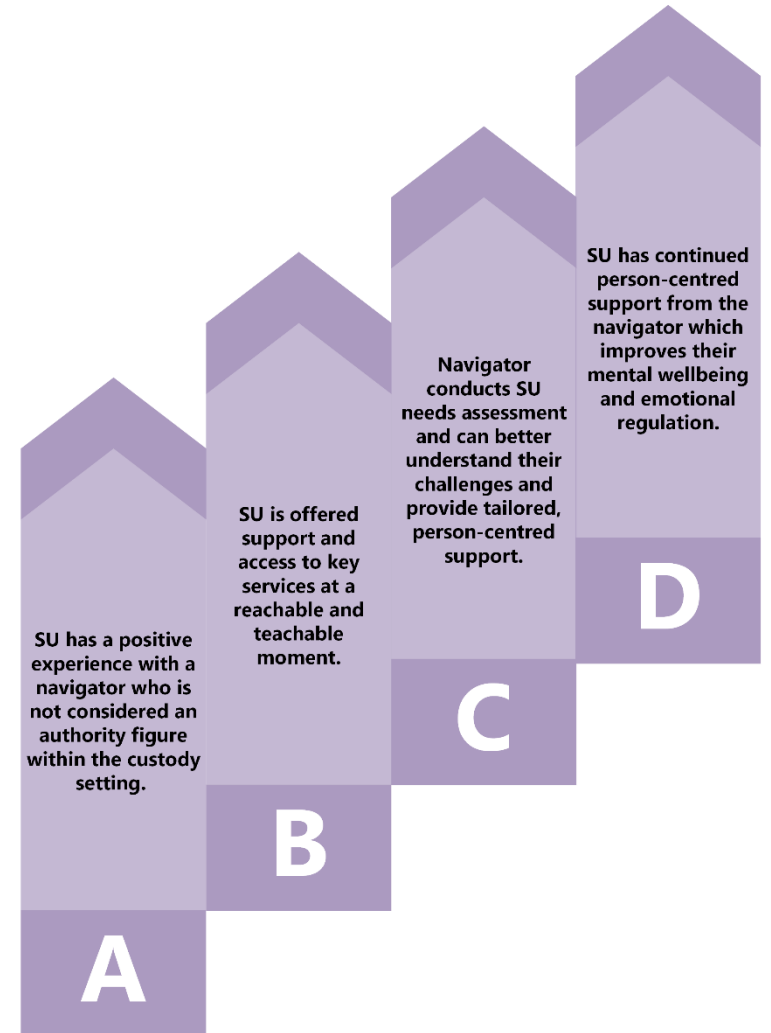
<p><b>Fife Alcohol and Drug Partnerships</b></p> <p><b>Other third-sector organisations</b></p> <p><b>Social Services</b></p>	<p><b>5 Ensure exit strategies in place for Service User</b></p> <p>(a) Ensure exit strategies are in place to support continuity/sustainable engagement within local communities.</p>	<p>Service users are provided with person-centred support to address these as well as tools to manage anger, mental health issues and substance addiction more effectively and independently.</p>	<p>Service users begin to meet key priorities, for example remaining in the community and out of custody, increased motivation to reduce use of substances and alcohol, improvement in their overall living conditions. This also begins to have a positive effect on their wider family and the community.</p>	<p><b>Service user progress towards a crime free life.</b></p>
	<p><b>6 Follow up</b></p> <p>(a) Offer service users the opportunity to complete a questionnaire of their experience working with the navigators, and how the service can be improved.</p>	<p>Service users have a positive experience with a service and are more confident engaging with wider services and developing a wider support network.</p>	<p>Service users have their own long-term plan for engaging with community services and have a safety plan/strategy in place to assist in dealing with emotional regulation and triggering experiences.</p> <p>Navigators follow up through service users completing a questionnaire about their experiences of the CNS.</p>	<p><b>Number of service users now aware/signposted to community services.</b></p>
	<p><b>Key Inputs</b></p> <p>Sacro - The Custody Navigators, Police Scotland - Custody Sergeants/staff, Service User monitoring data</p>			
<p><b>Barriers</b></p> <p>Navigator capacity, waiting lists for other agencies/services, high levels of staff turnover throughout partner agencies, information sharing &amp; partnership working challenges.</p>				

