

Multi-disciplinary teams

Liaison and Diversion Manager and Practitioner Resources
(2019)

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.

Multi-disciplinary teams

This resource paper focuses on multidisciplinary teams. The core operating model is predicated on a multidisciplinary team to deliver and coordinate an effective and responsive Liaison and Diversion service. This team is linked to, and supported by, a wide range of different service and agencies, whose roles are not specific to Liaison and Diversion but are essential to effective Liaison and Diversion practice. The relationship between the Liaison and Diversion services and local services and agencies will be strengthened when underpinned by written agreements and information sharing protocols.

The teams should 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 special educational needs teams, parenting provision, family therapy, and appropriate adult services.

This resource outlines:

- why organising pathways between Liaison and Diversion services and related services matters
- a description of the multidisciplinary team, its key functions, the different roles required, its size and composition
- the roles of the support, time recovery worker and peer support worker
- a description of roles within the multidisciplinary team
- what the written agreements should include.

Why pathways with other services are important

People in contact with the youth and criminal justice systems face significantly more health inequalities and issues of social exclusion than the general population. Many will have complex or multiple needs that can only be addressed through a multi-agency approach.

For Liaison and Diversion to be successful, a wide range of post-diversionary services are required¹, with established pathways to these services. Multi-agency solutions are required to allow for effective referrals into a wide range of services.

¹ (Kane et al, 2012)

The Liaison and Diversion team

The role of the Liaison and Diversion team is to coordinate and deliver an effective service which is responsive to client's needs. The team should:

- screen and assess individuals once they have been identified by criminal justice and other practitioners
- assess risk to self and others and, where appropriate, initiate effective risk management plans
- coordinate multi-agency and multi-disciplinary working
- ensure effective engagement between the individual and the referring and receiving agencies

Key functions

The key functions of the service 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

- Information, advice and guidance
- Informing decision making and ensuring information flows along the youth and criminal justice system pathways
- Facilitating mental health treatment requirements and more detailed assessments
- Identifying reasonable adjustments for those with learning disabilities, autism or mental health issues, language and communication needs
- Gathering and exchanging information with relevant services such as housing or education
- Informing and mobilising multi-agency care, e.g. connecting statutory and voluntary services such as drug intervention programmes, housing, health and child protection
- Liaising with families and carers

Referral functions

- Identifying pathways and facilitating referrals and follow-ups within the youth and criminal justice systems and/or health and care services
- Feeding back information on outcomes to the referring agency

Short-term interventions functions

- Engaging with and making assertive referrals to other agencies where necessary and appropriate
- Making short-term interventions e.g. providing advice and support, signposting, assisting service users to access services, advocacy

Data collection and monitoring functions

- Follow-up i.e. tracking progress in referred services to enable health, youth justice and criminal justice system outcomes to be measured
- Equalities monitoring
- Collecting information on unmet needs to inform commissioners

Safeguarding functions

- Ensuring service policies and procedures are upheld in relation to children, young people and adults at risk

Roles

In 2018, Health Education England and Skills for Health were commissioned to develop a 'Liaison and Diversion Service Career and Competency Framework'² with the aim of developing a flexible workforce able to respond to the people with vulnerabilities who come into contact with the criminal justice system.

This framework helps to support the development and growth of the workforce and will enable staff to assess their own skills and competences, identify the education and training requirements required to progress within the service, as well as provide a career structure to support staff recruitment and retention. Liaison and Diversion services are required to have regard to the framework when designing and developing the workforce.

The framework document provides the following elements:

- A career framework for Liaison and Diversion services constructed from 9 role profile templates. These are generic role profiles indicative of the types of roles which may be found within an L&D service. The framework shows how it may be possible to enter and progress within an L&D service or move into other areas.
- A competence framework for L&D services. The competences used are national occupational standards relating to the provision of Liaison and Diversion services, a sub-set of which will relate to particular job roles.

The career framework, which identifies 9 levels or roles, is a method of describing the level of autonomy and responsibility and the kind of decision making required by a job. Level descriptors have been established through rigorous discussions and are referenced to, and linked with, the qualifications frameworks as well as research where available regarding what should be expected of an individual at any given level. The level descriptor is intended to be relevant to any role within the health sector, both clinical and non-clinical roles.

It is important to bear in mind that the career framework levels are not intended to be coterminous with the NHS 'Agenda for Change' banding, though there may be some similarities.

National Occupational Standards have been developed by expert groups. These have undergone a rigorous nationally determined process to achieve their status and are approved for use in vocational qualifications by the UK Commission for Employment and Skills. They focus on what a person needs to be able to do, as well as what they must know and understand to work effectively. Some may be more appropriate to a specific level on the career framework others will span all levels. They are all indicatively linked to the NHS Knowledge and Skills Framework.

² www.skillsforhealth.org.uk/resources/guidance-documents/196-liaison-and-diversion-service-career-and-competence-framework?highlight=WyJsaWFpc29uliwiZGI2ZXJzaW9uIl0=

The following roles will be required within the Liaison and Diversion service:

- **Strategic management** to ensure that the Liaison and Diversion scheme relates to, and is integrated with, internal and external pathways and stakeholders.
- **Operational management** which includes managing the team, developing pathways, troubleshooting operational problems, establishing and monitoring inter-agency working, including service level agreements, data gathering and sharing, liaising 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 specialist practitioners** to provide specialist advice, assessments and links to services for those with specific needs, e.g. women, children and young people, veterans, BAME people, etc.
- **Liaison and Diversion practitioners** to carry out assessments for both adults and children and young people at points of intervention in both the youth and criminal justice systems.
- **Senior administrator** who is responsible for front and back office functions for the service and will support effective team working within the Liaison & Diversion Service by ensuring that information flows across the team. To collate and produce information that allows the service to undertake analysis, evaluation and improve continuously service delivery.
- **Support time recovery workers** to ensure effective engagement with services following referral e.g. to accompany to first appointment, reminders by way of text, etc. and short-term case management.
- **Peer support workers** are people with lived experience of the criminal justice system, who carry out a full time paid role, directly taking on cases and supporting the development of volunteers. This post is time limited to ensure the lived experience is recent enough for the peer aspect to be relevant.
- **Administration role** provide general administrative tasks for the scheme, as well as assist with information gathering, referrals, data collection and outcome monitoring.
- **Volunteers** take on responsibilities allocated to these time limited volunteer roles. These range depending on their skills, experience and the training received.

