Criminal Justice Liaison Services in Wales
Policy Implementation Guidance

Date of issue: 29 January 2013
Action required: Responses by 12 March 2013
Overview
This consultation seeks views on draft national Policy Implementation Guidance to support Criminal Justice Liaison Services across Wales. You are asked to respond using the consultation questions proforma.

How to respond
The closing date for responses is 12/03/2013. Responses to this consultation should use the attached questionnaire either via post or e-mail to the following address:
Mental Health & Vulnerable Groups Division
Department for Health Social Services and Children
Welsh Government
Cathays Park
Cardiff CF10 3NQ
MentalHealthandVulnerableGroups@wales.gsi.gov.uk

When responding, please state whether you are doing so as an individual or representing the views of an organisation. If you are responding on behalf of an organisation, please make it clear who the organisation represents.

Further information and related documents
Large print, Braille and alternate language versions of this document are available on request.

Contact details
For further information, please contact:
Mental Health & Vulnerable Groups Division
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Data protection
How the views and information you give us will be used
Any response you send us will be seen in full by Welsh Government staff dealing with the issues which this consultation is about. It may also be seen by other Welsh Government staff to help them plan future consultations.

The Welsh Government intends to publish a summary of the responses to this document. We may also publish responses in full. Normally, the name and address (or part of the address) of the person or organisation who sent the response are published with the response. This helps to show that the consultation was carried out properly. If you do not want your name or address published, please tell us this in writing when you send your response. We will then blank them out.

Names or addresses we blank out might still get published later, though we do not think this would happen very often. The Freedom of Information Act 2000 and the Environmental Information Regulations 2004 allow the public to ask to see information held by many public bodies, including the Welsh Government. This includes information which has not been published. However, the law also allows us to withhold information in some circumstances. If anyone asks to see information we have withheld, we will have to decide whether to release it or not. If someone has asked for their name and address not to be published, that is an important fact we would take into account. However, there might sometimes be important reasons why we would have to reveal someone’s name and address, even though they have asked for them not to be published. We would get in touch with the person and ask their views before we finally decided to reveal the information.

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MINISTERIAL FOREWORD

Together for Mental Health, our new mental health and wellbeing strategy, highlights 9 out of 10 prisoners in Wales have a diagnosable mental health and/or substance misuse problem. Various reports, including Lord Bradley’s review (2009) of people with mental health problems or learning disabilities in the criminal justice system, have highlighted that while protection of the public takes precedence, prison may not always be the most appropriate place for people with mental ill-health or a learning disability.

A Criminal Justice Liaison Service (CJLS) can identify people in the police station and court who have a mental health problem, personality disorder, learning disability or difficulty and other complex needs. Individuals can then be signposted, and in some cases diverted, towards an appropriate service. Ideally, this should happen as early as possible in the criminal justice pathway, as the experience of custody can aggravate mental ill-health and heighten the risk of self-harm and suicide.

Together for Mental Health identifies the development of CJLSs in Wales as an area of progress in recent years. A CJLS of some description is in place in all areas in Wales and all have long-term funding. Together for Mental Health also identifies the benefits of co-ordinated, multi-agency working, which is vital for a CJLS to function effectively. However, implementation has been inconsistent as services have developed at different rates and further development is required.

I am therefore pleased to present this new Policy Implementation Guidance, which sets out the minimum levels of service required in all Local Health Board (LHB) areas, founded upon the principles and core functions which should underpin a CJLS. It is based on a survey of all LHBs by the National Leadership and Innovation Agency for Healthcare (NLIAH) and Public Health Wales (PHW), along with stakeholder workshops and will help us achieve the remaining priorities contained in the Secure Services Action Plan for Wales and support the delivery of Together for Mental Health.

