

Pathways Development

Liaison and Diversion Manager and Practitioner Resources
(2019)

NHS England and NHS Improvement



Contents

| | |
|--|----|
| Equalities Statement | 2 |
| Pathways development | 3 |
| Why pathways development matters..... | 3 |
| Identifying vulnerabilities | 3 |
| Intelligence gathering | 5 |
| Mapping and working with other services..... | 5 |
| Directory of services | 6 |
| Monitoring and analysis..... | 8 |
| Supporting clients..... | 9 |
| Written agreements | 9 |
| Checklist..... | 10 |
| Find out more | 10 |

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.

Pathways development

This particular resource paper focuses on pathways development. This is the process of developing key referral pathways at each point of intervention in the youth and criminal justice systems to ensure individuals can access services which are appropriate to their own particular vulnerabilities.

Why pathways development matters

A large proportion of people in contact with the criminal justice systems have significant health inequalities and present with a wide range of vulnerabilities¹. For Liaison and Diversion services to achieve their aim of reducing health inequalities and enabling people to access care and treatment, services need to develop specific referral pathways to ensure effective and appropriate outcomes. It should be noted that the support, time and recovery worker can play a key role in developing strong referral pathways (for more details about the role of the support, time and recovery worker see the resource paper in this series on multidisciplinary teams).

Identifying vulnerabilities

The range of vulnerabilities and health issues a Liaison and Diversion service may identify includes, but is not limited to, those listed below. Many vulnerabilities and health needs are inter-related and co-dependent.

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, MAPPAs, 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

¹ (Social Exclusion Unit, 2002)

For each of these vulnerabilities there needs to be a clear referral pathway to an appropriate service.

Contact with the youth or criminal justice system may result in further disadvantage for certain groups, and pathways to meet their specific needs should be developed. These groups include:

- children and young people
- older people
- women
- black and ethnic minority communities
- gypsies and travellers
- veterans
- people who are LBGTQ

Intelligence gathering

Intelligence gathering can help Liaison and Diversion services to understand the local demographic, levels of demand and need for services plus the number of people being dealt with by the justice system. Intelligence gathering should also highlight the specific needs of disadvantaged groups (e.g. those with protected characteristics as set out in the Equality Act 2010) and/or specific communities (e.g. gypsies and travellers, groups from Eastern Europe). Given the range of vulnerabilities and individual needs that they will encounter, Liaison and Diversion services will need to refer to many different providers.

Liaison and Diversion services should therefore focus on establishing strong referral pathways with services which can address these needs.

Mapping and working with other services

Liaison and Diversion services need to identify services that cater for disadvantaged groups and specific local communities. Areas may have one or several providers depending on the local demographic, levels of demand and need for services, and local commissioning arrangements.

Liaison and Diversion services should try to develop and maintain a relationship with a named lead in all key services to which they may refer. Good working relationships can considerably speed up the referral process to deliver a whole system approach for clients. Given the volume of service relationships any Liaison and Diversion service will need to develop, it makes sense to divide responsibility for these across the team. However, services should play a key role in developing and maintaining these relationships.

This might involve visiting various community services to promote the Liaison and Diversion service and explore working together in relation to the needs of the respective client groups. Allocating the team specific time to work with voluntary and community sector (VCS) groups is advisable, particularly given it is the sector most subject to frequent change.

Where no service is available to address the need of a particular vulnerability a group with protected characteristics or a specific community, or there is not sufficient capacity to deal with the number of referrals, the relevant commissioner, strategic and governance forums should be informed.

Directory of services

Liaison and Diversion services should create a directory of all the services that exist locally, regionally, and in some cases nationally, in both the statutory sector and the VCS, to which a referral may be made. Much of the information which makes up a directory may already be held by the local authority or VCS network.

For each service identified, the Liaison and Diversion service need to collate the following information:

- service name
- service description (e.g. whether it is a statutory or VCS service, its size, the geographical area it covers, what the service provides, opening times)
- address and contact details
- names of key contact(s)
- eligibility criteria
- referral processes including referral forms or particular screening requirements
- any specific funding issues or specific requirements (e.g. funding must be agreed with the local commissioner and individuals using the service must have a local connection).

