NHS England

Liaison and Diversion Operating Model 2013/14

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Liaison and Diversion Operating Model 2013/14

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Contents

Executive summary

Liaison and diversion services are intended to improve the health and justice outcomes for adults and children who come into contact with the youth and criminal justice systems where a range of complex needs are identified as factors in their offending behaviour.

Liaison and diversion is a process whereby people of all ages with mental health problems, a learning disability, substance misuse problems and other vulnerabilities are identified and assessed as early as possible as they pass through the youth and criminal justice systems.

Diversion should be interpreted in its wider sense, referring to both diversion out of, and within, the youth and criminal justice systems.

Critical drivers of effective provision include: a clear definition; connectivity across different local agencies and with a local post-diversion infrastructure underpinned by a shared commissioning strategy; accessibility; skilled staff; outcome focused measures; and, proportionate and minimal intervention.

The model will be an all-age service across all sites available to all points of intervention in the youth and criminal justice pathways addressing a wide range of health issues and vulnerabilities and be relevant to those with protected characteristics as set out in the Equality Act 2010. The entry point to the service will be as and when an individual comes into contact with the police (or other criminal investigating authority) under suspicion of having committed a criminal offence.

The model is predicated on three distinct and inter-related phases: case identification; secondary screening/triage; and, assessment including specialist assessment.

The service must be accessible at the earliest stage once an individual is suspected of having committed a criminal offence, be available at the point of need, and be available at all relevant points of the youth and criminal justice systems.

Coverage should be a 24/7 service consisting of a mix of operating times and out-of-hours arrangements, including links to existing services and provision. Exact hours of operation will be based on local need and subject to the views of local commissioners and other stakeholders.

The model is predicated on a core dedicated team to deliver and co-ordinate an effective and responsive liaison and diversion service linked to, and supported by, an extended team whose roles are not specific to liaison and diversion but are essential to effective liaison and diversion practice.

Key functions of the core team include: clinical functions; liaison and advice; referral; short-term interventions functions; data collection and monitoring; and, safeguarding.

The work of the liaison and diversion scheme and the relationships it develops should be underpinned by formally agreed service level agreements, joint policies and protocols.

The following governance arrangements to support the delivery of liaison and diversion should be in place: programme management; service management; and, a reference group of key

relevant stakeholders, including service users, to support the service manager and the programme board.

The liaison and diversion service will need to be integrated and take cognisance of a range of inter-related projects and programmes and developing initiatives.

1. Introduction

1.1 The youth and criminal justice systems have not always catered well for people with mental health problems or learning disabilities. Nonetheless, many individuals only access relevant mental health and/or social care services when they enter the youth or criminal justice systems. When this occurs, there is pressure on the justice systems and their interface with other organisations to ensure that the defendant's needs are addressed appropriately. To date this has resulted in inconsistent and insufficient provision, the use of interventions which are not properly tried or tested and outcomes which are not measured robustly. Practical solutions are required to ease the transition across the interface between the youth and criminal justice systems and other health and social care sectors. Liaison and diversion schemes are a vital part of this process.

1.2 When it works well, liaison and diversion is a process whereby people of all ages with mental health problems, a learning disability,[1] substance misuse problems and other vulnerabilities are identified and assessed as early as possible as they pass through the youth justice and criminal justice systems. Following screening and assessment, individuals are given access to appropriate services including, but not limited to, mental and physical health care, social care and/or substance misuse treatment. Information from liaison and diversion assessments is shared appropriately with relevant agencies so that informed decisions can be made on issues of diversion, charging, case management and sentencing.

1.3 In the context of this report, diversion should be interpreted in its wider sense, referring to both diversion out of, and within, the youth and criminal justice systems. Access to liaison and diversion services does not imply that individuals will avoid appropriate sanctions but that the process will be better informed, and access to appropriate health and social care interventions will be improved.

1.4 The Offender Health Collaborative (OHC) is a working collaboration between six specialist organisations: Nacro, the crime reduction charity, Revolving Doors Agency, Centre for Mental Health, Institute for Mental Health, NHS Confederation and Cass Business School. It has been commissioned by NHS England to develop an operating model for liaison and diversion. This model covers children, young people and adults. The purpose of this document is to set out the model itself. Going forward, an operating framework will incorporate a set of operating and commissioning principles and a service specification by September 2013. The intention is that these will then be trialled, evaluated, improved and further implemented in line with NHS England's commissioning priorities. The model in particular will be supported and underpinned by a period of testing and trialling and the production of a suite of products to support implementation. These products include: good practice guidance, a workforce development and training plan, and principles on which to base future quality standards.

[1] Current paediatric practices refer to the following: Neurodisability, which refers to potential and established learning and/or physical disabilities and co-morbidities including epilepsy, autistic spectrum disorders, head injury, sleep disorders, neurometabolic conditions, dysmorphic syndromic and non-syndromic disorders (Royal College of Paediatrics and Child Health)

1.5 The development of the model, as contained in this document, is based on the expertise and experience which rests within the OHC. It draws on work it carried out in 2012/13 including:

- a narrative review of the research evidence relating to liaison and diversion
- a workforce analysis report
- analysis of key reports and policy guidance
- surveys and site visits to schemes in the National Liaison and Diversion Development Network
- learning from youth justice liaison and diversion pilots
- discussions with key individuals and key stakeholders.

1.6 Service users were also consulted, particularly on the concept of a core team and its operational requirements and coverage which will be discussed later. Their views have been fed into the emerging operating model.

1.7 This operating model should be read in conjunction with the NHS England Liaison and Diversion Service Specification.

2. Background

2.1 In 2007 the Secretary of State for Justice asked the Right Honourable Lord Bradley to undertake an independent review of the diversion of offenders with mental health problems or learning disabilities away from prison. The Bradley Report was published in April 2009 and set out the recommendations for service improvement, leadership and governance arrangements to support change.[2] One of its key recommendations was for a national model of liaison and diversion to be rolled out across the country.

2.2 In 2008, the Department of Health (DH), the Ministry of Justice (MOJ), the Department of Children, Schools and Families (DCSF, now the Department for Education), the Home Office and the Youth Justice Board supported a major national programme of six pilot youth justice liaison and diversion schemes for young people with mental health, learning or communication difficulties or other vulnerabilities affecting their physical and emotional well-being. The pilot schemes were designed to identify and systematically support vulnerable under 18 year olds (and their families) into services early on in their contact with the youth justice system. This pilot scheme was independently evaluated by the University of Liverpool, and the evaluation report was published in March 2012.[3]

2.3 In April 2009 the government published its response to Lord Bradley's review.[4] It accepted the direction of travel set out by Lord Bradley and committed to developing a delivery plan incorporating the full response to the review's recommendations. The National Delivery Plan of the Health and Criminal Justice Programme Board

[2] Lord Bradley (2009) *The Bradley Report: Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system* London: Department of Health

[3] Haines A, Goldson B, Haycox A, Houten R, Lane S, McGuire J, Nathan T, Perkins E, Richards E and Whittington R (2012) *Evaluation of the Youth Justice Liaison and Diversion Pilot Scheme* London: Department of Health

[4] Department of Health (2009) *Improving Health, Supporting Justice: The national delivery plan of the Health and Criminal Justice Programme Board* London: Department of Health

committed to an overall goal of police and court liaison and diversion services being in place within five years.