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## Moderating Factors



## Assumptions



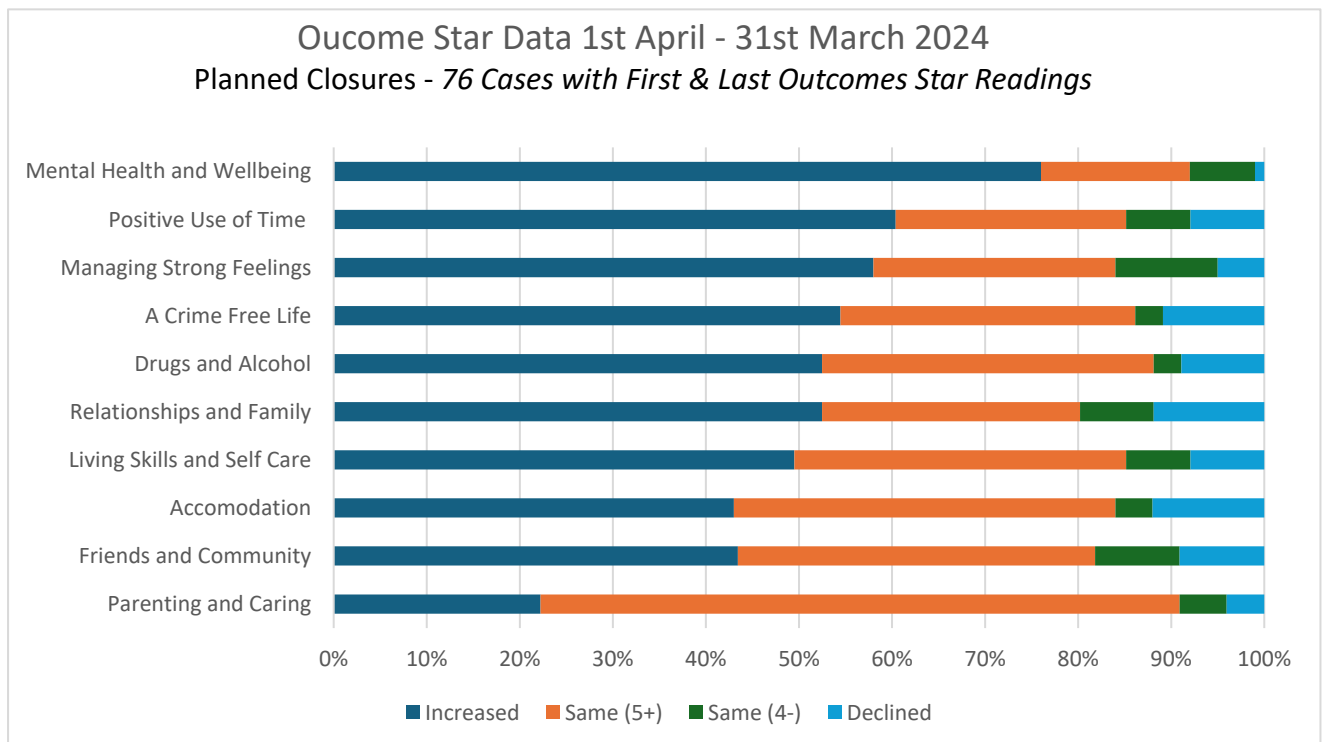
## 7. Outcomes

### 7.1 What progress has been made towards service-user outcomes?

To measure progress against specific service user outcomes, Sacro monitoring data, service user surveys and the justice outcome star were utilised to map service users. The domains measured in the outcome star reflect aspects of service users lives which influence their likelihood of remaining out of custody.

