

# Scoping the potential of Community and Voluntary Organisations to Deliver Criminal Justice Liaison and Diversion (CJLD) services

National Mental Health Development Unit

Final Report  
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# Acknowledgments

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# 1. Introduction

## Objectives

The National Mental Health Development Unit (NMH DU) commissioned GVA Grimley in May 2010 to deliver this project:

To scope the current national input and future potential of Community and Voluntary Organisations (CVOs) to provide or contribute to the delivery of Criminal Justice Liaison and Diversion (CJLD) services.

Specifically, the associated objectives of the commission is to establish a comprehensive understanding of:

- Existing CVO provision;
- Extent of untapped capacity for increased CVO involvement; and
- Specific capacity and challenges for CVOs in the provision of diversion and liaison services.

## Definitions

Throughout this report when we refer to 'offenders' we have adopted the Nacro definition<sup>1</sup> of offenders with mental health problems:

...Those who come into contact with the Criminal Justice System because they have committed, or are suspected of committing, a criminal offence, and who may be acutely or chronically mentally ill... It also includes those in whom a degree of mental disturbance is recognised, even though it may not be severe enough to bring it within the criteria laid down by the Mental Health Act 2007.

However, we also recognise that a number of offenders requiring support from CJLD services also have learning disabilities. When referring to those individuals, we have used the Government's Valuing People White Paper<sup>2</sup> definition, which defines learning disability as:

A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence) with:

- a reduced ability to cope independently (impaired social functioning); and
- which started before adulthood, with a lasting effect on development.

We have adopted the Bradley Report<sup>3</sup> definition of diversion:

...'Diversion' is a process whereby people are assessed and their needs identified as early as possible in the offender pathway (including prevention and early intervention), thus informing subsequent decisions about where an individual is best placed to receive treatment, taking into account public safety, safety of the individual and punishment of an offence.

We have adopted the following definition<sup>4</sup> for CVOs:

...registered charities, as well as non-charitable, non-profit organisations, associations and self-help groups and community groups, must involve some aspect of voluntary activity, although many are also professional organisations with paid staff. Community organisations tend to be focussed on particular localities or groups within the community, many are dependent entirely or almost entirely on voluntary activity.

## Methodology

Figure 1.1, below, illustrates the methodology used for the delivery of this project. This section provides more detailed information on each of the intelligence gathering stages in Phase B and Phase C.

## Phase B: Mapping Exercise

### Stage 2: Consultation with Key Partners

We consulted with 20 key partner organisations representing both the statutory sector and CVOs through a combination of face-to-face and telephone interviews. These discussions contributed to our understanding of existing levels of CVO provision, the potential for future provision, and the specific challenges that the sector faces in operating a CJLD service.

### Stage 3: Secondary Data Capture

This stage established mechanisms and email contact details for the distribution of two online surveys of CVOs.

We identified existing CJLD providers through the Nacro directory of criminal justice mental health liaison and diversion schemes in England and Wales, 2009 and also asked key partners to identify services for inclusion within the project.

We identified potential CJLD providers primarily through the use of contact details obtained from Guidestar Data Services. Guidestar is a leading provider of comprehensive information on CVOs including contact directories and data profiles on the sector.

Guidestar has the facility to search its contact directories according to specific (combinations of) keywords and other variables as required. This enabled random selection of 1,000 CVOs delivering services in the areas of mental health, learning disability, offenders, criminal justice, and substance misuse.

## Phase C: Synthesis and Analysis

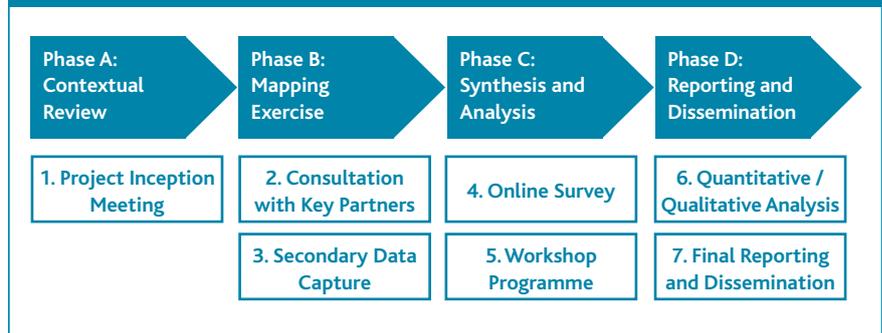
### Stage 4: Online Survey

Two online surveys were hosted on the Survey Monkey online platform which enables one-click access to the questions via a weblink. One survey was for existing providers of CJLD services and the other for potential providers.

The surveys were distributed directly via email to the contact details obtained in the previous stage. Both surveys started with a question establishing if the respondent was a CVO, which was particularly important for the survey of existing providers. Two email distributions were made to over 800 CVOs during an 8-week period to maximise response rates.

The survey links were also distributed through bulletins issued by the sector, including the CLINKS Light Lunch<sup>5</sup> and Navca E-Bulletin. They were also sent to the National Network of Women's Centres, as it was considered that they offer future potential in this area of service delivery.

Figure 1.1: Methodology



Details on the responses to the survey can be found later in this document.

