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**Police Social Work**

**Toolkit**

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**History of Police Social Work Program**

Police-based social service programs originated in the 1970s as a result of Dr. Harvey Treger’s 3-year action-research project placing professional social workers and graduate social work students in two middle class community police departments (Treger [et.al](http://et.al/), 1975). When it began in March 1970, this *Police-Social Service Project* received funding from the Illinois Law Enforcement Commission and the communities of Wheaton and Niles, under the sponsorship of the Jane Addams School of Social Work, University of Illinois at Chicago. After the *Police-Social Service Project* ended, the Wheaton and Niles police social service units continued to operate, completely funded by their communities’ budgets. The widespread appeal of this “in-house” police-social service partnership led to the development of several police social service units throughout suburban Illinois (Treger et. al, 1975).

Early police social service programs limited their focus to improving their residents’ immediate access to social services during misdemeanor related calls for police intervention (i.e., juvenile and minor domestic-related cases). In response to the broadening gap between social service needs and the community services available, today’s police-based social service programs have expanded their services beyond 24 hour crisis intervention on crime related calls to include emergency mental health and geriatric assessment, counseling, court advocacy, community resource referrals, community partnerships, critical incident/disaster mitigation, and providing police social service related trainings.

The birth of a new specialization in the field of social work gave rise to a need for consultation and collaboration. As a result, a group of 18 police social workers and graduate Social Work student interns formed the Association of Police Social Workers in July of 1975. As more law enforcement agencies hired social service professionals, additional mental health professions were represented in the Association of Police Social Workers, leading to a decision to change the association’s name to accurately reflect the professional affiliations of its members.

Now known as the Association of Police Social Services (APSS), more than 50 APSS members serve over 40 police departments in the Chicagoland area, as well as in two additional states (Texas and Kentucky). The widespread popularity of police-based social service programs in Illinois has grown largely due to their acknowledged benefits for their police departments and their communities. Some critical benefits include the reduction of police officers’ time spent on noncriminal calls, immediate access to a police department colleague who will offer a multidisciplinary (social service/criminal justice/mental health) approach to difficult, complex cases, and improved crime victim cooperation with investigations and prosecutions. Additional benefits that impact community safety and public health include: improved access and utilization by residents of community resources and civil remedies, an effective team approach to intervene on the root causes of police calls related to domestic violence, juvenile delinquency, addiction, and mental illness, and finally, improved police-community relationships.

**Introduction to Police Social Work**



A highly specialized field of clinical social work. The Alexandria Police Social Worker (PSW) works in conjunction with sworn officers’ in providing assistance for individuals in the City of Alexandria. Our PSW acts as a liaison between the police officer and the community.  PSW’s provide a coordinated community policing response with access to a variety of agencies to deal with severe personal and family problems signaled by recurring calls for police service.  They assess a client’s needs for referral to other social and mental health agencies, emergency shelters, financial assistance and assistance with on scene crisis intervention. Effective intervention and prevention requires more than police action and goes beyond the capability of any single agency.

Traditionally, police, social service and mental health workers share the most difficult portion of each other’s client caseloads but there has been little interagency communication or cooperation. Effective intervention and prevention require more than police action and goes beyond the capability of any single agency.  This position is the next logical step in the development of community policing and recognizes that police often serve as front line mental health/social service workers. It commands a multi-disciplined response to problems that threaten the whole community.

Typically, police officers fulfill their mandate when they respond, restore order and leave. PSW’s continue the stabilization with a focus on prevention by assessing needs, providing services and making referrals for services to deal with the problems that precipitated the call for service.