Together for Mental Health also outlines efforts to improve mental health services which can support offenders with treatable conditions, including the new statutory provision under the Mental Health (Wales) Measure 2010. The Measure ensures expanded primary care provision and holistic Care and Treatment Planning in secondary care. This includes self-referrals to secondary services by former users of such services and increased advocacy access for both those subject to the Mental Health Act 1983 and in-patients receiving treatment for their mental health problems. Together for Mental Health also highlights the importance of improving services for co-occurring conditions, such as learning disability and substance misuse issues. Working Together to Reduce Harm, our ten-year substance misuse strategy, also identifies the need for improvements to the treatment options for Welsh prisoners across the prison estate and for improvements to the support available to offenders on release, particularly those with alcohol problems.
Effective screening, assessment and appropriate referrals are crucial to delivering effective early interventions for individuals in the criminal justice pathway. Early identification can provide significant benefits, both economically and socially, across sectors. It can save resources by reducing future interventions required by criminal justice agencies and health and social services. It can improve public safety through improved risk and crisis management and reduce delays in courts and custody. It can also of course help improve the lives of the individual concerned, their families and their communities, and help break cycles of reoffending. Offenders need to be recognised as being part of a socially excluded population who are often from some of Wales’ most deprived communities, where health inequalities are stark.

The following document outlines the necessary service outcomes, performance monitoring and governance arrangements for CJLSs, which will be led by Mental Health and Criminal Justice Planning Groups (MHCJPGs). I expect MHCJPGs to report to the local mental health partnership boards, who will in turn provide annual reports to the new Mental Health National Partnership Board to ensure CJLSs are working effectively.

Lesley Griffiths AM
Minister for Health and Social Services
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PART I: CONTEXT

INTRODUCTION

1. A detailed survey of mental health and criminal justice liaison and diversion services available to adults was undertaken in 2011 by the National Leadership and Innovation Agency for Healthcare (NLIAH) and Public Health Wales (PHW). The survey revealed there are a number of extremely committed, capable and valued NHS practitioners and teams across Wales, delivering good quality liaison and diversion services in adult criminal justice settings. Without these services, their criminal justice partners would lack the advice and support they need to identify and manage people with mental health problems through the criminal justice process. Furthermore, without these services, the burden of unidentified and untreated mental ill-health within the offender population would probably be greater than is currently the case, with the associated risks poorly managed.

2. The survey found that while there is good service cover across Wales overall, the range and location of activity varies, with some areas having more comprehensive and integrated services in place than others. The sustainability of some services is also questionable, with dependency on individual practitioners and small teams operating in relative isolation. In half of the Health Board areas, there were no strategic or operational planning or management arrangements in place to support the development and delivery of services, although the position has since improved.

3. The absence of national guidance on the required functions of liaison and diversion services was identified during the survey as a factor in their piecemeal and differential development in Wales. This is not dissimilar to the position elsewhere in the UK, highlighted in various reports, most notably Lord Bradley’s review of people with mental health problems or learning disabilities in the criminal justice system (2009). This guidance is intended to address that lack of clarity by setting out the core functions and minimum levels of service required in all areas.

4. The majority of providers describe ‘liaison’ in the broadest sense as the primary function of their service i.e., liaison with criminal justice agencies, with community and hospital-based mental health and learning disability teams, and with providers of a range of other services such as drug treatment, social care, and housing. Although ‘diversion’ from the criminal justice system into health and social care is a potential outcome, this occurs in only some cases and is therefore seen as just that, an outcome rather than a primary function. It therefore seems appropriate to adopt, and encourage the use of, the generic title ‘Criminal Justice Liaison Service’ (CJLS) to describe the services in Wales.

5. This guidance covers services for adults only. A comparable exercise for youth justice services will be undertaken, as it is recognised liaison and diversion activity for children requires a different approach to adults. Guidance will be issued on completion of that work.
BACKGROUND

6. The majority of individuals in contact with the criminal justice system come from some of the most deprived social groups, communities and areas in Wales, and are amongst the most unwell people in our population today. The population in custody has soared in the last decade, and a significant proportion of those who end up in prison have a mental health and/or substance misuse problem, learning disability or learning difficulties.

7. As individuals pass along the criminal justice pathway, opportunities present themselves for interventions and support which may have a positive impact upon their mental health and wellbeing. Success in addressing mental health and other related problems is likely to be more effective if a whole system approach is taken, i.e., effective collaborative working across health, social care, criminal justice and other relevant services.

8. The Home Office published guidance in 1990 (Circular 66/90) on the establishment of a working relationship between courts, criminal justice agencies and health and social care services. The guidance outlined the policy that, wherever possible, mentally disordered offenders should receive care and treatment from health and social services.

9. This policy was supported by the Reed Report (1992) which recommended there should be nationwide provision of properly resourced court assessment and diversion schemes.

