

Developing an all age response

Liaison and Diversion Manager and Practitioner Resources
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NHS England and NHS Improvement



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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.

Developing an all age response

This resource paper focuses on developing an all-age response to ensure the age-specific needs of users are met.

Key components of the operating model include an all-age service across all sites available at all points of intervention and an integrated model for children and young people and for adults. It is also recommended that, where appropriate, children and young people and adult services adapt their provision according to the relevant evidence, legislation and processes and that consideration is given to the transition between children and young people services and adult services.

This paper aims to give practical support to health and justice commissioners and Liaison and Diversion services to allow them commission and deliver an all-age Liaison and Diversion service effectively.

Why an effective all age response matters

Age is a protected characteristic under the Equality Act (2010). It remains the only protected characteristic which allows for different treatment, provided treating someone differently because of their age meets a legitimate aim.

Providing a service to all ages does not mean providing the same service in the same way to all ages. Rather, it may mean prioritising some age groups or ensuring an age-sensitive response.

To provide an effective all-age Liaison and Diversion service commissioners and providers need to understand the distinctive needs and characteristics of different age groups and the different legal frameworks that exist for children and young people. They will need to be attuned to the 'hidden' disabilities children present with and the different ways children, young adults and older people can be diverted from criminal justice pathways.

Developing an effective all age Liaison and Diversion response is beneficial because it will:

- meet need at any point of the justice pathway
- prevent duplication of work
- facilitate an integrated model for the different age groups
- support the transition between children and young people services and adult services

Definitions:

In this resource the following terms will be used accordingly:

- **Children and young people:** those aged under 18
- **Young adults:** those aged 16-25 transitioning from youth to adult services
- **Adults of working age:** those aged 16-65
- **Older people in the criminal justice system:** those aged over 50¹

The needs of different age groups

Services need to be aware of the different needs of the different age groups seen. Below is a list of things services should be aware of and recommended actions to take.

Children and young people

- The last decade has witnessed year-on-year reductions in numbers of children and young people entering the youth justice system, receiving out-of-court disposals, being sentenced, being breached and being imprisoned.
- Although the number of children in the youth justice system is smaller than adult offending populations, child policy, evidence and legislation highlight the critical importance of:
 - Intervening as early as possible to improve children and young people's life chances, wellbeing and to save future costs.
 - Minimising children and young people's contact with formal justice systems except as a last resort. This is because system contact has been shown not only to undermine life chances but also to be criminogenic.

Working with children and young people

- Work with children and young people should not be driven by diagnostic thresholds. Instead the following factors such as attachment difficulties, neuroscientific changes affecting adolescents' and young adults' brain development (affecting judgement and decision making), experiences of trauma and sexual exploitation, exposure to broader multiple risk factors (such as communication problems, deprivation, bereavement and loss, domestic violence,

¹ Wahidin A and Cain M, 2005

parental substance misuse, poor parental mental health and school failure) should be taken into account.

- Vulnerable children, young people and young adults do not respond well to 'signposting' approaches. They require proactive support (built on strong relationships) into trusted services with action being taken to follow up and troubleshoot non-attendance. They need outreach approaches in settings where they feel comfortable.
- Parents and carers are key sources of information when making assessments.
- Children and young people in contact with the youth justice system should be involved in shaping and influencing Liaison and Diversion services.
- Parental consent must be considered for anyone aged under 16 and ideally should be considered for anyone aged under 18.

Children and young people have different needs from adults

- Children and adolescents are not mini adults, they are qualitatively different.
- Children and young people in contact with the youth justice system display higher levels of mental health needs than those in the general population which can be identified using a range of screening and assessment tools. They also present with a 'clustering' of vulnerabilities including psychological, emotional and behavioural issues, learning and other neuro-disabilities (including autistic spectrum disorders, ADHD and acquired brain injury), substance misuse and socio-economic factors. These are all associated with poorer life outcomes.
- Many children in the youth justice system have experienced maltreatment or have been in the care system.