2.4 Alongside the national delivery plan, the then government committed to ensuring that
children and young people were appropriately diverted from the formal youth justice system.[5]

2.5 Following the 2010 election, the coalition government accepted key elements of Lord Bradley's review and carried forward progress made since 2007 into the cross-departmental Health and Criminal Justice Programme. The work of this programme was focused around key coalition priorities across health and criminal justice, contained in a number of key government publications including:

- the Ministry of Justice's Green Paper, Breaking the Cycle[6]
- the government's response to the Green Paper[7]
- the cross-government mental health outcomes strategy[8]
- Ending Gang and Youth Violence[9]
- the DH's Business Plan 2010 and the DH's Business Plan 2011-15
- the MOJ's Business Plan 2010 and the MOJ's Business Plan 2011-15
- the Home Office's Business Plan 2011-15
- the Home Office's 2010 drug strategy[10]
- the government's mandate to the NHS Commissioning Board for April 2013-15[11]

Other key drivers include:

- the MOJ's report on transforming rehabilitation[12]
- the MOJ's report on transforming the criminal justice system[13]
- 'Make Every Contact Count': a training programme by NICE
- the 'Care not Custody campaign by the Women's Institute/Prison Reform Trust.

2.6 A key commitment of the Health and Criminal Justice Programme was to enable the roll-out of police and court liaison and diversion services across England. These will be for children and young people, as well as adults.

[5] Petrosino A, Turpin-Petrosino C and Guckenburg S (2010*) Formal System Processing of Juveniles: Effects on delinquency* The Campbell Collaboration
[6] Ministry of Justice (2010) *Breaking the Cycle: Effective punishment, rehabilitation and sentencing of offenders* London: The Stationery Office
[7] Ministry of Justice (2011) *Breaking the Cycle: Government response* London: The Stationery Office
[8] Department of Health (2011) *No Health Without Mental Health*: *A cross-government mental health outcomes strategy for people of all ages* London: Department of Health
[9] Home Office (2012) *Ending Gang and Youth Violence: One year on* London: Home Office
[10] Home Office (2010) *Home Office Drug Strategy 2010: Reducing demand, restricting supply, building recovery* London: Home Office
[11] Department of Health (2012) *The Mandate: A mandate from the Government to the NHS Commissioning Board – April 2013 to March 2015* London: Department of Health
[12] Ministry of Justice (2013) *Transforming Rehabilitation: A strategy for reform* London: The Stationery Office
[13] Ministry of Justice (2013*) Transforming the Criminal Justice System: A strategy and action plan to reform the criminal justice system* London: The Stationery Office

2.7 The 2010 Spending Review announced by the government made a commitment to taking forward proposals to invest in liaison and diversion services at police stations, and for courts to intervene at an early stage diverting vulnerable people away from the justice system and into treatment where appropriate. This included children whose health may not yet have reached a point of crisis, but who have a range of vulnerabilities that are indicators of current or emerging poor mental health.

2.8 Liaison and diversion services were to be rolled out on a phased implementation basis, further to a trialling phase which will evaluate implementation of core principles in a specified number of sites. Roll-out of services beyond 2015/16 will be subject to the approval of an HM Treasury full business case. Delivery against this commitment is overseen by a cross-government Liaison and Diversion Programme Board.

3 Aims of liaison and diversion

3.1 The overall strategy for liaison and diversion has recently been set out by the Liaison and Diversion Programme Board:

- Liaison and diversion services are intended to improve the health and criminal justice outcomes for adults and children who come into contact with the criminal justice system where a range of complex needs are identified as factors in their offending behaviour. Liaison and diversion services should ensure that these individuals can access appropriate interventions in order to reduce health inequalities, improve physical and mental health, tackle offending behaviour including substance misuse, reduce crime and re-offending, and increase the efficiency and effectiveness of the criminal justice system.

3.2 Based on this, the key aims of liaison and diversion services are set out as follows:

- Improved access to healthcare and support services for vulnerable individuals through effective liaison with appropriate services and a reduction in health inequalities.
- Diversion of individuals, where appropriate, out of the youth and criminal justice systems into health or other supportive services.
- Delivery of efficiencies within the youth and criminal justice systems.
- The reduction of re-offending.

4 Outcomes

4.1 The outcomes against which liaison and diversion services are to be measured include:

- Improved access to health and social care services
- Improved health outcomes for individuals
- Improved criminal justice outcomes for individuals
- Improved criminal justice system outcomes
- Reduction in the number of first-time entrants to the youth justice system
- Reductions in offending and re-offending by individuals passing through liaison and diversion services

4.2 Key performance indicators should include the following:

- The number of people identified as having a mental health problem or a learning disability or other key vulnerability at each stage in the youth or criminal justice process.
- The number of assessments carried out in the agreed designated points of intervention in youth and criminal justice systems.
- Reductions in the number, frequency and seriousness of re-arrests for people known to have a mental health problem or a learning disability or other key vulnerability.
- A reduction in the number of first-time entrants to the youth justice system.
- A reduction in the number of adjournments in court to obtain mental health information.

4.3 Key performance data should include the following:

- Number of individuals referred.
- Number of assessments conducted.
- Number and type of referrals into mainstream services.
- Number and type of referrals into voluntary and other support services.
- Reductions in A & E presentations for self-harm and substance abuse.
- Percentage of first appointments kept on referral to mainstream services.
- Percentage of first appointments kept on referral to voluntary and other support services.
- Percentage of follow-up appointments kept.
- Percentage of individuals who complete a course of treatment or are discharged by service provider.
- Desistance rates between re-offending incidents.
- Information sharing protocols in place.
- Service user satisfaction audit.

4.4 To be able to measure outcomes it is necessary to collect the relevant data. It is therefore key that information (e.g. the PNC number) is provided so that retrospective and real-time tracking can occur.

5 Liaison and diversion: the underpinning principles

5.1 The narrative review conducted by the Centre for Health and Justice on behalf of the OHC found that despite regional variations, distinctive underpinning and supporting principles could be identified from the literature as critical drivers of effective provision. These include:

Clear definition

- An articulated definition of liaison and diversion which is shared within and between agencies.

Connectivity

- Developed across different local agencies – not as isolated services.
- A local post-diversion infrastructure underpinned by a shared commissioning strategy.

Accessibility

- Services which are accessible as and when people need them.

- Services which are not constrained by established staff working patterns.

Skilled staff
- A consistent skill mix of staff.
- Training that combines justice, health, social care, children's and educational sectors, the wider public and the independent sector.

Outcome focused
- Minimum data sets to manage performance against agreed outcome measures (see above).

Proportionate and minimal intervention
- Avoiding unjustified coercion and individuals and their behaviour being inappropriately pathologised
- Avoiding service duplication and over-intervention.

6 Definition

6.1 A working definition of liaison and diversion was produced by the OHC in consultation with DH officials and other key stakeholders. The agreed definition is as follows:

6.2 Liaison and diversion is a process whereby people of all ages in contact with the youth and criminal justice systems are screened and where appropriate assessed or referred for assessment, so that those with mental health problems, learning disabilities, cognitive disorders, substance misuse problems and other vulnerabilities are identified as soon as possible in the justice pathway.

6.3 Those in contact with the youth or criminal justice systems as a result of being suspected of having committed a criminal offence are, where appropriate, referred to appropriate services including, but not limited to, mental and physical healthcare, social care, substance misuse treatment and safeguarding.

6.4 Information gained from assessments is shared with relevant justice agencies to enable key decision makers to make more informed decisions on diversion, charging, case management, reasonable adjustments and sentencing. Where the individual is referred to services outside the justice system, relevant information should be shared with those service providers.

6.5 Diversion should be interpreted in its wider sense, referring to both diversion out of, and within, the justice system.

7 The liaison and diversion process

Diagram 1 provides an outline of the liaison and diversion process.

Diagram 2 shows an overview of the youth and criminal justice process with key points of intervention.

