Case identification, screening and assessment

Liaison and Diversion Manager and Practitioner Resources (2019)

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Contents

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Equalities Statement

“Promoting equality and addressing health inequalities are at the heart of our values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act, 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.”

The protected characteristics covered by the Equality Act (2010) are: age, disability, gender reassignment, marriage and civil partnership (but only in respect of eliminating unlawful discrimination), pregnancy and maternity, race—this includes ethnic or national origins, colour or nationality, religion or belief—this includes lack of belief, sex, sexual orientation.

‘Inclusion Health’/Health Inequalities has been used to define a number of groups of people who are not usually well provided for by healthcare services, and have poorer access, experiences and health outcomes. The definition covers people who are homeless and rough sleepers, vulnerable migrants (refugees and asylum seekers), sex workers, veterans and those from the Gypsy, Roma and Traveller communities.

Liaison and Diversion services are expected to pay due regard to these groups when planning and delivery a service. This includes the completion of Equality Impact Assessments regularly, with actions to ensure the service is addressing the needs of these cohorts.

Case identification, screening and assessment

This resource paper focuses on case identification, screening and assessment. The aim of this briefing is to help Liaison and Diversion managers and practitioners to design an effective and efficient process to identify and, where appropriate, assess individuals with a wide range of vulnerabilities in contact with the criminal justice system.

Why case identification screening and assessment matter

A formal, clearly articulated and locally agreed three-phase process of case identification, screening for vulnerabilities and person-centred assessment is critical for a successful Liaison and Diversion service. When working well, such a process should ensure:

- anyone who needs to see a Liaison and Diversion practitioner does so including disadvantaged groups whose contact with the justice system is likely to result in further disadvantage, e.g. women, children and young people, veterans,
- vulnerabilities and support pathways are identified in a timely manner so relevant information can inform criminal justice decisions,
- an evidence base for interventions is established which can secure continued funding from commissioners,
- provides an appropriate response with Liaison and Diversion practitioners only seeing those who score 'positive' on initial case identification processes and reserves time-consuming full assessment and costly specialist assessment for those in the greatest need.

How it works in practice

The operating model is predicated on three inter-related distinct phases:

- Case identification: a lay activity carried out by a criminal justice or other relevant practitioner. It identifies a cohort for further scrutiny by Liaison and Diversion services. This should include priority groups such as women, children and young people, veterans, and high-volume users. It should also allow for self-referral and referral by friends and family.
- Screening: a triage process, using standardised tools and/or agreed processes and carried out by experienced Liaison and Diversion practitioners.
- Assessment including specialist assessment: carried out by someone with a specific professional mandate, i.e. with requisite professional skills.

These phases should be followed by assertive onward referral into services supported by link worker and peer support.

Maximising the effectiveness of these services

These three phases are sequential but, where appropriate, phases can be bypassed. The numbers of people going through each of these three phases will decrease at each stage. All of those passing through the youth or criminal justice systems should be subject to case identification processes, but screening and assessment are reserved for those identified as potentially having a vulnerability in earlier phases. Such processes should operate at all stages of the youth and criminal justice pathways (up until sentencing); recognising that people may enter the system at different points and their needs may change over time, thereby minimising the potential for people to be missed.

It should be noted that young people's presentations will differ from that of adults. For example, mental health problems manifest differently in young people. Young people also present with a 'clustering' of vulnerabilities including psychological, emotional, behavioural issues, learning and other neuro-disabilities (see the resource paper on developing an all-age response in this series).

It is important that the processes in place for each of the three phases are age and maturity-appropriate and are able to pick up a wide range of health issues and vulnerabilities, including, but not limited to those shown below. Processes should also be gender-specific or sensitive and should address the specific needs of people from black, Asian and minority ethnic (BAME) communities.

Service users most likely to be referred to and benefit from the service include those with;

- complex, severe or persistent health needs
- learning disabilities
- substance misuse issues
- acquired brain injury
- autism spectrum disorders
- severe or complex emotional/behavioural difficulties requiring a mental health and social care support that require enhanced specialist community intervention as part of an integrated multi-agency package of care
- multiple sub-threshold needs
- repeat offenders
- veterans
- females
- homelessness
- those at risk including domestic violence, MAPPA, safeguarding issues
- service users in acute crisis with eating disorder, depression, risk of suicide, psychosis, escalating self-harm, personality disorders
- service users from a minority ethnic or minority cultural background, including travellers

Where the custody suite or court is not served by an alternative substance misuse service, Liaison and Diversion services will be expected to provide an initial triage of substance misuse need before referral into specialist services. Service gaps should be monitored and reported back to local commissioners. Practitioners should be alert to the possibility of a dual diagnosis, which includes substance misuse.