The 'support, time and recovery worker' and the 'peer support' functions can either be provided within the Liaison and Diversion team or commissioned through a local voluntary and community sector organisation. Peer support workers and volunteers must be given appropriate support to obtain further volunteering opportunities, access to education and employment before the end of their period working with the service. Staffing levels and grades will be determined locally in response to need.

Size and composition

The size and the composition of the team will depend upon:

- local demand and local geography
- the level of demand from the youth and criminal justice systems
- the number of points of interventions i.e. the number of custody suites, courts, voluntary attendance venues, community settings, etc.
- the range and prevalence of vulnerabilities and health inequalities among those in contact with the youth and criminal justice systems
- views of stakeholders

Once the staffing model is agreed and operational, it will need to be periodically reviewed and, if necessary, amended.

Case study

Developing a team: the Wakefield Liaison and Diversion service

When the service was developed, it was initially a very medical model, with band 6 mental health nurses, supported by band 5 nurses and band 3 support workers. The commissioners knew the mental health practitioners were needed for the assessments for custody and court, but didn't feel very comfortable with that model. They recognised early on that the make-up of the team is vital. By only looking at nursing staff, the breadth of skill available is restricted.

Every member of the team could potentially work with anybody seen by the service, but where possible the service tries to match the client to the practitioner that will best suit them. Realising that more than just mental health nurses were required, the service looked at the partners it had worked with to date and realised it needed some of those people to work within the team.

They organised a number of secondments from different services and agencies. These included the local women's centre, substance misuse provider, the youth offending team, the speech and language therapy team and the police service. They then tried to broaden the net when recruiting band 5 nurses in order to hire people with more diverse skills and experience. They wanted to make sure they could accommodate people with a wide range of vulnerabilities.

The Wakefield service is not based within a health trust which as meant one of the issues was recruitment. They found it very difficult to recruit nursing staff into the team because they cannot employ them directly (it has to be on a secondment basis). However, this arrangement forced the service to think more widely. By virtue of seconding people from

different organisations they have been able to tap into a many different local connections. For example, one of the practitioners has worked with a lot of voluntary organisations that work with local minority ethnic communities.

Initially there was a bit of anxiety about how all the different people and roles would fit together and how they could be used to the best of their abilities. However, it has worked well and there is consistent sharing of expertise across the team. If someone in the team is struggling to understand a behaviour they can go to the relevant person for advice or support.

Support time recovery worker

A key role within the team is that of the support time and recovery worker. Their key function is to improve a client's engagement with services following referral. They should work with individuals who have had a previous history of poor engagement or who have been assessed as likely to be poor at engaging.

Support time recover workers will carry out the following within the service:

- make appointments
- remind clients of appointments
- accompany and support them as they engage with a new service
- advocate on the client's behalf

The level of support required will depend on the individual and the number of agencies to which they are referred. It should not be confused with care management or care coordination which are separate and distinct roles.

The support time and recovery function can either be provided within the team or commissioned through a local voluntary and community sector organisation.

Related services

Various other services within the NHS and community will support some of the functions of the Liaison and Diversion team. Some examples of ways these related services will provide support include:

- providing information to assist with secondary screening and assessment
- providing information to assist with outcome monitoring
- facilitating effective referrals to be made to a wide range services
- providing specialist consultation and support to the team (e.g. forensic expertise, speech, language and communication needs).

In many cases referral pathways to related services will already be in place but the relationships and links should be formalised through service level agreements. Where key related services do not exist or do not have the capacity to assist the team, consideration should be given to commissioning these through NHS England.

Links to related services and agencies

The table below shows examples of local services which Liaison and Diversion teams will draw upon, depending on the needs of the individual.

Services relating to children, young people and adults	Services relating to children and young people only	Services relating to adults only
Police Housing Substance misuse Health Psychiatry Psychology Specialist therapy services Social work Learning disability Autism spectrum disorder Speech, language and communication needs Specialist engagement and peer support services where they are not part of the team Gender specific services Specialised trauma services	Youth offending teams (including triage and health practitioners) Prevention services – often children’s services and may include youth work Education <ul style="list-style-type: none"> • Education psychology • Education re-integration Health <ul style="list-style-type: none"> • Secondary care • Child and adolescent mental health services • Multi-systemic therapy • Functional family therapy • Early intervention 	Probation

Written agreements with other services

Written agreements between the Liaison and Diversion service and local services and agencies should be in place to underpin the formal relationship. Written agreements should include (as a minimum) the following:

- a description of the role of the Liaison and Diversion service
- a description of the role of partner agencies
- referral criteria and processes
- dispute resolution procedures, including escalation processes
- monitoring and review arrangements.

Checklist

Services should ensure they are doing the following: -

- Identify gaps within the Liaison and Diversion team
- Provide a multi-agency approach to address the range of vulnerabilities
- Establish clear referral pathways to other related service