**Police Social Service Workers Roles/Responsibilities**

* Mental Health Interventionist: PSWs respond to persons in psychiatric distress in the field. In concert with the police officer, who may be a CIT-trained officer (Crisis Intervention Team), the PSW assists in de-escalating the mentally ill resident and helps guide the resident, his or her family members, medics, and responding officers to a safety plan for that distressed individual (IE: hospital evaluation, home safety plan, transport to a sub-acute, peer-support respite center). This collaborative response prevents criminalizing a resident’s behavior during a mental health crisis.
* Juvenile Interventionist: Runaways, Delinquency. Juveniles diverted from the juvenile justice system to more appropriate service agencies. Coordinate with officers, parents, schools and juvenile court relative to needs of individual juveniles and develop community-based delinquency prevention activities. The PSW also serves as a partner with School Resource Officers, school administrators, and school social workers.
* Domestic Violence Advocate: PSWs provide assistance in obtaining shelter, financial resources, Orders of Protection, and Court Advocacy to victims of domestic violence. Follow-up, which may include trauma-informed therapy, is provided to victims and their children after the initial crisis has resolved.
* Crime Victim/Survivor Advocate: PSWs respond where the victim is – in the field, at the station, at the hospital and at court. PSWs are specially trained to provide trauma-informed crisis intervention to victims/survivors, while ensuring that his or her rights are protected, and the appropriate resources are provided., This includes Violent Crimes – Domestic Violence, Child and Elder Abuse, Sexual Assault
* Community Builder: PSWs take the lead in building coalitions within communities. In the hours and days that follow a police contact, PSWs bridge the gap between the unmet needs of our most vulnerable, under-resourced residents and the resources that exist at any given time. As employees of their police departments and/or local governments, PSWs are uniquely positioned to promote beneficial relationships between all community stakeholders: residents, social service agencies, churches, businesses, police officers, and city/village administrators. Finally, with our trauma-informed perspective, PSWs actively influence their police departments’ relationships with residents who have frequent high-risk contacts with officers due to issues related to mental health, addiction, and domestic violence.
* Emergency Responder: During natural disasters and critical incidents with multiple victims, PSWs set up reunification sites/shelters, provide mental health first aid, address immediate needs (e.g., medical, food, clothing,) and link impacted persons to local and national organizations and benefit programs for on-going support.
* Substance abuse- Increases substance abuse intervention services for clients encountered by and referred to by officers.
* Court advocacy
* Traumatic Incidents and Deaths – Homicide, Suicide (Death Notifications)
* Family Conflicts
* Alcohol and Other Substance Problems
* Financial Needs
* Homelessness
* Senior Citizens-Increases services for elderly with basic service needs such as food/shelter and those who require other more specialized services.
* Neighbor Disputes
* Family member loss due to death or divorce
* Social or family crisis
* Missing persons
* Serves Persons of ALL Ages
* Provides Professional Consultation to the Police Officers in the field on difficult cases
* Coordinates and Distributes financial assistance programs
* Offers Professional and Law Enforcement Training
* Tailors Services to meet specific needs of the Police Department, the Community, the Family and the Individual
* Case Management Services
* Mediation
* Police-Community Liaison
* Program Development
* Traumatic Incidents and Deaths – Homicide, Suicide (Death Notifications)

**Other Duties**

 Building Community Relationships

* Host coffee with a cop
* Provide open gym at our recreation center for youth
* Started a positive ticket campaign (officers issued tickets to children for good behavior)
* Assisted with our community sponsoring a family for Christmas
* Assisted with our community sponsoring families for Easter.

 Provide education to community

* Presentation on social media risk to parents
* Presentation on social media to youth
* Presentation to seniors on senior scams

**Referral Procedures**

Residents of the City of Alexandria who have legitimate needs for social service intervention may be referred to the Alexandria Police Social Services by:

* Police Reports/Officer Call Responses-PSW reviews roll call from prior shifts.  If the call response is social service related, a PSW responds (home visit, phone call, email, etc.)
* Officer Request-Officers shall initiate formal requests for social service intervention by indicating the referral on an E-NIBRS/E-Call Response or JC3 report.
* CID request-Social Services will review all reports with the assistance of CID personnel and then determine who qualifies for social service intervention
* Walk-in referrals-PSW’s accept walk-in cases and referrals from patrol officers who are familiar with recurring, problematic individuals and families in the community.
* Fire/EMS referrals
* Code Enforcement Referrals
* Community Partner Referrals
* Family/Friend Referrals
* City Council Members/Mayor Referral
* Victim/Witness requests
* The Counseling Units of the Campbell Co. School District or Catholic Social Services
* Outside social service agencies who are dealing with City residents

Non-residents of the City of Alexandria requiring intervention may be those persons who:

* Exhibit anti-social behavior within the city and/or
* May be involved with police personnel during their tours of duty
* Victims of crime within the city

PSW’s typically respond the next day when the situation is less volatile. If PSW is familiar with the individual and the scene is secured and safe the PSW may respond with officers.