10. In 1995, a further Home Office Circular (12/95) was published as a supplement to Circular 66/90. The new Circular focused on inter-agency working to “make the most effective use of available resources and so as to ensure that those suffering from mental disorder receive care and treatment from the health and social services whether or not [criminal] proceedings are brought.” It recommended the following key elements should be reflected in inter-agency arrangements if they were to be effective:

- Local services planned and developed on the basis of clearly assessed local needs.
- Agreed and clearly defined participation by all local criminal justice and health and social services interests, and involvement by those at a level high enough to determine policy and commit resources.
- Each agency to develop an understanding of the framework, ethos, priorities and constraints according to which other agencies operate.
- A system of recording information both within and between agencies should be set up to monitor the effectiveness of arrangements.
- Arrangements built into local plans, not dependent on specific individuals.
- The identification of the training needs of participants and the means to meet these needs devised, wherever possible, in collaboration with colleagues in other relevant agencies.
A nominated lead agency to (possibly) provide a vital co-ordinating role (inter-agency groups likely to benefit from agreeing a local co-ordinator from one of the participating agencies).

POLICY CONTEXT IN WALES

11. The policy position in Wales was set out in Improving Mental Health Services in Wales: a Strategy for Adults of Working Age (2001)\(^6\). It stated “effective local agreements need to exist between police, probation, health and social services to provide flexible arrangements for the urgent assessment of offenders with mental health problems in prison and in the courts.”

12. Key Action (38) of the subsequent publication, Adult Mental Health Services: a National Service Framework for Wales (2002)\(^7\) stated “there should be arrangements in place to support criminal justice services, including prisons and youth offending teams. Other provision should include diversion from custody and in-reach into prisons to ensure as seamless care as possible for offenders with mental health problems. There should be clear protocols to manage individuals who have a history of offending.”

13. Raising the Standard: the Revised Adult Mental Health National Service Framework and an Action Plan for Wales (2005)\(^8\) reiterated the above and set two related targets:
   - By March 2007, LHBs, local authorities and the police to establish mentally disordered offenders (MDO) operational planning groups within each police force area with clear multi-agency joint working protocols.
   - By March 2008, LHBs and local authorities to ensure effective court diversion arrangements were established across Wales.

14. In July 2011, the Welsh Government wrote to LHBs and all relevant agencies requesting Mental Health and Criminal Justice Planning Groups were re-established. Home Office Circular 12/95 and general advice were attached as a reminder of the requirements\(^9\).

15. The Welsh Government published Together for Mental Health\(^10\) in October 2012. This age-inclusive 10-year strategy sets out the future policy direction for people with mental health problems, including those with co-occurring conditions and individuals within the criminal justice system. Relevant actions are outlined in the Together for Mental Health Delivery Plan (2012-16)\(^i\).

IMPLEMENTATION OF POLICY

16. Since the publication of Home Office Circular 66/90, the only routine collection of information on schemes in England and Wales has been through surveys by the National Association for the Care and Resettlement of Offenders (NACRO), but these have now ceased. The surveys revealed the piecemeal way in which

Schemes have developed over the years. Various commentators - including Lord Bradley, the former Sainsbury Centre for Mental Health and Winstone & Pakes - have suggested this is due in part to the absence of nationally agreed guidelines for strategic and operational activities.

17. In 2005, the Office for Criminal Justice Reform commissioned the first of two literature views to establish the characteristics of effective practice in mental health delivery for those in the criminal justice system\textsuperscript{11}. Through these literature reviews the \textit{Mental Health Effective Practice Audit Checklist (MHEP-AC)}\textsuperscript{12} was developed. The checklist assesses seven key areas:

- Screening.
- Assessment.
- Facilitating access to mental health support.
- Information exchange.
- Multi-agency work.
- Liaison.
- Data collection and analysis.

18. The MHEP-AC was used to undertake, for the first time, a Department of Health commissioned audit of schemes across England in 2008.

19. As the MHEP-AC was utilised, both the \textit{Strategic Review of Secure Mental Health Services in Wales}\textsuperscript{13} and Lord Bradley’s review of people with mental health problems or learning disabilities in the criminal justice system were underway. Both reviews broadly concluded that early intervention - i.e. the screening and identification of individuals with mental health problems in police custody and courts - could play a significant part in de-escalating crises, managing risk, facilitating access to appropriate levels of mental health support, reducing delays in courts, and enabling courts to dispose of cases appropriately. They also concluded there was considerable variance in the range and quality of schemes which had been developed.