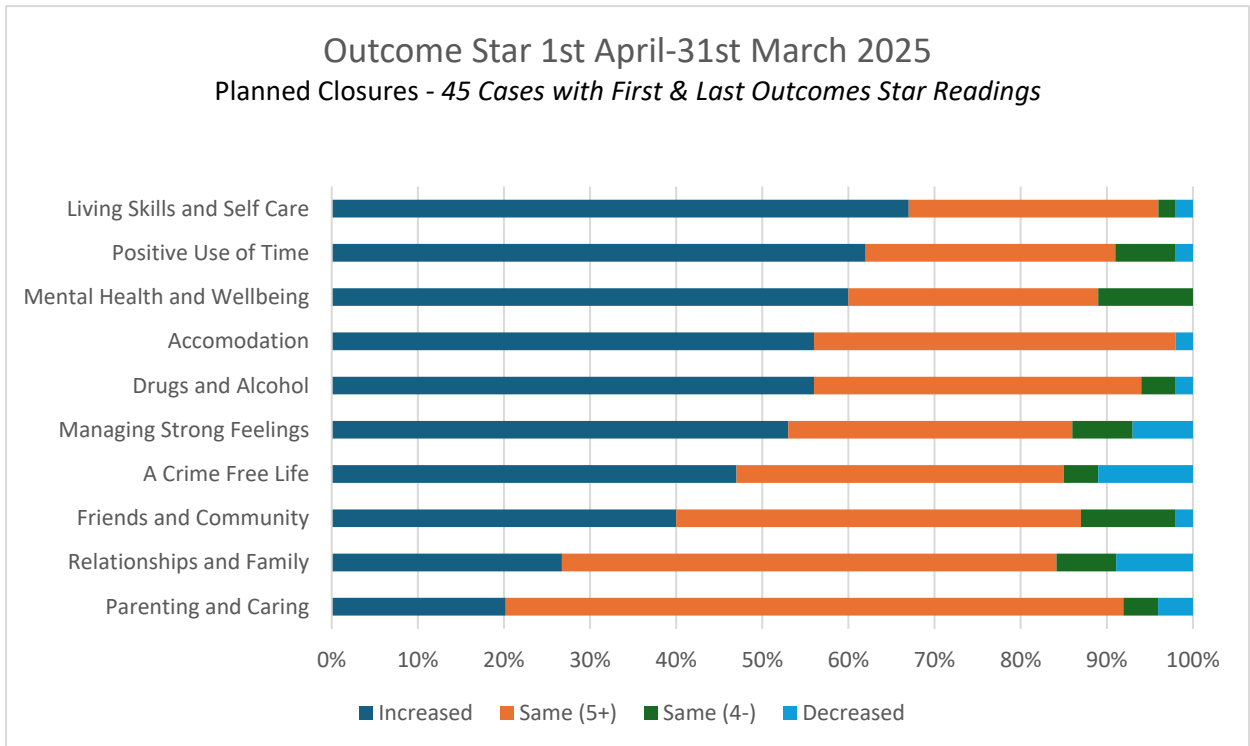
A sub-set of cases were collected and analysed<sup>1</sup>, and evidence suggests that progress was made towards short-, medium- and long-term outcomes across knowledge, motivation and behaviours. Most notably, in 2023/24 service users progress increased towards mental health and wellbeing, positive use of time, managing strong feelings and a crime free life. Similarly in 2024/25, service users displayed progress across mental health and wellbeing and positive use of time. However, in this fiscal year the highest increases in progress were witnessed across living skills and self-care with a sizeable increase also seen in relation to accommodation. Differences in progress year-after-year are expected as it is a person-centred tool; therefore, it is important to note when interpreting the data that service users will be seeking support for their individual needs. For example, some service users may not require support for parenting and caring, so it is not expected that improvements would be witnessed for them within this area.

The graphs below display information of a select number of cases on the proportion of service users who have witnessed progress across several different indicators. In future, a larger cohort of cases should be measured to better understand the impact of CNS support.



<sup>1</sup> Due to the nature of the service, unplanned exits may mean that service users do not complete a pre and post justice star survey. Therefore, a selection of cases whereby this data was able to be collected have been analysed.

Data provided by Sacro, extracted from CNS Annual Report 2023-24



Data provided by Sacro, extracted from CNS Annual Report 2024-25.

- *Service users reporting increased motivation to reduce their use of substances and number of brief interventions delivered*

154

Service users from 2023-2025 indicated that they had **increased motivation to reduce their use of harmful substances** upon working with the navigators.

98

Service users recieved an **alcohol brief intervention (ABI)** between 2023-2025.

54

Service users recieved a **drug brief intervention (DBI)** between 2024-2025\*.

\*Number of service users who received a DBI was collected from January 2024 onwards.