Service infrastructure

- Multi-agency youth offending teams (YOTs) work with children and young people who have offended or are at risk of offending. The YOT is a multi-agency service made up of representatives from police, probation, health, education and children's services.
- Some children on the edges of the youth justice system may alternatively or additionally be supported by children's services preventative teams (e.g. prevention hubs, targeted youth support teams, Troubled Families teams etc.).
- YOTs and preventative teams are critical partners for Liaison and Diversion services for young people being diverted out of or within the youth justice system.
- In comparison with adult offenders, there are many more pre-court restorative and cautionary options available in the youth justice system.

Actions to take

Liaison and Diversion services should work closely with the following key delivery partners:

- YOT managers, YOT health practitioners and children's services preventative team managers
- The operational manager for out-of-court disposals
- Youth Justice Triage teams (where they exist)
- YOT health practitioners (where they exist). These practitioners generally prioritise those on statutory orders.
- Appropriate adults. Appropriate adults have a key role in helping Liaison and Diversion services to identify children with mental health issues, learning or hidden disabilities and will benefit from access to training and case identification tools.
- The single point of referral to children's services for vulnerable children and young people on the edges of the youth justice system (where one exists). Where a safeguarding risk exists, emergency duty teams can assess the risk.
- Police
- Specialist children and young people mental health services, FCAMHS, children's services (including youth and voluntary sector providers) and special educational needs (SEN) and school-based support services

Liaison and Diversion services should map the youth diversionary pathways for their local areas. These pathways include the following: -

- Community paediatricians, learning, neuro-disability and speech and communication therapists
- Improving Access to Psychological Therapies (IAPT) teams
- Safeguarding teams including emergency duty teams and children's services
- SEN teams, school nurses, counselling and safer school police
- Specialist children and young people mental health services
- Forensic CAMHS
- Targeted youth support or preventative teams
- Troubled Families teams and antisocial behaviour teams
- YOTs including case workers, health workers and police liaison staff
- Youth drug and alcohol services

Case Study

Leanne was 17 and was offered an assessment in police custody by a Liaison and Diversion team after she assaulted a relative. She initially refused but after being released on bail she re-established contact with the Liaison and Diversion team through the YOT. One of her bail conditions was not to return to her family home and she was now in unstable accommodation.

Local statutory services databases showed that she had an allocated social worker and was currently on the specialist CAMHS caseload (following previous incidents of self-harm and experiences of depression). However, she felt unsupported by her social worker and was not engaging with specialist children and young people mental health services staff.

Within a week, the Liaison and Diversion team arranged a meeting at a place that was easy for Leanne to get to and where she felt comfortable. During this meeting a fuller assessment was carried out and mother. She was unwilling to re-engage with Specialist children and young people mental health services as one of the staff had blamed her low mood on her drug use.

Leanne agreed to engage with a project which focused on improving outcomes for NEETs, including securing employment and stable accommodation. The Liaison and Diversion project worker met Leanne on a weekly basis to support her with mental health and wellbeing and drug misuse issues and they also agreed on some personal goals. With support from the project worker, Leanne re-engaged with Specialist children and young people mental health services. By the end of her contract with the project (about five months) the following outcomes had been achieved:

- Leanne was in part-time employment, attending her appointments with a CAMHS worker and her mental health had improved.
- She no longer self-harmed and was in stable accommodation.
- She reported an improved relationship with her mother.
- She had stopped misusing drugs and was able to acknowledge the impact this had had on her wellbeing.

Leanne had voluntarily accepted community-based support at a time when she felt unsupported by other services. She was assessed in a timely fashion and even though she felt initially hopeless about change, the project worker persisted and provided consistent support and encouragement. She was supported by the Liaison and Diversion team until she actively engaged with other services.

Leanne said that the L&D project worker was 'the only one who [...] stuck through with me until I was in a better place'. She felt that having order, routine and focus has helped her more than anything else previously offered.