20. The \textit{Secure Mental Health Services Review} set out a number of strategic objectives relating to the delivery of services at the mental health and criminal justice interface. These have been carried forward into the \textit{Secure Mental Health Services Action Plan for Wales}\textsuperscript{14}. One action was to establish the availability and range of liaison, assessment and diversion services provided by LHBs via a stock-take/gap analysis.

\textbf{CURRENT PROVISION}

21. As the survey revealed, overall the picture in Wales is encouraging. All areas have a criminal justice liaison scheme of some description in place, and, significantly, all have long-term funding. With rare exceptions, the services are mainstreamed within LHB mental health service provision. The target in the \textit{(revised) Adult Mental Health National Service Framework (2005)} has therefore been
achieved. However, in the absence of explicit guidelines on the role and remit of services, they have developed at different rates and in different ways, resulting in inconsistencies in service provision across Wales.

22. The aim of the early schemes was ‘diversion’ - i.e. from court and custody into hospital care - for those with severe mental illness. In some areas schemes have expanded into more flexible ‘liaison’ services, with or without the direction and support of multi-agency planning groups. This has clearly been an evolutionary process for some, with committed, innovative front-line staff and their managers responding to unmet need at lower thresholds and requests for information and advice at other stages in the criminal justice process, most notably police custody, and probation pre or post sentence.

23. One of the problems inherent in non-strategic development is that it can place unrealistic expectations on practitioners. If they also operate in relative isolation, in the absence of agreed local policies and protocols, the effectiveness of services will be dependent on their networking relationships. All of this raises questions about service sustainability.

24. It is also impossible to arrive at an informed assessment of the value of the schemes in Wales given the focus on outputs, rather than outcomes of service provision in terms of data collection. Although the body of evidence is currently light, there is a firm belief in some quarters (the Bradley report, the former Sainsbury Centre for Mental Health\textsuperscript{15} and Winstone and Pakes\textsuperscript{16}) that criminal justice liaison schemes can deliver benefits including:

- Reductions in future use of mental health services.
- Reductions in risk and enhanced public safety.
- Reductions in offending.
- Reductions in use of custody.
- Reductions in court delays, and
- Cost and efficiency savings.

25. In order to establish whether this is the case or not it will be necessary to refocus schemes on process and outcome measures rather than activity monitoring. In the longer-term this may well provide planning groups with better information on where to target limited resources.

EFFECTIVE PRACTICE

26. The limited evidence base for effective practice in the delivery of mental health services in criminal justice settings has been enhanced in the UK in recent years by the work of Jane Winstone and Francis Pakes (2006, 2007, 2009), who undertook two literature reviews and developed the MHEP-AC. They conclude “a single bastion of best practice does not exist”, but suggest areas of identified effective practice linked to process and structure as follows:
**Process**

(a) Information sharing linked to protocols which are based on a shared philosophy and goals linked to multi-agency provision.
(b) Shared documentation with multi-agency partners.
(c) Inclusive referral and pro-active screening, assessment and diversion policy linked to training.
(d) Clear role descriptions and boundaries.
(e) Responsiveness to local needs and the local population profile.

**Structure**

(a) Effective leadership through the involvement of a multi-agency steering group which meets regularly.
(b) Protocols and training to support Mental Health Act 1983 Section 136 and other inter-agency arrangements.
(c) Liaison and diversion linked to secure funding arrangements and good information exchange protocols (or Service Level Agreements).
(d) Adequate staffing and access to appropriate professionals and services.
(e) Periodic review of practice and multi-agency training to inform continuous professional development.
(f) Focus upon both direct outcomes, e.g., reduction in frequency and seriousness of offending linked to better management of mental health needs, and indirect outcomes, e.g., improvement in social exclusion factors such as housing and community involvement.15

27. The MHEP-AC audit in England in 2008 (as reported via the Bradley report) concluded, broadly, that strong and sustainable schemes are larger, have a secure budget over the long-term, are joint-funded, have an active steering group and a development plan, and see larger numbers of clients. To elaborate on the first point: schemes with sufficient resourcing to provide full weekday coverage of courts were more effective than those providing partial coverage; schemes providing police-station-only or multiple site coverage, i.e., police station, court and probation premises, performed better than court-only schemes.