Diagram 1: The liaison and diversion process in outline

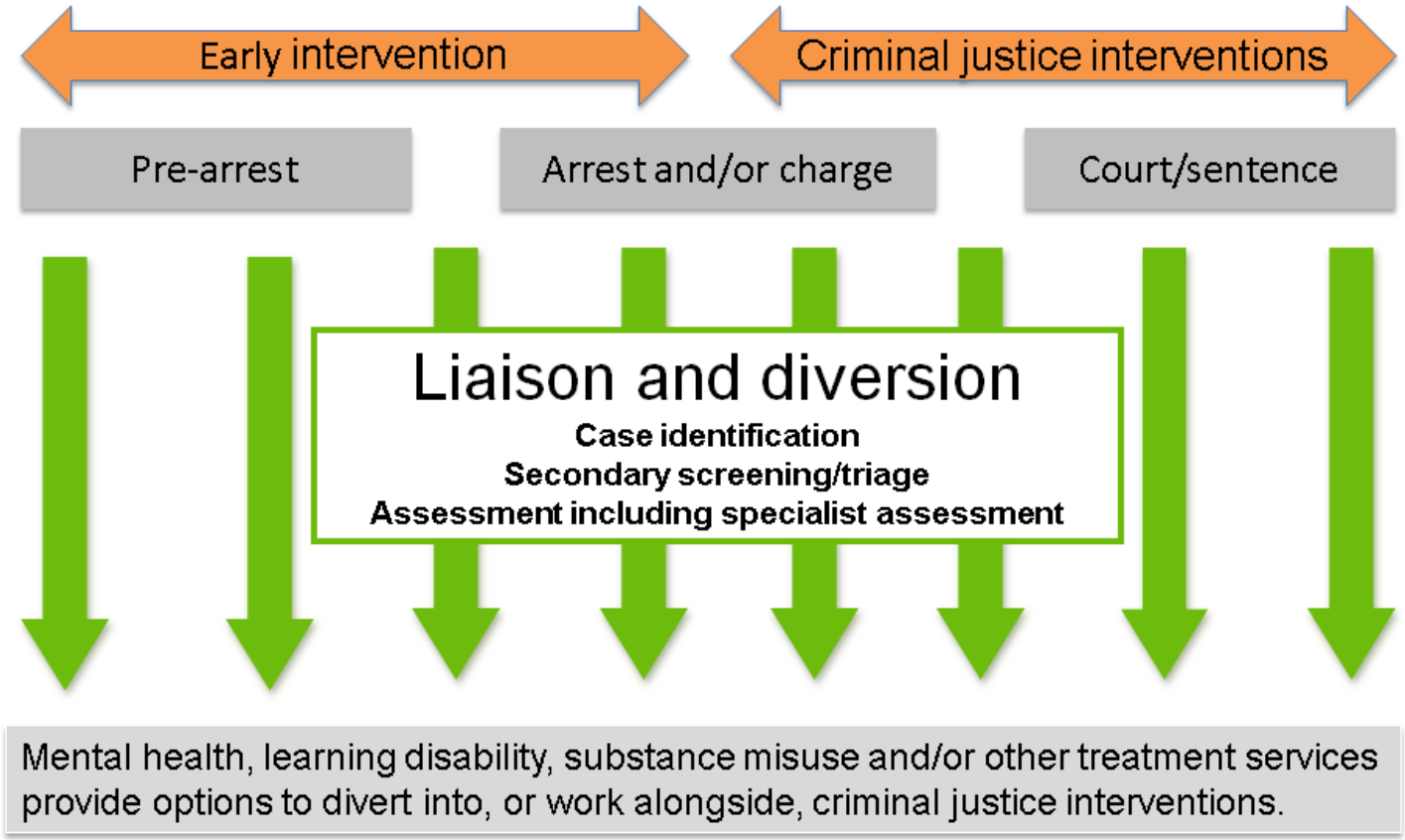
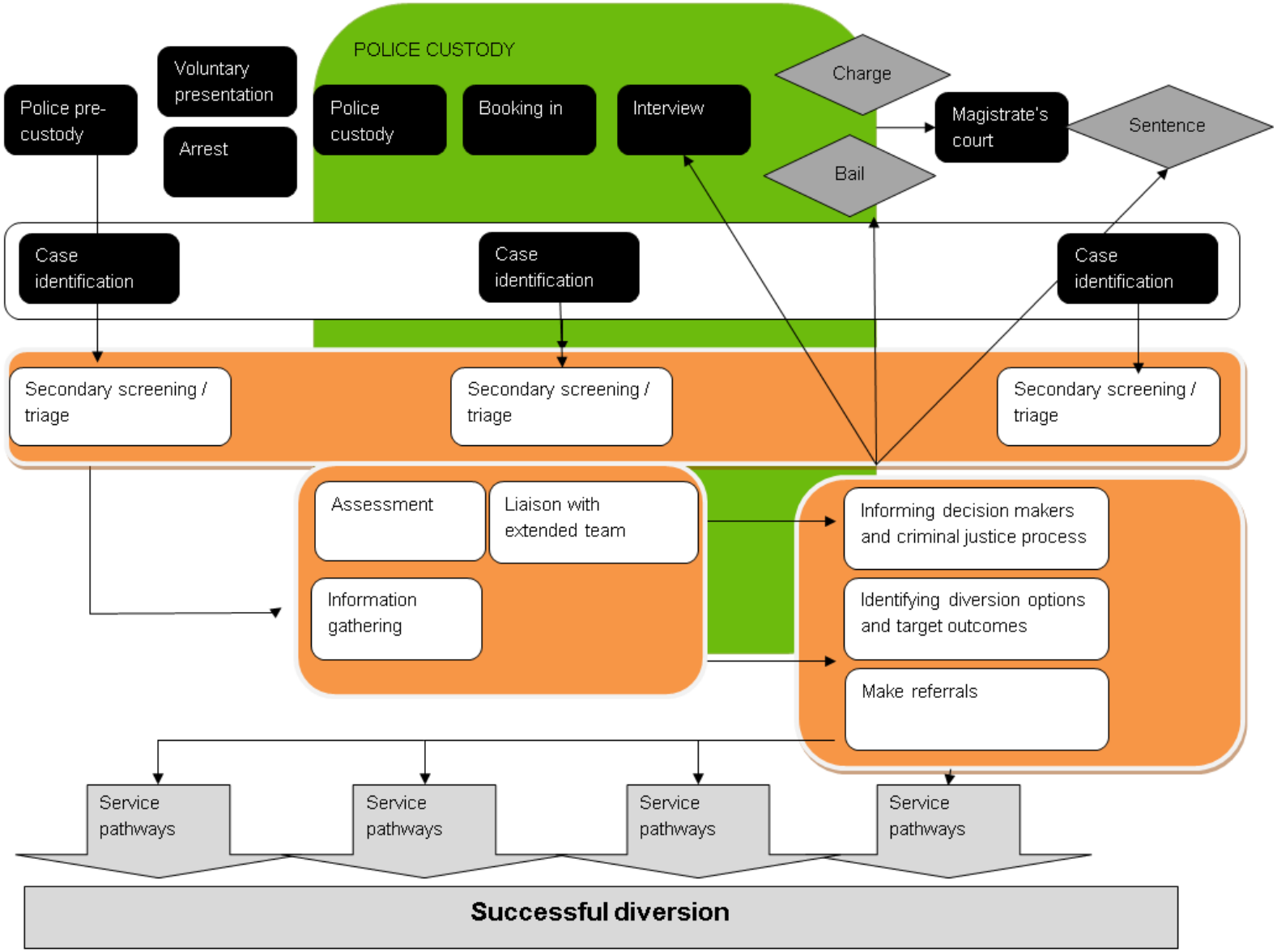


Diagram 2: The youth and criminal justice system process



8 The liaison and diversion operating model

8.1 The model fulfils the following criteria, which was agreed with NHS England, DH, the MOJ and the Youth Justice Board:

- The service will be an all-age service across all sites available to all points of intervention in the youth and criminal justice pathway.
- The service will address a wide range of health issues and vulnerabilities and be relevant to those with protected characteristics as set out in the Equality Act 2010.
- Services must be able to address single and multiple presentations of health and social needs.
- Services need to address the specific needs of disadvantaged groups including women, people from black and minority ethnic communities, and older people.
- The entry point to the service will be as and when an individual comes into contact with the police (or other criminal investigating authority) under suspicion of having committed a criminal offence.
- The exit point is at sentence or other criminal/youth justice disposal.
- The service should be accessible at the earliest point possible within this range.
- The service will cater for all ages, providing an age appropriate response for anyone over the age of criminal responsibility.