Liaison and Diversion services will not assess physical health per se. However, if the Liaison and Diversion practitioner identifies concerns about someone's physical health during

screening or assessment they should refer them to an appropriate clinician to have these concerns assessed and addressed.

Consent

Consent is needed both to gather information and to share information. It is important to negotiate consent from the individual at each stage, in particular with regards to information sharing with health, justice and other agencies, and with parents and guardians.

For those under 18, consent may also be needed from parents or guardians; although there is a need to recognise that families can be the source of problems and risks, as well as support. Where there are concerns about safeguarding issues or risk to the individual or others, it may be appropriate to undertake screening and assessments and to share information without consent; these decisions should be in line with the organisation's own procedures and be carefully monitored and documented.

Case Identification

Case identification is the process that generates referrals to Liaison and Diversion services.

When

- There should be processes in place to identify cases for Liaison and Diversion at each stage of the youth and criminal justice pathways.
- This should include those groups who are considered vulnerable through their contact with the justice system – eg, women, children and young people, veterans, high volume users – who should be referred automatically to Liaison and Diversion
- It is important that this happens as early as possible at each stage e.g. if someone is booked into police custody it should happen then and not after they have already been detained or interviewed.
- This may include direct referrals by criminal justice practitioners to Liaison and Diversion or by Liaison and Diversion staff proactively identifying anyone with a concern via, for example, cell sweeps.
- Processes will need to be tailored as appropriate to different points in the system due to differences in the operating environment, types of practitioners and existing processes. For example, everyone who goes into police custody is subject to a risk assessment process which could be one means of identifying Liaison and Diversion clients. However, process for those interviewed by voluntary attendance or voluntary interview may vary. Case identification processes should be carefully mapped across each stage of the youth and criminal justice pathway and be age and gender sensitive.
- There should also be a process that enables self-referral and referral by friends and family.

How

- There is no national case identification tool and given the multiple vulnerability service envisaged by the operating model this is a difficult ask. However, anyone in contact with the youth and criminal justice system should be formally subject to a process that has already been validated or which can be evidenced and evaluated.
- The process needs to be short and easy to use for staff without specialised expertise or training. It also needs to be consistent i.e. the same conclusion should be reached when the process is applied by different practitioners.
- The process should be formally agreed with partner agencies which have a role in its delivery, e.g. police, court staff, drug intervention workers.
- A decision needs to be taken locally about thresholds for making referrals to Liaison and Diversion services. What ‘score’ on a checklist warrants a referral? What response suggests a ‘positive’ for evidence of a potential vulnerability? There needs to be a balance between setting the bar for referral too high (when no one is referred) and too low (when everyone is referred).
- In the case of adult men, case identification is vital as screening all men coming through police custody might not be achievable and would leave time for little else. However, for some groups, such as young people aged under 18 and women, the

degree of vulnerability for these groups tends to be higher, it will be both desirable and achievable to screen 100% of those entering police custody and court.

Who

Case identification is a lay activity and should be done by justice or other relevant practitioners such as:

- police including custody sergeant and detention officers, investigating officers, and officers interviewing people under Voluntary Attendance or Voluntary Interview
- police custody healthcare staff
- solicitors both in police custody and in court
- appropriate adults
- drug intervention staff
- youth triage staff
- probation or youth offending teams (YOTs)
- court staff including sentencers, legal advisors, ushers, and security staff
- individuals or their family, friends or carers

Next steps

- Where someone is identified as having a potential vulnerability, they need to be referred immediately to an Liaison and Diversion service for screening and/or assessment, with information about the grounds for their referral.
- Where someone is in police custody or at court, the referral should be made face to face, by phone, or by email to a regularly monitored inbox, to ensure an immediate response. Although the initial referral may be verbal it should be supported by a written request wherever practical.
- Relevant criminal justice decision makers should be informed of any referrals, so that if necessary criminal justice decisions (e.g. around bail, charging, and sentencing) can be delayed until screening has been carried out.
- In some cases, it may be necessary to inform other practitioners, e.g. custody healthcare staff, appropriate adults or drug intervention workers, of any referrals. Local protocol should outline if and when this should happen.
- In order to evaluate, review and improve case identification processes, it is important that information is recorded about anyone who was not referred to an L&D service and why.