28. With the exception of the issue on joint funding, these findings are consistent with the findings of the stock-take/gap analysis in Wales. Combined with the literature review, they provide a useful basis on which to develop guidance to support and optimise effective practice in Wales. It is likely that developing more effective criminal justice liaison services in Wales will improve the overall care pathway for offenders, including the high morbidity in prisons, and thus the total health burden within the community to which most offenders return.
PART I: GUIDANCE
UNDERPINNING PRINCIPLES

29. A Criminal Justice Liaison Service should be provided to all who come into contact with the criminal justice system regardless of offence, ethnicity, nationality, language spoken, age\textsuperscript{ii}, sexual orientation, religion, disability or social background.

30. The approach to service delivery should recognise the individual and complex needs of offenders with a mental disorder and/or learning disability, and should be responsive and non-discriminatory.

31. The rights of service users to make independent, informed decisions should be upheld.

32. The Service should promote acceptance and social inclusion for service users who have offended in order to create greater understanding of the needs of this group within mainstream service provision.

33. Although the main provider of Criminal Justice Liaison Services will be the Local Health Board, a collaborative, multi-agency approach to the planning and delivery of services should be adopted in order to meet the needs of service users.

34. Service users should be involved in the on-going development and evaluation of services.

PURPOSE AND FUNCTIONS

35. The primary purpose of a Criminal Justice Liaison Service is to provide for the identification and assessment of a mental disorder and/or learning disability need as early as possible in the criminal justice pathway. Early intervention can inform subsequent decision making about how and where an individual might best be treated and managed, with due regard to public safety, safety of the individual, and punishment of an offence.

36. The primary function of a Criminal Justice Liaison Service is to ensure the most appropriate decision on service needs is routinely made through liaison and consultation between health, social care and criminal justice services. A liaison service should not exist exclusively to identify individuals requiring diversion from the criminal justice system to health and social care services. In broad terms, a liaison service should be considering three possible options:

- An individual has a need most appropriately met by health and social care services outside of the criminal justice system.
- An individual has a need best met by a joint response from health, social care and the criminal justice system.

\textsuperscript{ii} Existing service provision covers adults in the main. Provision within youth justice services will be reviewed during 2012/2013 with the aim of ensuring that this principle can be upheld in due course.
• An individual has a need best met by the criminal justice system.

37. The service should work with a range of mental disorder and/or learning disability need, and not just intervene with those identified as having a serious mental illness. This will require the development of links to primary care and local authority services, as well as secondary care and specialist services, and a wide range of other statutory and non-statutory agencies.

38. The following are the core functions of a Criminal Justice Liaison Service which should be available across all areas in Wales:

- **Screening and Assessment** of detainees (including Mental Health Act 1983 section 136 Place of Safety) and defendants in police custody suites and courts with needs relating to a mental disorder and/or learning disability.

- **Collection, collation and appropriate management of clinical information** from current and previous contacts with mental health services and other providers to inform assessment.

- **Sharing of information** pertinent to assessment of need, and risk of harm to self and others with health, social care and criminal justice services (including prisoner escort and prison services) who have a role in the immediate and continuing care of the individual.

- **Provision of advice and guidance**, verbal and written, to police, Appropriate Adults, Crown Prosecution Service, defence solicitors, courts and probation staff to inform decision making regarding prosecution, detention and sentencing, and management of community sentences.

- **Signposting** to, and liaising with, other services, e.g., drug and alcohol treatment, housing, welfare benefits, self-help groups etc for those not requiring access to mental health or learning disability support and services.

- **Facilitating access and referrals** to primary, community and in-patient mental health and learning disability services for further assessment and treatment, including the provision of psychiatric reports commissioned by the courts. This includes those adults eligible for re-assessment by secondary care services under Part 3 of the Mental Health (Wales) Measure 2010iii.

- **Facilitating transfer arrangements to other services**, e.g., in-patient units, once diversion decisions have been made.

39. The above is not a definitive list of functions as there may be operational reasons for locating some interface activity elsewhere in services, e.g., Community Mental Health Teams, Community Forensic Teams, and Community Learning Disability Teams. It will be a matter for the Mental Health and Criminal Justice Planning Groups to determine the appropriate service model for their area.