Substance abuse is a potential risk factor associated with becoming involved in violence. This highlights the CNS' ability to achieve outcomes in relation to addressing the root causes of

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violence. It is worth noting that not all service users will require support to reduce their use of substances, around 30% of all service users were signposted for support for alcohol and drug support.

*“I had reassurance and someone to talk to the entire time I needed it. I have now been through detox, partly because of the help and advice I received. My worker went out of her way to help me and I don’t think I’d be where I am now. Amazing.” (Service User)*

- *Level of service users who reported they engaged with longer-term, ongoing support*

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# 50%

Of service users supported from 2023-2025 engaged with **drug and alcohol** treatment.

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# 42%

Of service users who were signposted for **drug and alcohol** support between 2023-2025 actively engaged with the next ADP service for at least two appointments.

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# 65%

Of service users between 2023-2025 said that they had **disengaged with services prior to being supported by the CNS.**

Half of service users signposted to drug and alcohol support engaged in treatment. Additionally, a notable percentage of service users reported that they were still engaging with the ADP for two appointments after exiting the service.

The majority of those who the CNS service supported, had completely disengaged with all services prior to being supported by the service. This cohort of service users may have limited experience of engaging with services and may require more in depth support to engage long-term, therefore independent engagement with services is considered to be a positive outcome.

One service user explained how the navigators guidance with scheduling and supporting them to appointments allowed them to access services they would not have accessed without the CNS. This also reinforces the benefits of the navigator’s specialist knowledge of local services.

*“I was going to have to try and sort out all appts myself which I can’t do, I didn’t know where to go for certain help and the CNS knew everywhere that would benefit me and its all in my own community.” (Service User)*

Another service user said that upon receiving the support from the CNS, they are now able to work with statutory services:

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*“Happy to get the help, will work with Social Work now.” (Service User)*

- *% of service users reporting that their life has improved*

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**90%**

Of those who responded to the 2023-2025 service user survey reported that upon being supported by a navigator their **life had improved**.

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Additionally, within the survey, one service user noted that they had witnessed an improvement to their overall physical and mental health:

*“Massive improvement to my mental health, alcohol issues dealt with and medication working.” (Service User)*

Navigators reflected upon the feedback and acts of gratitude from clients that they had supported, emphasising the impact their support has had on service user lives:

*“at New Year’s Eve I got a text message...and it said ‘yous have just done absolutely amazing’ I mean he was a longer term support just because the issues that he had going on with court and stuff, he was a drug dealer...he is now a screeder, and he’s earning mega bucks and he is doing really well but he sent a text message saying ‘I can’t believe I have made it to the end of this year, because of you guys that I have been able to achieve it.’” (P2)*

Another navigator also detailed a similar experience:

*“He sent us flowers and everything to say thank you...you feel like you have made a difference.” (P1)*

- *Progress towards a crime free life\**

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**55% (2023/24)**

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**47% (2024/25)**

*\*(% of service users that reported a reduction in reported criminal activity within 12 months of working with the CNS. Obtained from data collected from 76 cases (2023/24) & 46 cases (2024/25) from Justice Star outcomes.*

One service user explained how being supported by the service encouraged them to ensure they are no longer involved in criminal behaviour, and the steps they have taken to improve their life:

*“Stepping out by trying to change my life and keep away from situation that are criminally involved, keeping out of trouble.” (Service User)*

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Another service user relayed how the support and practical tools they received from the CNS, allowed them to address the root cause of their offending by improving their mental wellbeing:

*“After struggling with mental health issues that got me locked up, I have struggled with all aspects of life and Sacro has promoted positive encouragement and support. I have found myself becoming more resilient and helping myself more thanks to the support and tools from Sacro.” (Service User)*

○ *Number of service users now aware/signposted to community services*

Several service users required significant support in relation to identifying, referring and engaging with community services. One service user expressed that they would not have been able to access services without the support of the navigators.

*“I have started to engage with Housing First which would never have been possible without the support, I am more confident about my thoughts and feelings and making sure that I always prioritise myself and trust myself.” (Service User)*

The number of support services another service user was signposted to was highlighted, stating that the level of support they received had improved their overall wellbeing.