Screening

Screening identifies if there are vulnerabilities present, the impact these may have on a person's behaviour and their ability to engage with interventions, and whether reasonable adjustments should be put in place at, for example, police interview or court. It should also establish if a full psychosocial assessment or specialist assessment is necessary.

When

- Screening should take place as soon as possible after referral. Target response times should be agreed locally by commissioners, key stakeholders and providers, and form part of any service specification.
- There is a particular need to respond quickly to referrals for people detained in police custody, who may be transferred quickly to court.

How

- Screening should be undertaken using standardised validated tools, or where this is not possible an agreed process to meet need. Cross-referencing names against medical records is useful for gaining information but is not sufficient on its own as a screening process to identify potential vulnerabilities.
- Identifying the right screening tool(s) is a local decision. If possible, practitioners should adopt any appropriate tools used by local services in order to streamline screening procedures should be developed on a local level and should include scope for using gender-specific approaches. It is recognised that practitioners will not be able to complete a full screening for each condition for every individual.
- Where screening tools are used they should age and gender specific or sensitive. They should also address specific needs of people from black, Asian and minority ethnic (BAME) communities.
- For young people, the Youth Justice Liaison and Diversion: Practical Toolkit outlines relevant screening tools for a range of vulnerabilities, including mental health, learning disabilities, autism, substance misuse, physical health and safeguarding, as well as suggesting questions identifying acquired brain injury. The Child and Adolescent Intellectual Disability Screening Questionnaire has also been successfully piloted with young offenders (McKenzie et al, 2012b).
- Many young people – and adults - in contact with the justice system may have suffered adverse childhood experiences (ACEs) and consideration should be given to use an ACE-approach to identify trauma and vulnerabilities.
- A consideration of risk both to self and others should also be made. This may require a fuller risk assessment being undertaken by a suitably qualified practitioner.
- Many people in contact with the youth and criminal justice systems may be suffering from trauma either recent or from early childhood. This will need to be explored carefully and sensitively without retraumatising the individual. It should be recognized that criminal justice settings are unlikely to be the best place for this to happen and,

where trauma is identified or suspected, for further investigation to take place later in a psychologically informed way and setting.

Who

- Screening should be undertaken by experienced Liaison and Diversion practitioners.

Next steps

- Information about screening processes undertaken and the outcomes must be recorded by the Liaison and Diversion team.
- Where need is identified, a full psychosocial assessment should follow. This will often be conducted immediately, although in some cases it may be appropriate to refer to another team member (e.g. to a learning disability or substance misuse specialist) or defer to a later date (e.g. when there is insufficient time).
- Where screening has identified a potential vulnerability, but a formal diagnosis is needed
- e.g. a learning disability or an acquired brain injury, the person may need to be referred to the appropriate community or forensic service for a specialist assessment.
- Relevant criminal justice decision makers should be informed of outcomes and proposed next steps immediately. Next steps may need to be negotiated in conjunction with these decision makers. Information should also be passed, as appropriate, to appropriate adults and relevant healthcare practitioners (e.g. forensic medical examiners where there are concerns about fitness to detain). In the case of children and young people, information should also be shared with parents or guardians.

Assessment

Where further information is required, a psychosocial assessment should be undertaken to determine immediate needs and necessary referral pathways. In cases where a formal diagnosis is needed, specialist assessment by a relevant community or forensic service may be necessary.

The aim is to identify the needs and vulnerabilities which may be contributing to an individual's behaviour and to determine subsequent steps to be taken across both the health and justice systems.

A psychosocial assessment should aim to identify a wide range of needs and vulnerabilities including:

- mental health
- learning disability
- conduct disorder, including ADHD
- personality disorder
- cognitive functioning/developmental maturity
- communication needs
- family and social circumstances
- drug and alcohol needs
- cultural, religious or spiritual needs
- safeguarding
- risk
- gender needs
- trauma

When

Assessments should usually be conducted immediately after screening, often as part of the same interview. However, given the constraints of different operating environments, it may be necessary to conduct the assessment over multiple sessions, e.g. when there is more time or at a more suitable location. For instance, practitioners should try to avoid detaining a young person in police custody for any longer than is absolutely necessary and often a home or community setting will provide a less intimidating environment for assessment. Equally, a police custody suite is unlikely to be a suitable location for any exploration of trauma.