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iii Information on the Mental Health (Wales) Measure, including Code of Practice and training resources, can be found at: [http://wales.gov.uk/topics/health/nhswnes/healthservice/mentalhealthservices/measure/?lang=en](http://wales.gov.uk/topics/health/nhswnes/healthservice/mentalhealthservices/measure/?lang=en)
40. Nevertheless it is important these other functions are not overlooked, and any review of services following publication of this Guidance should have regard to the following:

- **Provision of, or contribution to, the delivery of multi-agency mental health and learning disability awareness training** for criminal justice and other agency partners, with additional focus on the local context, configuration of services, and access routes/referral criteria
- **Provision of support for Multi-Agency Public Protection Arrangements**, e.g., attendance at, and/or coordination of attendance by health at Multi-Agency Public Protection meetings
- **Provision of assessments in probation settings** including approved premises
- **Provision of advice and support to prisons in release planning for those in custody**, e.g., liaising with mental health service providers, social services and primary care services in support of the resettlement of the offender.

41. For those areas providing Mental Health In-Reach Services to prisons it may be useful to consider whether the functions of that service could be combined with those of a Criminal Justice Liaison Service to provide a single service spanning the offender pathway.

42. It is **not** a function of Criminal Justice Liaison Services to assess detainees in police custody as fit or otherwise for detention and/or interview. The responsibility for these functions rests with the forensic medical services currently commissioned by the police. It is clearly in the interests of all parties, not least detainees, for forensic medical service providers and Criminal Justice Liaison Services to develop effective communication and supportive working relationships to avoid duplication of effort, achieve consistency in approach, and to minimise delays.
43. The Welsh Government does not seek to impose a single delivery model for Criminal Justice Liaison Services, as a ‘one size fits all’ approach would not meet local need. There is a need to address the current disparity in provision between and within areas which can result, for example, in a defendant’s access to a Criminal Justice Liaison Service being determined by the day on which their case is listed in court, especially if that is a normal busy listing day.

44. It is not practicable to have a dedicated Criminal Justice Liaison Service available 24 hours a day, 7 days a week. What is required, outside core operating hours (usually 09.00 – 17.00, Monday to Friday), is a clearly defined ‘out of hours service’ which can be made available to criminal justice agencies and especially the police. In defining this ‘service’ it will be important to agree criteria for requesting assistance, and to provide either a single point for initial contact, or clear information about who should be contacted and in what circumstances.

45. To achieve the most effective and efficient use of resources through the core operating week, Mental Health and Criminal Justice Planning Groups will need to identify likely peaks of demand in terms of numbers requiring screening and assessment (proactive or on referral) and the locations. In most areas it will be unrealistic to expect a continuous presence in every custody suite or court, but there may be times when routine attendance is needed.

46. A simultaneous presence within both custody suites and courts may well be desirable at peak times, but for service providers the option may be one or the other. In whichever location is preferred, there should be a reliable means of contacting a member of the Criminal Justice Liaison Service from the other. How this might be achieved will depend on local resources and geography, but it is important resources are targeted at the earliest points of possible intervention in order to realise the greater benefit. The planned reductions in the number of police custody suites and courts across Wales may ultimately be helpful in decisions regarding deployment.

47. **This guidance therefore sets the minimum level of service provision at the screening and assessment of people in custody and courts, and the consequent actions flowing from that activity, e.g., signposting to and liaising with other services, the sharing of information, and the provision of advice as appropriate.**

48. In setting this minimum level, it is recognised that the ability of the screening procedure to identify cases will depend in part upon the intensity of the screening procedure adopted, and whether or not screening is undertaken proactively, i.e., involving all cases, or on referral from criminal justice or other services. This is a matter for Mental Health and Criminal Justice Planning Groups to consider with regard to available resources and the emerging evidence base, and there is potential scope here for evaluation of effectiveness of approach in due course.

49. Where resources permit, there may also be scope for undertaking assessments in probation settings (including approved premises) and for taking on community cases for short term work. If the former is not immediately viable, the
Criminal Justice Liaison Service should, as a minimum, act as a point of contact and advice for probation staff, and facilitate onward referral as appropriate to other services.

50. In order to deliver the minimum level of service described, it will be necessary to secure sufficient numbers of appropriately skilled staff to make the service effective. The composition of staff teams is a matter for local determination, but it may be helpful to consider if staff could be shared across Criminal Justice Liaison Teams, Prison Mental Health In-Reach Teams, Community Forensic Teams, and Community Mental Health Teams in order to promote communication, and prevent deskilling and burnout. As the survey in Wales revealed, the better integrated the Service with wider mental health provision, the more sustainable and streamlined the Service is likely to be.