Young Adults

- Young adults account for a large proportion of recorded crime.
- While people aged 18-24 accounted for one in 10 of the UK population in 2010, they accounted for one in three of those sentenced to prison and one in three of the probation service caseload²
- Young adults in prison have particularly high mental health needs.
- 29% of young women in custody report having been sexually abused in childhood³
- 20% of young male remand prisoners and 33% of young female sentenced prisoners have attempted suicide at some point in their lives⁴
- Young adults are at a high risk of self-harming in custody.
- During adolescence the brain undergoes rapid neurological development affecting social and cognitive functioning. This increases adolescents' and young adults' propensity to take risks, behave impulsively and sensation seek.
- Young adults are often in transition from children to adult services but the line between childhood and adulthood is often artificially drawn.
- Services for children and young adults frequently involve gaps or imperfect handovers at a time when adolescents:
 - face the greatest risks to their wellbeing and mental health
 - are least likely to approach services proactively
 - are more likely to take risks and engage in offending behaviour.
- Evidence suggests that up to a third of teenagers are lost in the transition from CAMHS to adult mental health services.⁵
- The culture of adult mental health services tends to place greater emphasis on the responsibility of the service user. Anxious and vulnerable young adults can find this overwhelming. When they fail to keep appointments, they are unlikely to be chased up due to burgeoning caseloads.

² (Prison Reform Trust, 2014).

³ (Prison Reform Trust, 2014).

⁴ (Prison Reform Trust, 2014).

⁵ (Singh S P, 2010)

Actions to take

- Young adults, like children and young people, need a preventative approach which takes into account and responds to their multiple needs (e.g. mental health, substance misuse, learning disability, conduct disorder, care needs) and risk factors rather than focusing purely on diagnostic or safeguarding thresholds and crises. Many of these needs may not meet the criteria for access to statutory services but taken together will increase both vulnerability and risk.
- Liaison and Diversion services should champion approaches which consider the multiple needs of young adults.
- Liaison and Diversion services should support young adults to connect with other services and follow up to ensure successful engagement. Voluntary sector providers can often assist with this.
- Young adults should be involved in shaping and influencing Liaison and Diversion services. Young adults dislike feeling patronised and respond better to workers who are genuine and non-judgemental.
- Data and information should be routinely collected on gaps in local services for young adults and reported to commissioners to support planning.
- Young adult specific service should be developed and there should be a systematic overlap between existing services to facilitate the transition between services.
- A young adult strategy and handover protocols should be developed which allow for systematic three-way handovers (including the young person, youth justice worker/CAMHS, new probation/AMH (adolescent mental health) worker and in some instances family members) and systematic overlap between the youth justice and probation teams until successful transition is achieved. Handovers should be planned well in advance of transition.
- The system of 'lead professionals' for children in need should be extended to all young adults with multiple needs. These lead professionals can be from any sector, provide continuity of contact and act as advocates in order to better support young adults' needs.
- The Crown Prosecution Service (CPS) code of conduct includes the concept of maturity in its guidance on assessing culpability. Liaison and Diversion services will have an important opportunity to provide CPS and youth/justice decision makers with information on maturity as well as on available packages of support should an alternative to formal prosecution be feasible.
- Liaison and Diversion commissioners and teams can deliver training to support those working across this youth-adult interface.
- Liaison and Diversion staff should be familiar with new legislation about the additional support that young adults who have been Looked After or with SEN are entitled to after the age of 18.

Adults of working age

- Adults of working age are likely to be the age group seen by most Liaison and diversion services. They are likely to have a history of offending rather than be prolific offenders. However, their behaviour is likely to be more entrenched, and therefore they may be more resistant to strategies which will support desistance.
- Many disorders diagnosed in adults of working age will have their onset in childhood or adolescence. As well as common mental health problems (e.g. anxiety, depression, panic attacks or obsessive compulsive disorders), a small but significant number will be diagnosed with severe and enduring mental health problems (e.g. schizophrenia, bi-polar disorder).
- Common mental health disorders will be treated by primary care and IAPT teams as well as 'talking therapies', while severe and enduring mental health disorders will require secondary or specialist mental health services, e.g. in-patient treatment or supervision by community mental health teams (CMHTs).
- 90% of adult prisoners have a mental health disorder while 70% have two or more (Singleton et al, 1998).
- It is estimated that 60 to 80% of male prisoners and 50% of female prisoners have a personality disorder compared with 6 to 15% of the general population. Of those identified as having a personality disorder in prison, 63% of male remand prisoners, 49% of male sentenced prisoners and 31% of female prisoners have an antisocial personality disorder (Singleton et al, 1998).
- Many adults of working age will suffer from co-morbidity; very often this involves having a mental health problem and a substance misuse problem. Substance misuse is likely to be entrenched and difficult to address.
- Adult offenders are a group with significant health inequalities and many will have complex or multiple needs including mental health, substance misuse, learning disability, accommodation needs, low educational attainment, unemployment, debt, abusive relationships.