For some services, particularly those providing specialist assessments, there may be a requirement that certain questions have been asked or even particular screening tools used, and the directory should provide guidance on this.

Such directories are only useful if they are kept up to date by Liaison and Diversion practitioners. All Liaison and Diversion staff should have an active role in developing and updating the directory.

Many VCS services will be a crucial source of referral. However, this presents a challenge to live data because charities, particularly smaller VCS organisations, will often cease, merge, or change their service depending on available funding streams.²

The following are some of the typical services provided by the statutory, VCS and independent sectors which might be included in a directory.

- Acquired brain injury services
- Advice (including benefit and debt advice) services
- Autistic spectrum disorder services
- Carer groups and support services
- Children and adolescent mental health services (CAMHS)
- Community rehabilitation companies (CRCs)
- Diversity specific services for women
- Black and minority ethnic communities
- Older people
- Any group with protected characteristics
- LGBTQ
- Transgender
- Perinatal services

² (Drinkwater, 2015).

- Local Authority services
- Education advice and support services
- Employment advice and support services
- Housing (including housing advice and homeless) services
- Learning disability services (community and forensic)
- Legal advice services
- Mental health services, including community mental health teams (CMHT), crisis and home treatment services, day centres, inpatient services, recovery services, specialist services
- Probation services
- Peer or mentor-based support services
- Service user groups
- Speech and language therapy services
- Substance misuse services
- Translation and interpreting services
- Veteran support services
- Youth offending service
- Social care services

Monitoring and analysis

Liaison and Diversion managers need to monitor and analyse data to ensure that pathways are available to address vulnerabilities identified by Liaison and Diversion services and that these pathways are being used. Liaison and Diversion managers should monitor and analyse the range of vulnerabilities identified at the screening or assessment stage of the Liaison and Diversion process and the number of times a successful referral to an appropriate service is made.

Where a need is identified but the data shows that there is no appropriate service to refer to, then this information should be presented to commissioners to inform service design and delivery.

Where referrals are being made but are not being accepted by the receiving service, further investigation will be necessary to determine why. If inappropriate referrals are being made consideration should be given to training Liaison and Diversion staff so that they understand if, when and how referrals should be made. If it seems that the receiving service is discriminating against referrals from criminal justice settings it will be necessary to discuss this with the receiving service's commissioner to reverse such practices.

Supporting clients

To maximise the potential of referral pathways services are recommended to ensure individuals are supported to attend their first appointment(s) and offer them on-going support for a period of time, until the service referred to is able to engage with the individual.

The experiences of Liaison and Diversion Practitioners

“...if I go through the door with the client I often find the referral is given more credence than if I just refer and send the client by themselves. I can also fill in gaps that my client might leave out...”

“...one of the clients I am supporting gets very anxious and in the past this has led to them being silent and or at other times they have just kicked off...when I am with them it is almost like I am a translator, I can help them represent themselves and also hear what is being said to them...”

“... I always endeavour to support clients into services and empower them to continue their recovery journey independently...”

Written agreements

There needs to be written agreements to underpin and formalise relationships between Liaison and Diversion services and the agencies to which they refer. Written agreements should include (as a basic minimum) the following:

- a description of and the role of the L&D service
- a description of and the role of the partner agency
- referral criteria and processes
- key contacts for both the L&D service and the partner agency
- dispute resolution procedures including escalation processes, monitoring and review arrangements
- information sharing agreements

Checklist

The success of Liaison and Diversion is dependent upon there being a wide range of appropriate post-diversionary services to refer someone into. To achieve this, the Liaison and Diversion services should ensure they:

- understand the local population, including the range and prevalence of vulnerabilities
- identify key service providers and referral pathways
- create a directory of services to which L&D services might refer
- understand eligibility criteria and referral processes
- develop written agreements to underpin and formalise referral pathways

Find out more

- [Drinkwater, Nicola \(2015\) The state of the sector London: Clinks](#)
- Kane E, Jordan M, Beeley C, Huband N, Roe J and Frew S (2012) Liaison and Diversion: Narrative review of the literature London: Offender Health Collaborative
- Social Exclusion Unit (2002) Reducing re-offending by ex-offenders London: Social Exclusion Unit