How

It is important that assessments are aligned with those undertaken by relevant community services (e.g. local mental health trusts or learning disability services) to streamline referrals.

For young people, practitioners can use the Comprehensive Health Assessment Tool (see 'Find out more'). Wherever possible, and with agreement from the individual, this assessment should be supported by information gathered from health records, other professionals and family members.

“An assessment is done at the young person’s pace… And it’s up to the practitioner and young person together to decide when it’s complete”.

Wakefield Liaison and Diversion service practitioner

Who

Person-centered psychosocial assessments should be conducted by an L&D practitioner or a qualified practitioner from an appropriate community or forensic service such as a:

- community psychiatric nurse
- psychiatrist
- psychologist
- child and adolescent mental health services (CAMHS) practitioner
- speech and language specialist
- social worker
- substance misuse specialist

Next steps

- Assessment outcomes should be recorded by the Liaison and Diversion team.
- Assessments should identify referral pathways into local services and these should be enacted immediately and in negotiation with partner agencies.
- Where consent is given, or not required, information should also be shared with health professionals or other support workers already involved in the person’s care (including education providers for young people).
- Information should also be passed immediately to relevant criminal justice decision makers. Wherever possible this should be in writing, according to a pro forma agreed with local justice agencies. It should include information about health needs and vulnerabilities which are relevant to the criminal justice process, including any reasonable adjustments that need to be made (e.g. if someone requires an advocate).

Case Study

Our children and young people (CYP) practitioners work closely with the local youth offending service (YOS) practitioners during the case identification and screening processes. This means common vulnerabilities in young people can be identified and they can be signposted or referred to specialist provision.

During a joint triage screening one of our CYP practitioners saw a 16-year-old woman who had been arrested for possession of class A drugs. It was her first contact with the criminal justice system. The arresting officer had referred her to the YOS for a triage screening. It was established that the young woman had previously been referred to local CAMHS for a

cognitive assessment but had moved address and the assessment never took place. The CYP practitioner gained permission to inform CAMHS of the young woman's change of address so that she could receive appropriate support. It was also established that she had substance misuse issues and a referral to Addaction was made.

Liaison and Diversion team, Liverpool Magistrates' Court

Checklist

A robust procedure is vital to successful L&D. The following checklist details element to include:

- **Clear and agreed processes**
  Each stage, including onward referral, should be clearly articulated and locally and formally agreed.
- **Validated tools**
  Wherever possible, processes should involve the use of validated tools. Where this is not possible, a process should be evidenced so that they can be evaluated.
- **Staff trained to use tools**
  Practitioners involved in case identification, screening and assessment processes should be given specific training when tools are introduced and should only be using tools appropriate to their level of professional training.
- **Age, gender and culturally appropriate**
  Tools and processes need to be appropriately adapted depending on an individual's age, maturity, gender and culture.
- **Matrix approach**
  Different processes for case identification will be appropriate at different stages of the youth and criminal justice pathways.
- **Screening and assessments meet health and justice needs**
  Screening and assessments should be compatible with local services and minimise the need for repeat assessments. They should meet the needs of criminal justice decision makers.
- **Operating environment**
  Finding suitable environments for case identification, screening and assessment can be challenging in a justice setting, however consideration should be given to maximising privacy and where possible avoiding environments which individuals may find intimidating.
- **Regularly review processes**
  Liaison and Diversion teams, overseen by steering groups, should regularly review and continually improve processes for case identification, screening and assessment. This should include reviewing cases where need has been identified late in the youth or criminal justice pathway and keeping abreast of any changes in these pathways or partner practices which may have an impact.

Key partners and stakeholders

Case identification, screening and assessment are at the heart of Liaison and Diversion activity and so require agreement with a wide range of partners and stakeholders who have a role in case identification, criminal justice decisions or accepting onward referrals. These agencies are listed below.

Case identification	Decision makers	Onward referral
Appropriate adult providers Custody and court detention services Custody healthcare providers Police Prisoner escort services Probation Referral order panels Substance misuse services YOTs Youth triage	Courts Crown Prosecution Service Police Probation YOS	Children's services, including education Learning disability services Local authority social care and housing services Mental health services Substance misuse services Third sector providers

Find out more

- Comprehensive Health Assessment Tool
- Liaison and Diversion Services: Current practices and future directions (includes a review of mental health screening tools)
- Police Mental Health Screening Questionnaire

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