SERVICE OUTCOMES AND EVALUATION

51. Mental Health and Criminal Justice Planning Groups, and Local Health Boards in particular, will want to satisfy themselves that the allocation of resources to Criminal Justice Liaison Services has proven benefits. As researchers have found, there is no shortcut to measuring service outcomes such as reduction in offending, risk of harm, court delays, use of custody, and future use of mental health services. If the value of these services is to be firmly established and inform future planning it will be necessary to move away from activity and input/output measurement alone.

52. Data collection to support evaluation of service outcomes will require multi-agency participation and may involve the tracking of individual cases through the criminal justice system, health and social care, and a range of other services. To measure the impact, especially in areas re-focusing provision in light of this guidance, it will be useful if not essential to ascertain a baseline. There are many potential targets for outcome and process measures, and Planning Groups may want to concentrate on a limited number in the first instance. Some suggestions are shown in Criminal Justice Liaison Services: Suggested Measures and Data Requirements (Appendix A).

GOVERNANCE ARRANGEMENTS

53. The majority of Criminal Justice Liaison Services in Wales (or their constituent parts) are currently 100% funded and provided by Local Health Boards. In governance terms, this formally places responsibility and accountability for these services within one organisation. However, as Winstone and Pakes (2007) found, the most effective schemes were those that had multi-agency leadership through a steering group or similar which also took responsibility for development of supporting policies and protocols, e.g., information sharing, Mental Health Act 1983 Sections 135 and 136.

54. With this in mind, the Welsh Government advises that the newly-reconstituted Mental Health and Criminal Justice Planning Groups should provide overarching governance of local services. This should include the following:
• Agreement (and regular review) of a *Statement of Purpose and Functions* for the local service(s).

• Development, agreement and review of *policies and protocols* (these may be developed at an operational level but require sign-off by the Strategic Group).

• Clear delineation of *roles and responsibilities*, not only of those providing the services, but also of key stakeholder agencies and their personnel.

• *Resourcing and service development plans*, including potential for development of joint-funded initiatives.

• Service *review and evaluation* against mutually agreed outcome and process measures.

REFERENCES


11. Mental Health Literature Review: Effective Practice – Prepared on behalf of the Office for Criminal Justice Reform by Jane Winstone and Dr Francis Pakes, October 2006


16. Provision of Mental Health Services to Individuals passing through the Criminal Justice System: A Qualitative Literature Review – Jane Winstone and Dr Francis Pakes, Office for Criminal Justice Reform, October 2009.
# ANNEX A: CRIMINAL JUSTICE LIAISON SERVICES – SUGGESTED MEASURES AND DATA REQUIREMENTS