8.2 Consideration is given to where adult and youth elements can be integrated and where it is appropriate that they work differently taking account of different evidence, legislation and processes. Consideration is also given to the transition between youth and adult services.

8.3 The model excludes the following functions because they are not part of the liaison and diversion programme:

- Removal and detention of an individual in accordance with section 136 of the Mental Health Act 1983.
- Assessments for ‘fitness to detain’ and ‘fitness to interview’.
- Acting as an appropriate adult.
- Street triage.
- Custodial in-reach services or post-release services.
- Alternative treatment-based options to custody.

8.4 The service will work alongside, and in co-operation with, these services as well as the police custody healthcare transfer programme where this can add value to outcomes and/or improve efficiencies.

8.5 **Identification, screening and assessment**

The model is predicated on three distinct and inter-related phases as follows:

- Case identification: this is a lay activity carried out by youth or criminal justice practitioner to identify an initial cohort of individuals for further

scrutiny and, where appropriate, assessment by a liaison and diversion practitioner. Case identification should be completed using a validated tool and/or agreed method. This also allows for self-referral or referral from family, friends and carers or from relevant agencies.

- Secondary screening/triage is by a liaison and diversion practitioner with either a relevant professional qualification or recognised training. Standardised tools are to be used for screening to meet need.
- Assessment (including specialist assessment) will be completed by someone with a specific professional mandate, namely someone with the requisite professional skills.

8.6 The table below outlines who is involved at each stage.[14]

	Case identification	Secondary screening/triage	Assessment including specialist assessment
Who	Police custody sergeant; beat officers; neighbourhood/safer school police; PCSO; interviewing officer Police custody healthcare nurses Arrest-referral workers Appropriate adults Youth triage Probation/Youth offending team – Pre-sentence report and fast-delivery report writers Court staff Detention and escort staff Referral order panel Self-referral by family, friends and carers	Liaison and diversion practitioner (see below under "core team" for background profile)	Community psychiatric nurse Psychiatrist Psychologist CAMHS practitioner Speech and language specialist Social worker Substance misuse worker

[14] Response times for each of these stages should be agreed by commissioners, key stakeholders and providers, and be part of any service specification.

When	Initial contact At referral Booking into custody Initial interview	Following referral	Following secondary screening/triage when further/fuller assessment is required

8.7 **Points of operation**

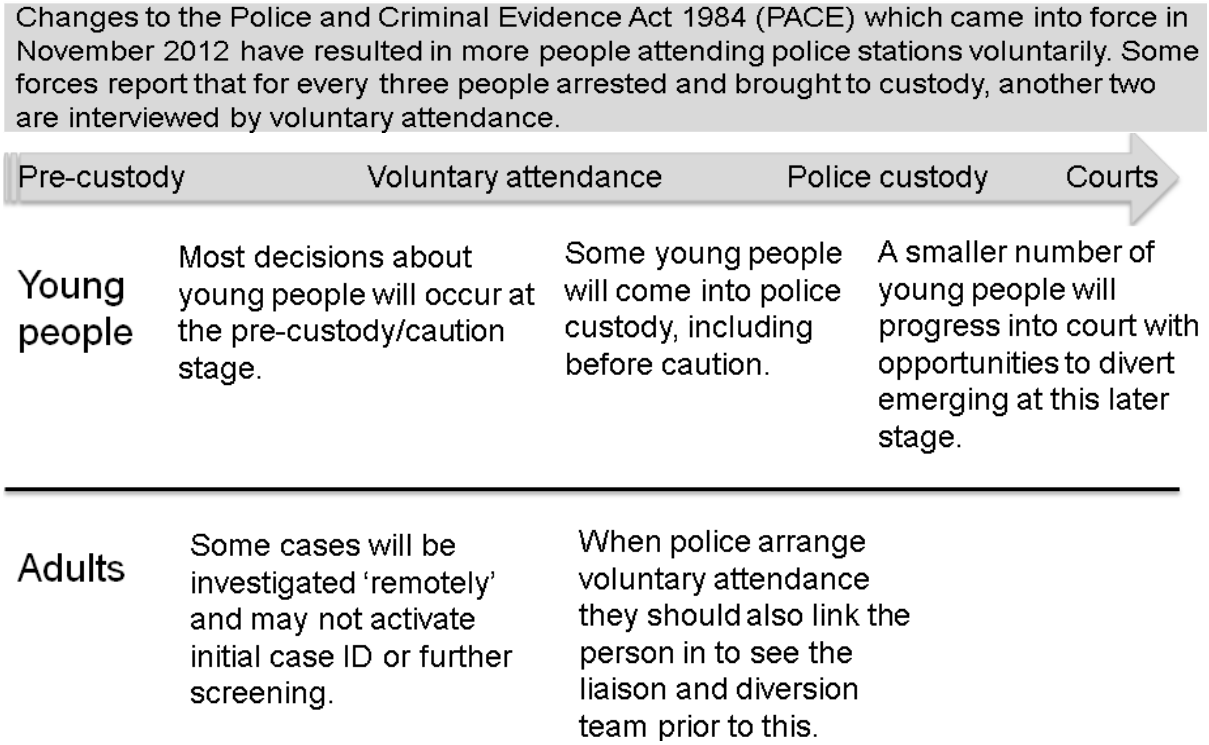
The service must be accessible at the earliest stage once an individual is suspected of having committed a criminal offence, be available at the point of need, and be available at, but not limited to, the following locations:

- Community settings, including schools and restorative justice, where police engage with children and young people
- Police custody suites
- Police stations (or other prosecuting authorities) where voluntary attendance occurs
- Magistrates' courts
- Youth courts and referral order panels
- The Crown Court
- Probation to assist with the production of Pre-Sentence Reports (PSR)
- Youth offending teams (YOTs)

8.8 Diagram 3 shows the key points of intervention in the youth and criminal justice process that liaison and diversion needs to cover, with comment against some of those points as they relate to either young people or adults.

8.9 Changes to the codes of practice in the Police and Criminal Evidence Act 1984 (PACE) in November 2012 mean that the power of arrest is only exercisable if a police officer has reasonable grounds for believing that it is necessary to arrest the person. This has meant that more people attend the police station for interview following an incident by voluntary attendance than was the case previously. The same safeguards under PACE apply to voluntary attendance as they would to an arrest and detention in police custody.

Diagram 3: Voluntary versus mandated attendance at liaison and diversion services



8.10 **Case identification and secondary screening**

These should be used to identify a wide range of health issues and vulnerabilities including, but not limited to, those shown in the following table. Many health needs and vulnerabilities will be inter-related and co-dependent.

Adult	**Children and young people**
Mental health Learning disabilities Autistic spectrum Substance misuse Physical health Personality disorder Acquired brain injury Speech, language and communication needs	Mental health (including conduct disorder, emerging symptoms and multiple risk factors for poor mental health) Speech, language and communication needs Attention deficit hyperactivity disorder Learning disabilities Learning difficulties Autistic spectrum Substance misuse Physical health Acquired brain injury Safeguarding issues/child protection issues

8.11 Physical health will not be assessed per se. This will remain the domain of, for example in police custody, healthcare workers. However, if the liaison and diversion practitioner identifies concerns about someone's physical health during triage or assessment they should refer them to an appropriate clinician to have these concerns assessed and addressed.