PSW’s provide 24-hour immediate onsite response that includes needs assessment, crisis intervention techniques and appropriate referrals to other agencies if necessary.

PSW’s prevention efforts are supported by preventive patrols where social workers return periodically to problem sites to monitor client progress.

If PSW’s are called to a scene to assist officers, they are not to be primary units unless the call is initiated by them and does not require any law enforcement action.

**Benefits of Police Social Work**

* Sharp reduction in the number of repeat calls for service and reduced recidivism rates.
* Minimization of Police Officer time spent on non-criminal calls
* Document need for multi-agency involvement in difficult cases.
* Sharpened focus and increased agency services for the most desperately needy, previously unserved or underserved cases.
* Significantly increased communication, interaction and mutual respect among patrol and direct service staff of service agencies so they share responsibility, rather than blame each other.
* Documented multi-agency permanent problem identification and solving capacity involving the entire community.
* Increased community preparedness for emergency trauma and natural disaster situations.
* Enhanced Victim Cooperation with Investigations
* Available Professional Consultation with a trusted social work/mental health professional
* Multidisciplinary approach to difficult and complicated cases
* Positive community relations
* Ability to target special populations and assist with chronic, recurring situations
* We believe this will lead to decreased strain on our police resources, reduce risk to our member officers, and better outcomes to the most vulnerable citizens that we serve

**What is needed for a Police Social Worker**

The Alexandria Police Department provides our social workers with the following items:

* Paid Salary from City
* Uniform (polo or shirt with logo, khakis/dress pants)
* Radio
* Laptop/Desktop
* Bulletproof vest
* Car (Ford Focus)
* IPAD’s
* Software System (SOMA) $1,000 per user, per year.  $5,000 initial set up
* Cell Phone Stipend
* Wifi Mobile Hotspot

The funding for our PSW is provided through our City Budget.  We are not a grant position.  There are some departments that have funded their PSW through grants.

**Case Examples**

Mental Health

911 Call: Suspicious activity. Subject is walking through other people's yards collecting dandelions.

63 additional police calls from 11/2017-09/2018. Some examples

* Suspicious activity; suspicious male, who was said to be hitchhiking
* Welfare check; department had received several complaints recently about this individual walking on other peoples' property
* Trouble disturbance; verbal arguments
* Suspicious activity; walking through other people's yards collecting dandelions for dandelion wine
* Public Intoxication
* CIT responded to the listed location regarding subject being outside without pants
* CIT responded a report of subject being outside in his driveway without clothes on
* CIT; 8-year-old female observed subject to be outside naked
* CIT anonymous complaint from a neighbor that subject was walking around outside naked again
* Harassment; standing in the street in front of neighbor’s residence screaming and giving them the finger

Officer response:  Explained he could not be going through people’s yards.  He showed signs of aggression but was able to settle down.

Police Social Work response (follow up; after officers respond):

* Assessment: Mental Health Issues, 47 years old, Diagnosed with Schizophrenia and Traumatic Brain Injury
* Services offered: Arranged for MH Admission, Court Advocacy-Advocated Mental Health Court then assisted him with navigated through court system, Arranged for Psychological, assisted with transportation, advocated for medication treatment and assisted with medication management, connected with community service, assisted with obtaining social security, symptom management, connection to AA, referral to Primary Care Provider and Psychiatrist

 Results

* Decrease in 911 calls. 2 calls since 10/2018
* Connection to community; volunteers and works part time

Domestic Violence

911 Call: Domestic, verbal at this time

Officer response: Verbal Domestic, arguing over cell phones, reported stalking, past verbal and physical, threats of killing her and child. Agreed to separate for the night.