Actions to take

It is unlikely that L&D services will be able to see all adults of working age in contact with the criminal justice system. Therefore, they should see those identified by an effective case identification tool (see the resource paper in this series on case identification, screening and assessment) as vulnerable and in need. They should also try to see all women in police custody as they are likely to be an especially vulnerable group.

- Assessments should take account of care needs as well as mental health needs.
- Liaison and Diversion practitioners should be aware of a range of primary, secondary and specialist services including those delivered by voluntary and community sector (VCS) organisations.

- Many adults of working age will have a history of poor engagement with services. Therefore, the role of the support, time and recovery worker will be key in helping individuals access services effectively and appropriately.
- Adults of working age with early onset dementia or functional disorders will require transition into older people's services.

Older People

An older offender is generally defined as someone in the criminal justice system who is aged 50 or over. Although many people aged 50 or over may not consider themselves 'older', evidence suggests that it is an appropriate threshold reflecting the practical realities they face.⁶

Prisoners suffer more health problems than the general population, and many have health characteristics typical of someone aged ten years older who is not in prison.

In January 2014 there were 10,587 prisoners aged 50 or over in England and Wales, an increase of 6.8% since 2012. This group makes up 13% of the total prison population.

- The number of older people entering the UK's criminal justice system has trebled in the last 20 years.
- People aged 60 or over are the fastest growing age group in the prison estate.
- More than 80% of older prisoners have long-standing illnesses or disabilities.
- 30% have a diagnosis of depression.
- More than one in ten male prisoners who are over 60 belong to a minority ethnic group, which is far higher than the proportion of the general population.⁷

Actions to take

- People over 50 should form a priority group for Liaison and Diversion health assessments.
- Commissioners should develop a local strategy exploring needs, promoting training and awareness, and effective management to meet the needs of older people in the criminal justice system.
- Liaison and Diversion services should develop a policy for the management of older people in the criminal justice system and train key local stakeholders in this group's particular needs.
- Liaison and Diversion services should identify an older offender lead in local areas.

⁶ (Aday, 1999 and Wahidin and Cain, 2005)

⁷ Prison Reform Trust, 2014 and Resettlement and care for older ex-offenders and prisoners, 2014

Checklist

- A workforce with skills to work at all points of intervention and with different age groups
- A range of age-specific screening and case identification tools
- Strong local links
- Established transition pathways between age groups
- Appropriate training to support workforce development

Find out more

For young people

- [Comprehensive Health Assessment Tool](#)
- Department of Health (2008) *When to share information: best practice guidance for those working in the youth justice system* London: DH
- [MindEd e-learning to support young healthy minds](#)
- [Working Together to Safeguard Children](#)

For young adults

- [Lost in Transition: A Report of the Barrow Cadbury Commission on Young Adults and the Criminal Justice System Mental health service transitions for young people](#)
- [Old enough to know better? A briefing on young adults in the criminal justice system in England and Wales, PRT, \(2012\)](#)
- [Special educational needs and disability code of practice: 0 to 25 years](#)
- [Transition to Adulthood: Working with young adults with multiple needs. A commissioning guide](#)
- [Transitions in Mental Health Care: A guide for health and social care professionals on the legal framework for the care, treatment and support of young people with emotional and psychological problems during their transition years](#)
- [Young adults \(18-24\) in transition, mental health and criminal justice](#)

For older adults

- [Last Chance: Older Women Through the Criminal Justice System](#)
- [Losing track of time. Dementia and the ageing prison population: treatment challenges and examples of good practice](#)
- [Prison Reform Trust \(2003\) *Growing Old in Prison* London: Prison Reform Trust](#)