8.12 Where the custody suite is not served by an alternative substance misuse service operates, the liaison and diversion scheme will be expected to provide an initial triage of need before referral into specialist services. Service gaps should be monitored and reported back to local commissioners.

8.13 **Coverage**

Evidence from the narrative review highlighted the need for service coverage to be 24 hours a day, meeting the needs of individuals when they present as opposed to being confined to traditional working timetables and structures.[15] In response to this, liaison and diversion coverage should be a 24/7 service consisting of a mix of operating times and out-of-hours arrangements, including links to existing services and provision. Exact hours of operation will be based on local need and subject to the views of local commissioners and other stakeholders. For example, children and

[15] Professor Eddie Kane, Dr Melanie Jordan, Dr Chris Beeley, Dr Nick Huband, James Roe and Stuart Frew (2012*) Liaison and Diversion: Narrative review of the literature* London: Offender Health Collaborative

young people may need more coverage after school hours and at weekends with patterns changing during holiday periods.

		Adult	Children and young people
Pre-custody	Working time	Voluntary attendance –to be seen by agreed appointment	Core hours to be agreed with local commissioners
	Out of hours	Arrangements with emergency duty teams, crisis teams and street triage, including funding increase in their capacity and service level agreements regarding response times and activity On-call for difficult/complex cases Police to make arrangements to be seen by appointment during working hours	On-call for difficult/complex cases Book in to be seen in surgeries during working hours
Police custody	Working time	Core hours to be agreed with local commissioners	On-call

	Out of hours	Arrangements with emergency duty teams and crisis teams, including funding an increase in their capacity and service level agreements regarding response times and activity for those in police custody On-call for difficult/complex cases Police either hold the person to be seen the next morning or bail to attend at a later date when they can be seen by the liaison and diversion team	Emergency duty teams have a safeguarding role in respect of children and young people
Courts	Working time	Magistrates' court Core hours to be agreed with local commissioners Crown Court On request or following a case through	Youth court On-call

8.14 **Location**

Liaison and diversion practitioners should, wherever possible, be co-located with the agency they work most closely with at the various points of intervention. This should be within the custody suite at the police custody stage and close to the YOT/probation at the pre-sentence stage. However, wherever they are located, they will require a private space to interview and assess individuals and collect and review confidential information.[16]

8.15 **Assessment**

A psycho-social assessment will build on information gathered during the previous stages. It must be age-appropriate and include an assessment of: mental health state; cognitive functioning; key vulnerabilities; family and social circumstances; risks; drug and alcohol needs; cultural, religious or spiritual needs; safeguarding; and

[16] In some older courts this may not be possible and arrangements will need to be made with other agencies to share space.

gender needs. The assessment should be completed with reference to family, friends or carers where appropriate. Contact with parents/carers is particularly critical when assessing safeguarding issues in relation to children and young people's health and well-being.

8.16 For children and young people this assessment should also consider the following: learning disabilities, parenting and educational needs.

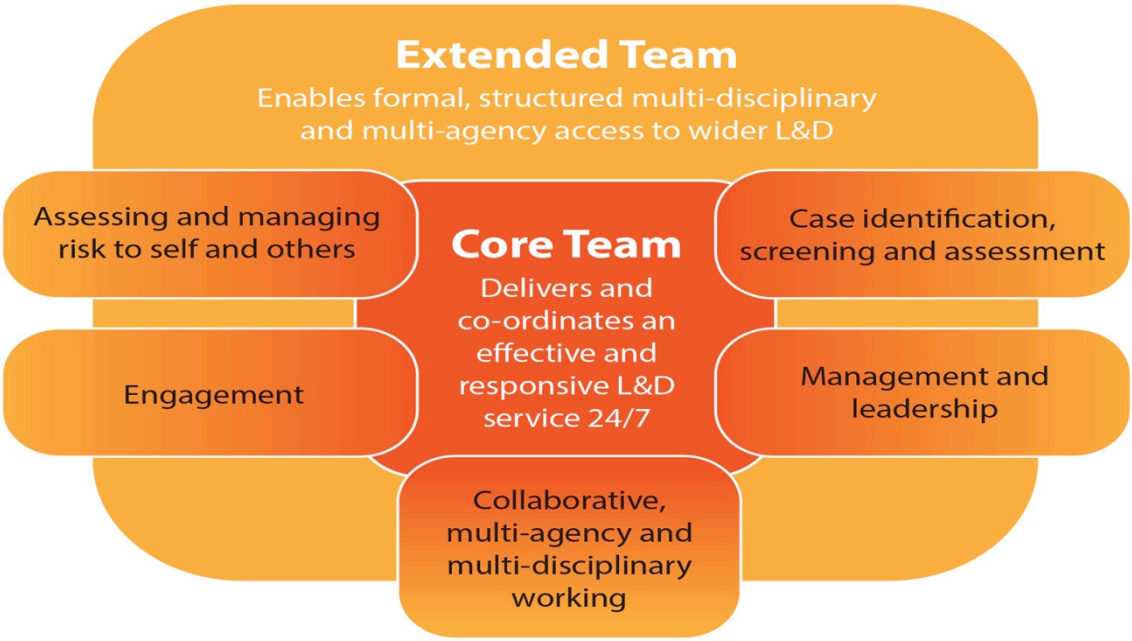
8.17 Where there are speech and/or communication difficulties the assessment should be completed with someone who can facilitate the assessment or the use of tools to facilitate the communication. An easy-to-read leaflet explaining the service and the reason for the assessment should also be made available.

8.18 The service will facilitate specialist assessments where required.

9 Workforce: core and extended teams

9.1 Diagram 4 outlines the key workforce features, predicated on a core dedicated team to deliver and co-ordinate an effective and responsive liaison and diversion service. It is linked to, and supported by, an extended team whose roles are not specific to liaison and diversion but are essential to effective liaison and diversion practice.

Diagram 4: Key workforce features



9.2 There will be a formal relationship between the core and extended team underpinned by service level agreements or the equivalent and information exchange protocols which manage the flow of information between the core team and extended team and vice versa.

9.3 The core and extended team will have links to other relevant services, processes and initiatives including: section 136 of the Mental Health Act; safeguarding; remands into local authority care; general custody healthcare; street triage; drug and alcohol services; school SEN teams; parenting provision; multi-systemic and functional family therapy; and appropriate adult services.

9.4 The model allows effective referrals to be made to a wide range of post-diversionary and specialist services.

9.5 Key functions of the core team include:

Clinical functions

- Secondary screening, triage and psycho-social assessment
- Facilitating specialist assessment where appropriate
- Clinical/psycho-social/safeguarding follow-up

Liaison and advice functions

- Informing decision making and ensuring information flows along the youth and criminal justice system pathways
    - Written pro-formas and, where appropriate, reports
    - Verbal advice and fast delivery reports
- Facilitating mental health treatment requirements and more detailed assessments
- Identifying reasonable adjustments which need to be made in the youth or criminal justice process for mental health capacity/speech, language and communication needs or learning disabilities
- Gathering and exchanging information with community services, e.g. the VCS, housing services, education
- Informing and mobilising multi-agency care, e.g. connecting up statutory and voluntary services such as DIP, housing, primary care and child protection
- Liaising with family and carers

Referral functions

- Identifying pathways and facilitating referrals and follow-up – both within the youth justice and criminal justice systems and/or health and care services, including to the voluntary and community sector
- Facilitating support and treatment into a range of services
- Feeding back information on outcomes to the referring agency

- Short-term interventions functions
- Engagement and assertive referral to other agencies where necessary
- Information, advice and guidance
- Short-term/interim brief interventions