*“My worker went above and beyond to help support me. I was referred to FASS, AMIS, Circles, Forces for Nature and mental health and well-being. I believe I am a better person after liaising with my worker.” (Service User)*

The below table details the number of domains in which the CNS can support service users, including the services within these domains where service users have been referred to. If service users had not engaged with the CNS, it is less likely that they would be aware of/referred to these services, and thus they would be less likely to receive support. This data also reinforces the importance of navigator awareness of local services as well as the person-centred approach taken to support individual service user needs.

<b>Support Type</b>	<b>Services</b>	<b>Total Number of Signposts</b>
<b>Drugs and Alcohol</b>	<ul style="list-style-type: none"><li>• <i>FIRST</i></li><li>• <i>Alcoholics Anonymous</i></li><li>• <i>ADAPT</i></li><li>• <i>Addiction Services</i></li></ul>	<i>198</i>
<b>Housing &amp; Energy Advice</b>	<ul style="list-style-type: none"><li>• <i>Fife Housing</i></li><li>• <i>Cosy Kingdom</i></li><li>• <i>Frontline Fife</i></li></ul>	<i>174</i>

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	<ul style="list-style-type: none"> <li>• <i>Housing Associations</i></li> <li>• <i>Home Start</i></li> </ul>	
<b>Mental Health Services</b>	<ul style="list-style-type: none"> <li>• <i>Andy's Man Club</i></li> <li>• <i>Link Living - Better than Well</i></li> <li>• <i>Change</i></li> <li>• <i>Mental Health Nurse</i></li> </ul>	162
<b>Others (PIP, solicitors, SW etc)</b>	<ul style="list-style-type: none"> <li>• <i>Salvation Army</i></li> <li>• <i>Social Work</i></li> <li>• <i>Solicitors/Fife Law Centre</i></li> <li>• <i>FRASSAC</i></li> </ul>	152
<b>GP/Dentist/Pharmacy</b>	<ul style="list-style-type: none"> <li>• <i>GP</i></li> <li>• <i>Dentist</i></li> <li>• <i>Allocation Service</i></li> <li>• <i>ADHDers</i></li> </ul>	140
<b>Food bank/Clothes bank</b>	<ul style="list-style-type: none"> <li>• <i>Foodbank</i></li> <li>• <i>Furniture Plus</i></li> </ul>	129
<b>Financial Support</b>	<ul style="list-style-type: none"> <li>• <i>Scottish Welfare Fund</i></li> <li>• <i>Social Security Scotland</i></li> <li>• <i>Universal Credit</i></li> </ul>	77
<b>Employability</b>	<ul style="list-style-type: none"> <li>• <i>Job Centre</i></li> <li>• <i>BRAG</i></li> <li>• <i>Start Scotland</i></li> </ul>	50
<b>Family Support</b>	<ul style="list-style-type: none"> <li>• <i>Big Hoose Project</i></li> <li>• <i>Barnardo's</i></li> <li>• <i>The Family Cottage</i></li> <li>• <i>Fife Carers</i></li> </ul>	35
<b>Bereavement/Counselling</b>	<ul style="list-style-type: none"> <li>• <i>Cruse</i></li> <li>• <i>Relationship Scotland</i></li> <li>• <i>KASP</i></li> </ul>	25

*Snapshot of Support Type, Number of Service Users Referred & Name of Services with Highest Number of Signposts within that Support Area (2023-2025)*

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- *Service users moving on to positive destinations (displayed through individual service user stories of change<sup>2</sup>)*

The SU monitoring data allowed the researcher to follow SU journeys and capture stories of change. The anonymised case studies below detail service user journeys from being referred to the service and throughout their support.

### **Case Study: Angela - Whole Family Support**

Angela is an individual in her 30's and was referred to the service by e-mail. After an initial needs assessment, it was identified that Angela required whole family support as well as assistance with housing. This included assistance with housing items and clothing for her children. Through support from the navigators, she was referred to The Big Hoose Project as well as The Children's Clothing Bank and Furniture Plus to obtain household items. The navigators were able to advise her on how to apply for legal aid, supporting her to submit the relevant documents for this. Similarly, Angela highlighted to the navigators that she did not know how to apply for housing benefits and asked for support with this. Angela was vulnerable and had difficulties in maintaining support with services and recognising where support was available. Therefore, the navigator informed her of all the support services and mechanisms that were available if she needed support.