2nd 911 Call: Domestic, physical, suspect returned to the house

Officer response: Suspect arrested. Suspect admitted to hitting ex-girlfriend causing injury to right eye.  Officer provided information on how to obtain a protection order.

 Police Social Work response (follow up; after officers respond):

* Spoke with victim about obtaining an EPO
* Educated Victim
* Transported victim to file EPO
* Connected Victim to Women's Crisis Center
* Transported victim to court prior to trial date to prepare for court
* Assisted victim through entire court process
* Assisted suspect with services

Child Fatality

 911 Call: 2 months old, not breathing, non-responsive

Officer response: Officers respond to home, observe deplorable home conditions

 Police Social Work response: Arrived on scene

* Assisted Detective with Investigation
* Assisted social services with records, re-enactment, etc.
* Ruled as accidental however concerns neglect
* Addressed neglect issues with social services

Cyber Tip-National Center for Missing and Exploited Children

Call from hotline: 8-year-old exploited on internet/social media

Officer and Police Social Work response: PSW and Detective jointly conducted an investigation.

* PSW contacted social services with concerns of lack of supervision
* PSW contacted local judge to have children removed from home
* PSW assisted social services in removal of children, allowed law enforcement to collect evidence from scene and conduct their investigation

Mental Health

911 Call: Mr. \*\*\*\*\* called the police after having a nightmare. Mr. \*\*\*\*\* suffers from PTSD and asked to talk to an officer in person until he could calm down.

24 Additional 911 calls ranging from Jan. 2016-June 2016. PSW started in July 2016

* Individual called multiple times needing to talk to an officer because he had a nightmare
* Caller stated they tried to wake the individual up and could not
* Individual called wanting to go to hospital, he was ripping plugs out of walls

 Officer Response

Police Social Work Response (follow up; after officers respond)

* Made report and coordinated services with Adult Protection Services
* Coordinated with VA; spoke to SW about medication and the frequent visits from police because of the individual having nightmares.
* Arranged for in home services
* Provided individual with tutorials of other Vietnam Vets
* Visited individual frequently; he would sometimes call PSW when lonely or having problems
* PSW became point of contact for Bob, no more 911 calls

Elder/Senior

 911 Call: Burglary

Officer Response: Officers responded for the possible report of an active burglary. Homeowner stated someone forced his way into her home and ran out the back door. Officers checked the area with no findings of the suspect. Nothing was taken from the residence and the only description she saw was a white male possibly 50 years old. Could not give any other descriptors on suspect. Officer concerned that something seemed off with this call.  Officer requested PSW to follow up.

911 Call (2 days later): Suspicious activity

Officer Response: Made contact with the homeowner who advised there were three women taking toys out of her house in garbage bags. Women were gone upon arrival. Myrna advised they must have heard her call the police. Myrna believes they have microphones in the house and on her phone to hear her conversations. I walked the perimeter of the house and saw no signs of intrusion. Officers called PSW’s

Social Work Response (follow up; after officers respond)::

* Completed a face to face interview
* Built rapport
* Contact immediate family
* Family has seen decline of cognitive ability
* Make referral to NKYADD
* Made an APS report of possible harm to self
* Arranged for food to be sent to the family through NKYADD
* Arrange in home doctors visit for cognitive delay

Juvenile

 911 Call: Juvenile Runaway

Officers response: Mother reports history of juvenile running away, not going to school, and physically assaulting mother.

 Police Social Work Response (follow up; after officers respond):

* Assisted with filing beyond control charges
* Advocated for charges to be accepted (presented CDW with history and Social workers assessment)
* Arranged for a mental health assessment
* Advocated for treatment (provided reports, documentation and assessments)
* Attended court with parent to advocate court orders

Homeless man

 911 Call: Welfare check

 Officers response: Man sleeping in bus stop at village green, reported homeless

 Police Social Work Response (responded to scene after secured):

* Completed assessment (physical and mental health issues present)
* Assisted individual with obtaining identification in order to be placed into shelter
* Arranged for shelter.  Shelter was full. Police Social Worker spoke with the shelter director and the individual was admitted.

**Other Duties**

 Building Community Relationships

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