Data collection and monitoring functions

- Follow-up (tracking progress in referred services, enabling evaluation for health, and youth and criminal justice system outcomes)
- Equalities monitoring
- Collecting information on ‘unmet need’ to inform commissioners

Safeguarding functions

- To ensure that agency policies and procedures are upheld in relation to children, young people and adults at risk

9.6 **Workforce requirements in the core team**

The following roles will be required:

- Strategic management – to ensure that the scheme relates to, and is integrated with, internal and external pathways and stakeholders.
- Operational management – responsibilities include: managing the core team; developing pathways; troubleshooting operational problems; establishing and monitoring inter-agency working including service level agreements, data gathering and sharing; liaison with the governance/steering group; developing links with other providers; and informing local needs assessments/strategies e.g. joint strategic needs assessments.
- Liaison and diversion practitioners – to carry out the functions of the core team for both adults and children and young people at points of intervention in both the youth and criminal justice systems.
- Specialist workers – to be employed to work on specific issue(s). For example, engaging with, assessing and addressing the needs of women.
- Support workers – to ensure effective engagement with services following referral (e.g. accompany to the first appointment, reminders by use of text etc.) and short-term/interim case management.
- Administration – to provide general administrative tasks for the scheme, as well as assist with information gathering, referrals, data collection and outcome monitoring.

Staffing levels and grades will be subject to local need and the views of commissioners and stakeholders. Possible scenarios are outlined in the costings section below and the organogram shown as diagram 5.

9.7 Team structure

Based on the requirements set out above, an example of a team structure is as follows:

One manager providing strategic overview (band 8a, Agenda for Change, NHS staffing bands)

For the adult service

- One operational manager (band 7)
- At least one liaison and diversion practitioner (adult) band 6 per police custody per eight hour shift (see costings section)
- One liaison and diversion practitioner (band 6) per magistrates' court
- One specialist worker (band 4)
- Two recovery support workers (band 3 or 4)
- One-two administrators (band 3 or 4)

For the youth justice service

- One liaison and diversion practitioner (band 6) – youth
- One recovery support worker (band 3 or 4)
- One administrator (band 3 or 4)
- Assumes management from existing youth offending or children's structures.

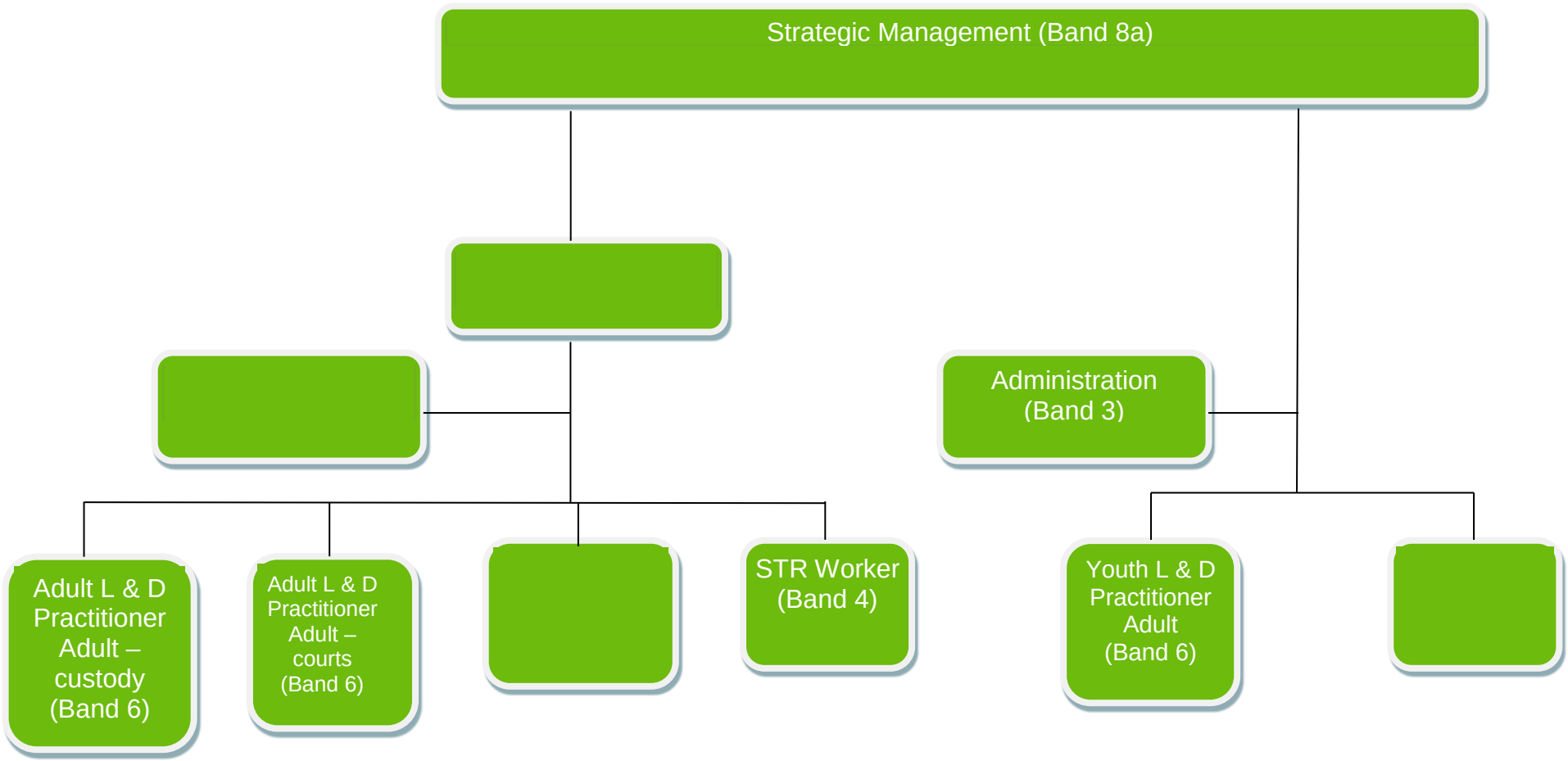
9.8 Key members of the core team will require specialist assessment skills and a knowledge of the youth and criminal justice processes. A person specification for a liaison and diversion practitioner is shown in appendix 1.

9.9 Extended team

The extended team supports the functions of the core team by:

- providing information to assist with secondary screening/triage and assessment
- providing information to assist with outcome monitoring
- facilitating effective referrals to be made to a wide range of post-diversionary and specialist services
- providing consultation and support in specialist areas to core team (i.e. forensic expertise, speech, language and communication needs etc).

Diagram 5: Organogram for a liaison and diversion service



9.10 In many cases the extended team will be in place but the relationship and link should be formalised through service level agreements. Where key elements of the extended team do not exist or do not have the capacity to assist the core team, consideration should be given to commissioning these through NHS England.

The extended team includes:

Joint posts	Additional posts relating to children & young people	Additional posts relating to adults
Police Housing Substance misuse Health Secondary care Psychiatry Psychology Therapy e.g. speech and language Social work Learning disability, autistic spectrum and speech, language and communication needs Specialist engagement and peer support services where they are not part of the core team	YOT (including triage and health practitioners) Prevention services – often children's services and may include youth work Education • Education psychology • Education re-integration Social work (safeguarding/looked after children) Health • Secondary care ▪ CAMHS ▪ Multi-systemic therapy etc. ▪ Functional family therapy Early intervention (various)	Probation

9.11 Many roles can be undertaken by practitioners within statutory, VCS or independent organisations.

9.12 Staffing levels and grades will be subject to local need and the views of commissioners and stakeholders. Possible scenarios are outlined in the costings section below.