Social work highlighted concerns around Angelas mental health due to her financial struggles and the knock-on impact of getting food for the family. Upon hearing this, the navigators arranged to support her to the foodbank and arranged a GP appointment for her. Angela's child had also been having challenges at school and had been excluded which was contributing to additional pressure. The navigator supported her to the GP appointment to ensure she attended and to provide emotional support. In order to assist with Angelas concerns around having food in the home, navigators arranged to obtain a food voucher from the Salvation Army.

Through support from Fife Women's Aid, Angela was offered counselling, and the support has had a positive outcome of a reduction in criminal activity and re-offending.

Angela was referred to the following services, illustrating the breadth of knowledge and person-centred support the navigators can provide through signposting and referrals.

- The Big Hoose Project
- Children's Clothing Bank
- Furniture Plus
- Social Security Scotland
- Solicitors
- Local Foodbank

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<sup>2</sup> Stories of change extracted from data provided by Sacro. Identifiable information has been rescinded, and all names are pseudonyms. Whilst the outcomes detailed in these stories of change cannot be extrapolated to all service users who have engaged with the service, they emphasise possible and achievable outcomes upon working with the CNS.

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- Leslie Community Pantry
- Cosy Kingdom
- Fife Housing
- St Lukes Episcopal Church
- Salvation Army
- Scottish Welfare Fund
- Local GP
- Auchmuty Learning Centre
- Fife Women's Aid
- Includem
- Home Start
- The Cottage Family Centre

### **Case Study B: Jack - Support for a Young Person**

Jack is a 19-year-old male who was referred to the CNS for support with his mental health. Jack was initially referred by the navigator to Andy's Man Club and the GP for support, with the navigator accompanying him to these appointments.

Whilst being supported by the service, Jack required support from the navigator to report a recent incident he was the victim of to the police. Through his meetings with the navigator, he expressed that he was using alcohol as a coping mechanism because of the incident, therefore the navigator provided an ABI. He also told the navigator that some of his friends had started taking drugs, so the navigator provided him with Naloxone. The navigator discussed healthy coping mechanisms Jack could utilise until he starts receiving 1:1 support. Upon receiving this and due to his relationship with the navigator, Jack said he felt more encouraged to reduce his drinking and to find healthier coping mechanisms.

Jack was then referred to other services including Linkliving, Barnardo's and Includem. He spoke to Includem to hear about what they could offer and felt satisfied with the available support. However, he expressed that he would be more likely to engage with the service if the navigator supported him to his first appointment. After the initial meeting he began engaging well for mental health support with Includem.

Jack was attending college and had interviews for apprenticeships, but felt he needed further financial support and wanted to know what guidance he could get for budgeting and saving for a house. The navigator arranged for him to go to the bank and Citizen's Advice to get support.

### **Case Study C: Brian - Community Re-Integration**

Brian met with the navigators whilst in custody. He was initially provided with an ABI after raising concerns about his alcohol intake. After agreeing to be supported by the service, the navigator began referring him to services such as FIRST. However, Brian told the navigators that he had social anxiety and would require the navigators support to engage. Upon

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attending these appointments with FIRST, Brian felt that they were helpful to reduce his alcohol and drug intake. The navigators also referred Brian to Restoration Fife, which has lots of activities which can support individuals with similar needs.

Through 1:1 engagement with the navigators Brian mentioned he wanted to look into going back to college and wanted to know what courses were available. He then found a course he was interested in and applied with the support of the college and the navigator and subsequently received an offer. The navigators then supported him with his financial funding. Brian was engaging well with the services he had been referred to and had been supported back into education.

## **8. Limitations of the Study**

### **8.1 Follow Up and Engagement with Signposted Services**

From the data, we can see that the CNS has signposted, and provided service users with warm handovers to a range of different services who can provide support across their different needs. However, due to practical challenges it is difficult to tell whether any support is taken up long-term across all areas of support.