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<th>PROCESS MEASURES</th>
<th>DATA REQUIRED</th>
<th>AGENCY LEAD FOR DATA</th>
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<tbody>
<tr>
<td><strong>1. Reduction in future use of mental health services e.g.:</strong></td>
<td>To be developed but broadly might include:</td>
<td>The tracking of individual cases through the system will be required</td>
<td>Probation Trust/Offender Managers</td>
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<tr>
<td>• Improved emotional well-being scores in OASys</td>
<td>CJLS contribution to OASys reviews</td>
<td>OASys scores on entry, during and at end of interventions and/or sentences</td>
<td>LHBs/Mental Health Directorates/CJLS/CMHTs</td>
</tr>
<tr>
<td>• Improved retention in treatment / fewer breakdowns</td>
<td>Timely face to face assessment/support</td>
<td>Audit of case records or individual case tracker</td>
<td>LHBs/Mental Health Directorates/CJLS/CMHTs</td>
</tr>
<tr>
<td>• Reduction in crises/acute presentation</td>
<td>Timely access to mental health services</td>
<td></td>
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<tr>
<td><strong>2. Reduction in risk and enhanced public safety e.g.:</strong></td>
<td>To be developed but broadly might include:</td>
<td>The tracking of individual cases through the system will be required</td>
<td>Police</td>
</tr>
<tr>
<td>• Reduction in arrest rates</td>
<td>Identification/intervention/diversion pre point of arrest</td>
<td>Number of arrests pre and post contact with CJLS</td>
<td>Police/Probation Trust/Mental health services</td>
</tr>
<tr>
<td>• Reduction in seriousness of offending</td>
<td>Effective risk assessment and management +</td>
<td>Record of offences pre and post contact with CJLS</td>
<td>Probation Trust/Mental health services/other health services</td>
</tr>
<tr>
<td>• Reduction in self-harm</td>
<td>Timely and appropriate interventions to reduce risk to self and others</td>
<td>Record of self-harm incidents pre and post contact with CJLS</td>
<td></td>
</tr>
<tr>
<td>OUTCOME MEASURES</td>
<td>PROCESS MEASURES</td>
<td>DATA REQUIRED</td>
<td>AGENCY LEAD FOR DATA</td>
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<td>3. Reduction in offending e.g.:</td>
<td>To be developed but might include quite a list of the functions of CJLS e.g.:</td>
<td>The tracking of individual cases through the system may be required</td>
<td>Probation Trust/Offender Managers</td>
</tr>
<tr>
<td>• Reduced actual re-offending rate for offenders supported directly or indirectly by CJLS</td>
<td>Screening, assessment, liaison, diversion, crisis resolution, interventions etc.</td>
<td>Predicted rate vs actual rate</td>
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<tr>
<td>4. Reduction in use of custody e.g.:</td>
<td>To be developed but broadly might include:</td>
<td>Baseline vs actual post implementation of S136 guidance</td>
<td>Police/CJLS</td>
</tr>
<tr>
<td>• Reduction in use of police stations for Mental Health Act 1983 Section 136</td>
<td>Implementation of effective local protocols and practices for S136</td>
<td>Baseline vs actual post implementation of CJLS guidance</td>
<td>Courts/Probation</td>
</tr>
<tr>
<td>• Increased use of community sentences (with/without MHTR)</td>
<td>CJLS contribution to PSRs and credible sentencing proposals</td>
<td>Baseline vs actual post implementation of CJLS guidance</td>
<td>Probation</td>
</tr>
<tr>
<td>• Improved retention in community sentence caseload</td>
<td>Support to Offender Managers for those at risk of non-compliance</td>
<td>Baseline vs actual post implementation of CJLS guidance</td>
<td>Probation/CJLS</td>
</tr>
<tr>
<td>• Diversion from breach</td>
<td>Flexible, workable joint responses in ‘at-risk’ cases</td>
<td>Baseline vs actual post implementation of CJLS guidance</td>
<td></td>
</tr>
<tr>
<td>• Diversion from custody (remand and sentence)</td>
<td>Diversion to treatment (in-patient or in community)</td>
<td>Baseline vs actual post implementation of CJLS guidance</td>
<td></td>
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<td></td>
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<td></td>
<td>Probation/CJLS</td>
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<td>OUTCOME MEASURES</td>
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<td>5. Reduction in court delays e.g.:</td>
<td>To be developed but broadly might include:</td>
<td>The tracking of individual cases through the system will be required</td>
<td>Courts/CJLS</td>
</tr>
<tr>
<td>• Reduction in inappropriate/unnecessary adjournments for mental health advice</td>
<td>Provision of advice/guidance from CJLS in Court</td>
<td>Baseline vs actual post implementation of CJLS guidance</td>
<td>Courts/CJLS</td>
</tr>
<tr>
<td>• Reduction in requests for psychiatric reports</td>
<td>Verbal or written reports from CJLS staff</td>
<td>Baseline vs actual post implementation of CJLS guidance</td>
<td>Courts/CJLS</td>
</tr>
<tr>
<td>• Increase in reports prepared by local service providers with access to treatment/beds</td>
<td>Reports prepared by local psychiatrists</td>
<td>Baseline vs actual post implementation of CJLS guidance</td>
<td>Courts/CJLS</td>
</tr>
<tr>
<td>6. Reduction in acute psychiatric morbidity in prisons e.g.:</td>
<td>To be developed but broadly might include:</td>
<td>Baseline vs actual post implementation of CJLS guidance</td>
<td>Prison health service providers/Mental Health services/In-Reach Teams</td>
</tr>
<tr>
<td>• Reduction in number of new receptions in acute phase of illness and not in contact/known to mental health services</td>
<td>Retention in treatment in community</td>
<td>Baseline vs actual post implementation of CJLS guidance</td>
<td>Prison health service providers/Mental Health services/In-Reach Teams</td>
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<td>Diversion to in-patient care at point of arrest/charge/from court</td>
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