9.13 All practitioners and support staff should have regular and consistent supervision – both professional and clinical – to review and improve practice and develop skills. Day-to-day supervision should be within the management structure of

the team; clinical supervision, including peer supervision, may be sought and approved from outside the team. This is important to ensure that practitioners maintain their expertise and knowledge – for example, where practitioners have all-age responsibility but need to retain their experience and knowledge in age-specific pathways, evidence and policy, as well as developing new skills.

10 Information sharing and exchange

10.1 There are three stages in information sharing and exchange: information gathering to assist in secondary screening/triage and assessments; information exchange with justice decision-makers, health, educational and care services; and information flow along the youth and criminal justice pathways.

10.2 Information gathering

Information should be gathered from a wide range of sources and should include:

- criminal history – from the police and, if relevant, YOT/probation
- health information from GPs, CAMHS, schools, children's services/safeguarding teams, community mental health teams and primary care services
- relevant databases, including summary care records
- substance misuse history and previous involvement with substance misuse services
- risk including risk to self and others
- information from local authorities e.g. looked after child status
- education and employment history, including attendance/performance where relevant
- relevant information from parents and care givers, family members, friends and carers.

10.3 Information exchange

This should be timely and designed to assist criminal justice practitioners in their decision-making and be in the form of a written report or pro-forma.

- The report should also include whether any reasonable adjustments need to be made for individual's needs, e.g. requires an advocate, interpreter etc.
- Where a referral is made to a health or care provider, relevant and appropriate information should be passed on to them.

10.4 Information flow

Information must be passed in a timely and secure manner to key decision makers in criminal justice agencies to inform outcomes along the youth and criminal justice pathways and to ensure that reasonable adjustments are made to enable individuals to understand and engage in the proceedings. This should include the following agencies:

- Police (or other prosecuting authority)
- Crown Prosecution Service

- Defence lawyers
- Probation Service
- YOTs
- Referral order panels
- Magistrates' courts, youth courts and the Crown Court
- Custodial settings: NOMS

11 Equality and diversity

11.1 The scheme should ensure that it meets the needs of all groups with protected characteristics that might otherwise be disadvantaged by their involvement with the youth and criminal justice systems. This should include:

- ensuring that assessments are age-specific/age appropriate; that they assess cultural, religious and spiritual need; and gender and sexuality needs and issues
- providing a choice of assessor in respect of gender and someone from the same or similar minority ethnic group. If this is not possible within the core team, then arrangements for assessment or joint assessment should be made with the extended team or other community provision
- providing choice in where and when the assessment is completed if appropriate and practical
- providing choice in the range of referrals, including to gender-specific and culturally sensitive/specific agencies and organisations/services.

11.2 Equally, the scheme should ensure that it:

- screens, assesses for a range of diagnoses and vulnerabilities including learning disabilities/difficulties, autistic spectrum and personality disorder
- refers to a wide range of agencies and organisations, including the VCS, to ensure that the specific needs of the service user are met.

11.3 All schemes should: have an equalities plan, monitor and analyse activity and referrals against protected characteristics, and ensure that an equality and diversity statement is included within all their publications and publicity.

12 Data collection

12.1 Recording and monitoring activity and outcomes is essential for any service. Without access to hard data it is impossible to be sure how well the service is operating, whether it is meeting its aims, and whether there are any gaps in provision. The scheme must collect an agreed data set, including outcome data, which is jointly agreed with key stakeholders including commissioners and service users.

12.2 Data should be collated and analysed, identifying trends and ensuring that the needs of groups with protected characteristics are met and action plans fully deployed.

12.3 Information should be fed on a quarterly basis to relevant stakeholders and commissioners and fed into commissioning and planning structures e.g. health and justice area teams, health and well-being boards, and local criminal justice groups.

12.4 The extended team should be used to gather outcome data, for example, on re-offending and health and care engagement.

13 Service level agreements, policies and protocols

13.1 The work of the liaison and diversion scheme and the relationships it develops should be underpinned by formally agreed service level agreements, joint policies and protocols. These will include:

- access to services including referral criteria
- information exchange
- response times
- integration with other services and pathways e.g. s136, street triage, prevention work, youth triage, SEN teams, substance misuse and drug intervention programme services, custodial in-reach and post-custody release
- safeguarding

the Legal Aid, Sentencing and Punishment of Offenders Act 2012.

14 Governance

14.1 The following governance arrangements to support the delivery of liaison and diversion should be in place:

- Programme management: the work of the liaison and diversion service should be overseen by a multi-agency programme board to provide governance and oversee performance and steer the development of future strategy. It should meet regularly (at least quarterly). It should have agreed terms of reference that are reviewed annually.
- Service management: the scheme should be programme managed and integrated within the liaison and diversion provider's services with an individual manager responsible for a clearly defined set of accountabilities and outcomes, reporting to the Programme Board.
- Reference group: the service should have a reference group which has representatives from key relevant stakeholders, including service users, who will support the service manager and the programme board in setting the direction of the programme. The reference group should feed into and off local commissioning and planning structures including: the Health and Well-being Board; Children's Services; the Criminal Justice Board; Community Safety Partnerships; the Clinical Commissioning Group; and the Joint Chief Executives' Group.

15 Interdependencies

15.1 The liaison and diversion service will need to be integrated and take cognisance of the following:

- Integration with other services and pathways, e.g. s136, street triage, prevention work, youth triage, SEN teams, substance misuse and drug

intervention programme services, custodial in-reach, appropriate adult services, and post-custody release.
- Integration with the police custody healthcare transfer programme.
- Integration with the Health and Justice Information Services Programme to incorporate information management systems in all places of detention in England, including police custody suites and courts.
- Joint commissioning and local commissioning of post-diversionary services and the use of a broad range of post-diversion services (including those that might not be traditionally commissioned, e.g. VCS services).
- Changes to criminal justice processes flowing from Transforming the Criminal Justice System, Transforming Rehabilitation etc.[17]
- Changes potentially flowing from the Children and Families Bill.
- Partnership working with the statutory, independent and voluntary sectors.

16 Costing the operating model for liaison and diversion

16.1 Some initial work has been undertaken to estimate costs associated with the model. These estimates are not the final costings and further modelling is required to ensure that issues of critical mass, economies of scale and operational efficiencies have been built into the cost model. This work is already underway and the financial model will be refined still further as part of road-testing the operating model and taking account of throughput data across courts and police custody suites as and when it becomes available.

16.2 Estimated costings are based on three settings: urban, semi-rural (i.e. mix of urban and rural) and rural. They are based on populations of 500,000 and 250,000. For populations of 500,000 criminal justice locations will include three police custody suites and two courts: for populations of 250,000 this will be two police custody suites and one court. Later iterations of costings will include aggregated throughputs from courts and police custody.

16.3 Salary assumptions are based on mid-point ranges within incremental scales.

16.4 Urban settings

For urban settings the following liaison and diversion practitioners will be required:
- Police custody – three per custody suite to cover the hours 08.00 – 20.00 seven days per week, i.e. nine for populations of 500,000 and six for populations of 250,000.
- Courts – one per court, i.e. two for populations of 500,000 and one for populations of 250,000.