### **8.2 Ethical Challenges**

Interviews with service users were not carried out due to ethical concerns. Learning from previous projects highlighted that service users are at a different place in their life and may not want to revisit their trauma. The SVRU researcher also does not have a prior relationship with service users, so may not feel comfortable sharing their experiences. The researcher had access to service-user surveys which were completed in the presence of navigators, which ensured service-user perceptions of the service were included within the evaluation.

## **9. Conclusion and Next Steps**

In conclusion, the evidence presented within the impact report suggests that the service has been largely effective in achieving the outcomes it set out in the pilot phase of the project. The service received 1,029 referrals from the intended sub-population between 2021/22 and 2024/25 increasing by 36% in that timeframe.

The findings suggest that the navigators were largely able to maintain fidelity to the original logic model, adapting to consider more suitable long-term goals for service-users based on their identified needs. Sacro have aimed to evidence the possible outcomes of service users who are supported by the service through the service monitoring data, service user surveys, case studies and justice star outcomes.

The engagement between service users and navigators was facilitated by the person-centred nature of the CNS which enhanced trust between the navigator and the service user. Several service users had previously disengaged from services or had previous negative experiences

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with statutory services, so the CNS being separate from this was considered a significant facilitator for engagement. Through being supported, service users felt that they were signposted and provided warm handovers to services that they would not have been able to engage with, without navigator support. Hence, service users being linked with tailored support services to tackle the root causes of violence and offending behaviour is a benefit of the service.

Service-user surveys from 2023-2025 display overwhelmingly positive feedback and suggests a high level of acceptability in relation to support service users received and how this contributed to the services intended outcomes. Likewise, 64% of custody staff who responded to the survey felt that custody navigators should operate in custody suites across Scotland due to the support that is offered.

The service has now been expanded to North Ayrshire; therefore, its implementation should also be evaluated to determine the CNS effectiveness in a different geographical area. If the service was to be expanded nationally it is likely that the root causes of violence could be tackled more effectively by increasing the likelihood that those involved in violence or criminality obtain support to desist and are not missed due to the potential gaps in service pathways. Likewise, as service users often require support across several areas, accessing this support can be challenging to navigate different systems of services, particularly for service users who have not heavily engaged with services previously.

Partnership working and data sharing is fundamental to the implementation of the CNS. However, this was identified as one of the main implementation barriers and therefore an area for potential improvement. If data sharing protocols were to be improved, navigators could make more informed decisions based on the risk of supporting an individual as well as the strengthening the person-centred approach towards service user needs. Likewise, this would ensure a whole-systems approach to prevent re-offending and improve overall health and wellbeing outcomes.

Overall, both the qualitative and quantitative data examined within this report highlights that those who were supported by the service were benefited by its person-centred nature. The CNS also provided individuals, many of whom may have had previous negative experiences with statutory services, to have a positive experience with services and build strong relationships with the navigators. It is the hope that this experience will contribute to service users accepting support in future for other areas of their life. The initial findings are promising, however further improvement of data collection including increasing the number of cases analysed in the justice star should be prioritised to determine long-term outcomes.

### **9.1 Recommendations based on the findings of this research:**

- **Improving data collection in relation to the justice outcome star to expand on service user outcomes to demonstrate impact.**
- **Further investigation on the impact of the service on re-offending, particularly of those involved in violent offences.** In future evaluations, ethical approval should be

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sought to analyse police data in relation to the individuals who have been supported by the service to determine the difference between those who have been supported with those who haven't, in terms of reoffending.

- **Extending the CNS to other geographical custody areas.** Most custody staff who responded to the survey felt that the CNS should be offered nationally, highlighting that they are aware of the benefits of offering the service more widely.

*“If the system is working for people in the long term, then extending the program would seem like the obvious step.” (Custody Staff Member)*

- **Consistently informing custody staff of successes/stories of change amongst those who have been supported by the service.** The findings of this report suggest that custody staff who were aware of the CNS intended outcomes and were aware of its successes were more likely to refer individuals in custody. Due to high levels of changes/turnover in custody staff, consistent updates should be provided to staff on their role, intended outcomes and the overall benefits of the service.
- **Scope opportunities to collaborate with Fife hospital navigators to assist in identifying and utilising the more relevant services for service users.**
- **Determine whether support should be extended to individuals who have committed sexual offences.**
- **Implement multi-agency meetings, similar to the newly established liberation meetings but for the community.**