[17] Ministry of Justice (2013) *Transforming Rehabilitation: A strategy for reform* London: The Stationery Office; and Ministry of Justice (2013) *Transforming the Criminal Justice System: A strategy and action plan to reform the criminal justice system* London: The Stationery Office

	500,000 population	Cost *	250,000 population	Cost *
Adult				
Strategic management (band 8a)	0.2 wte	10,500	0.2 wte	10,500
Team Manager (band 7)	1	44,000	1	44,000
L & D practitioners (band 6)	11	412,500	7	262,500
Specialist Worker (e.g. women) (band 4)	1	26,000	1	26,000
STR Worker or equivalent (band 4)	2	52,000	2	52,000
Administration (band 3)	1	22,500	1	22,500
Youth				
Management component (band 8a)	0.2 wte	10,500	0.2 wte	10,500
L & D Practitioner (band 6)	1	37,500	1	37,500
Support Worker (band 4)	0.6 wte	15,500	0.6 wte	15,500
Administration	0.4 wte	9,000	0.4 wte	9,000
TOTAL**		640,000		490,000
Extended team***				
Police Officer (PC)	0.2 wte	6,000	0.2 wte	6,000
Substance Misuse Worker	0.5 wte	14,000	0.5 wte	14,000
Housing Adviser	0.5 wte	14,000	0.5 wte	14,000
Psychiatrist	0.2 wte	20,000	0.2 wte	20,000
CAMHS Psychiatrist	0.1 wte	10,000	0.1 wte	10,000
Psychology	0.2 wte	10,500	0.2 wte	10,500
Speech and Language therapist	0.2 wte	7,500	0.2 wte	7,500
Social worker	0.2wte	6,250	0.2 wte	6,2500
TOTAL**		88,250		88,250

FINAL TOTAL **		728,250		578,250

* includes 25% on-costs.
** this only includes salary costs. There will be additional direct costs (e.g. travel and expenses, phones, computers etc) and indirect costs (management and other charges) to be included. These should be set by NHS England and then modelled into the costings.
*** where not provided locally and requiring extra funding.

16.5 Psychology and substance misuse input from the extended team will be available to both adults and children and young people and may be provided by one or two providers.

16.6 For those areas where it is appropriate, inner and outer London weighting and fringe costs will need to be included.

16.7 For semi-rural settings the following liaison and diversion practitioners will be required:

- Police custody – three for one urban custody suite to cover the hours 08.00-20.00 seven days per week for populations of 500,000 and 250,000; one and a half per custody suite to cover the eight hours per day for seven days a week – exact coverage to be decided locally, i.e. three for populations of 500,000 and one and a half for populations of 250,000. Total six for populations of 500,000 and four and a half for populations of 250,000.
- Courts – one per court, i.e. two for populations of 500,000 and one for populations of 250,000.

	500,000 population	Cost *	250,000 population	Cost *
Adult				
Strategic management (band 8a)	0.2 wte	10,500	0.2 wte	10,500
Team Manager (band 7)	1	44,000	1	44,000
L & D practitioners (band 6)	8	300,000	5.5	206,250
Specialist Worker (e.g. women) (band 4)	1	26,000	1	26,000
STR Worker or equivalent (band 4)	2	52,000	2	52,000
Administration (band 3)	1	22,500	1	22,500

Youth				
Management component (Band 8a)	0.2 wte	10,500	0.2 wte	10,500
L & D Practitioner (band 6)	1	37,500	1	37,500
Support Worker (band 4)	0.6 wte	15,500	0.6 wte	15,500
Administration	0.4 wte	9,000	0.4 wte	9,000
TOTAL**		527,500		433,750
Extended Team***				
Police Officer (PC)	0.2 wte	6,000	0.2 wte	6,000
Substance Misuse worker	0.5 wte	14,000	0.5 wte	14,000
Housing Advisor	0.5 wte	14,000	0.5 wte	14,000
Psychiatrist	0.2 wte	20,000	0.2 wte	20,000
CAMHS Psychiatrist	0.1 wte	10,000	0.1 wte	10,000
Psychology	0.2 wte	10,500	0.2 wte	10,500
Speech & Language therapist	0.2 wte	7,500	0.2 wte	7,500
Social worker	0.2 wte	6,250	0.2 wte	6,250
TOTAL**		88,250		88,250
FINAL TOTAL **		615,750		522,000

* includes 25% on-costs.
** this only includes salary costs. There will be additional direct costs (e.g. travel and expenses, phones, computers etc) and indirect costs (management and other charges) to be included. These should be set by NHS England.
*** where not provided locally and requiring extra funding.

16.8 Psychology and substance misuse input from the extended team will be available to both adults and children and young people and may be provided by one or two providers.

16.9 For those areas where it is appropriate, inner and outer London weighting and fringe costs will need to be included.

16.10 It is proposed that interviews under voluntary attendance where there are mental health and/or other health and care concerns (including vulnerabilities) should be conducted at police stations where there is a police custody suite and, therefore, easy access to a liaison and diversion practitioner. Where that is not possible and voluntary attendance takes place across a wide geographical area, consideration should be given to adding a further band 6 liaison and diversion practitioner to the workforce.

16.11 For rural settings, the following liaison and diversion practitioners will be required:

- Police custody – one and a half per custody suite to cover the eight hours per day for seven days a week – exact coverage to be decided locally, i.e. four and a half for populations of 500,000 and three for populations of 250,000.
- Courts – one per court, i.e. two for populations of 500,000 and one for populations of 250,000.

	500,000 population	Cost *	250,000 population	Cost *
Adult				
Strategic management (band 8a)	0.2 wte	10,500	0.2 wte	10,500
Team Manager (band 7)	1	44,000	1	44,000
L & D practitioners (band 6)	6.5	243,750	4	150,000
Specialist Worker (e.g. women) (band 4)	1	26,000	1	26,000
STR Worker or equivalent (band 4)	2	52,000	2	52,000
Administration (band 3)	1	22,500	1	22,500
Youth				
Management component (band 8a)	0.2 wte	10,500	0.2 wte	10,500
L & D Practitioner (band 6)	1	37,500	1	37,500
Support Worker (band 4)	0.6 wte	15,500	0.6 wte	15,500
Administration	0.4 wte	9,000	0.4 wte	9,000
TOTAL**		471,000		377,500
Extended team***				

Police Officer (PC)	0.2 wte	6,000	0.2 wte	6,000
Substance Misuse worker	0.5 wte	14,000	0.5 wte	14,000
Housing Advisor	0.5 wte	14,000	0.5 wte	14,000
Psychiatrist	0.2 wte	20,000	0.2 wte	20,000
CAMHS Psychiatrist	0.1 wte	10,000	0.1 wte	10,000
Psychology	0.2 wte	10,500	0.2 wte	10,500
Speech & Language therapist	0.2 wte	7,500	0.2 wte	7,500
Social worker	0.2 wte	6,250	0.2 wte	6,250
TOTAL**		88,250		88,250
FINAL TOTAL **		559,250		465,750

* includes 25% on-costs.
** this only includes salary costs. There will be additional direct costs (e.g. travel and expenses, phones, computers etc) and indirect costs (management and other charges) to be included. These should be set by NHS England.
*** where not provided locally and requiring extra funding.

16.12 Psychology and substance misuse input from the extended team will be available to both children and young people and adults and may be provided by one or two providers.

16.13 For those areas where it is appropriate, inner and outer London weighting and fringe costs will need to be included.

16.14 It is proposed that interviews under voluntary attendance where there are mental health and/or other health and care concerns (including vulnerabilities) should be conducted at police stations where there is a police custody suite and, therefore, easy access to a liaison and diversion practitioner. Where that is not possible and voluntary attendance takes place across a wide geographical area, consideration should be given to adding a further band 6 liaison and diversion practitioner to the workforce.

Appendix 1: Liaison and diversion practitioner person specification

	Essential	Desirable
Knowledge and experience	One of the following: Mental health assessment Speech, language and communication needs assessment Learning disability assessment Child development, risk and resilience assessment CAMHS risk assessment One of the following: Criminal justice system and its processes including PACE Knowledge of youth justice legislation One of the following: Mental Health Act and its Codes of Practice Safeguarding Information sharing	Acquired brain injury screening skills LASPO (Legal Aid, Sentencing and Punishment of Offenders Act 2012) and its implications Children Act legislation
Abilities and aptitude	Problem solving skills Engagement skills	'Court skills' i.e. how to present a report to the court etc
Equality and diversity	Cultural competencies Gender sensitivity	Knowledge of the Equality Act 2010
Other	Knowledge of a wide range of local services and how to access them	