### Stage 5: Workshop Programme

A programme of workshops was held to supplement the survey data with valuable qualitative information and explore the aims and objectives of the project in greater depth. A summary of the workshop programme is provided below:

- Statutory Sector – two workshops were delivered with a range of statutory sector representatives, in London and the North West.
- Expert Reference Group – an Expert Reference Group was convened to comment on the project's interim findings and provide additional intelligence to inform its recommendations.
- CVOs – workshops were held with CVOs in Birmingham and London with invitations extended to organisations which completed the survey. A total of 15 organisations attended these groups.
- Service Users – we consulted with 14 service users through workshops held in Birmingham and London. These individuals were identified through the National Survivor User Network (NSUN) through its established database of contacts. Individuals were selected on the basis of their involvement with the Criminal Justice System (CJS) and experience of mental health and learning disability services.

- Carers – a number of carers of offenders with mental health problems and learning disabilities were also identified by NSUN. A number of these individuals also work with established national organisations in advocating improved service delivery. We undertook five in-depth telephone interviews to explore their experiences of services.
- Nacro Conference – the interim findings of the study were presented at the 2010 Annual Mental Health and Crime Conference. This was an opportunity to host a workshop attended by 25 delegates to obtain further input into the work from a range of key partners from across the statutory and CVO sectors.

## Project Limitations

The project is a scoping exercise to provide NMH DU with an initial assessment of:

- Existing provision of CJLD services by CVOs in England; and
- The untapped potential for increasing CVO involvement in England.

CVO involvement in the project has been maximised through promotion of the survey via formal and informal networks, trusted intermediaries and sector publications in addition to direct mailing.

The outputs from this project should be viewed as an initial assessment which will support the development of future work in this area. Its findings should be treated as a snapshot of the potential that exists to develop CJLD services in the future, rather than a statistically significant quantitative assessment.

## 2. Setting the scene

Current provision of CJLD schemes in England and Wales was described in the Bradley Report as patchy and service quality, where services do exist, is variable. An overview of the various guidance and research that is available, for example GVA Grimley's recently published review of CJLD schemes operating in London<sup>6</sup>, suggests some consensus as to the structure and operation of the schemes and whilst evaluation studies are limited, a number of issues have been raised consistently.

The Bradley Report consistently highlighted the existing and future potential contribution of CVOs to "increasing capacity, patient choice and service innovation" in relation to CJLD programmes. Identifying CVOs' existing contributions to delivery and identifying the barriers to enhanced CVO provision and how they can be effectively addressed is critical. It also forms an important element of the developing providers workstream of the Improving Health, Supporting Justice Strategy.

The Bradley Report also highlighted that although many similar issues affect those with mental health problems and those with learning disabilities, there are distinct differences which must be understood and reflected. Here, there is a further potential role for CVOs with particular expertise in working with learning disabilities to support the delivery of more effective services.<sup>7</sup>

Following the Bradley Report, the Health and Criminal Justice Board progressed this work as a joint initiative between the Department of Health, Department for Education, Ministry of Justice, Youth Justice Board (which will be abolished under current proposals with its functions subsumed within the MoJ<sup>8</sup>) and the Home Office. The most recent publication from this group, Improving Health, Supporting Justice: The National Delivery Plan of the Health and Criminal Justice Programme Board was published in November 2009 and stated that:

To better ensure that the right treatment is given at the right time we must identify a person's health and social care needs as early as possible – and ideally before they offend. Prevention and early intervention (coupled with system reform to deliver better information sharing and close working between criminal justice agencies and the NHS – through embedding offender health in World Class Commissioning, for example) must inform our focus as we move forwards.

While this plan will be superseded by the emerging policies of the Coalition Government, it acknowledged the financial challenges associated with improving services and that no additional financial resources would be available. This pre-empted the recent cuts announced in the Comprehensive Spending Review (CSR)<sup>9</sup> and the need for efficiency savings, which can clearly be achieved through the preventative and early intervention measures advocated within the plan.

Within emerging policy, there will be a need to maximise these opportunities for improvement through system reform, better working practices and building on the capacity of the front line to innovate. The aim of the plan was to improve and re-focus existing services rather than create new structures. This has significant links to the current public sector efficiency drive and also presents the potential for a significant future role of CVOs in service delivery.

Many of the deliverables in the plan also require a robust analysis of the potential costs and impacts on existing services and the scope for the efficiency savings that are now required. Due to a growing body of evidence to support the economic and health benefits of CJLD services, their further development was a key recommendation of the document.

This deliverable has been recognised and embedded in emerging Coalition Government policy. The CSR recognises the need for a robust business case demonstrating the cost-benefits that can be generated through expansion of CJLD services. The CSR states that:

**The Government will also take forward proposals to invest in mental health liaison services at police stations and courts to intervene at an early stage, diverting mentally ill offenders away from the justice system and into treatment**

This potential further investment in CJLD services presents a significant opportunity for CVOs to increase their involvement in delivery. This is especially the case when considered alongside the Coalition Government's extensive proposals for 'Building the Big Society'<sup>10</sup> and the commitment to the establishment of social enterprise based models of public service delivery.

The Coalition Government is committed to supporting mutuals, co-operatives, charities and social enterprises and giving them greater involvement in the running of public services. There are a



number of closely linked initiatives that have the potential to enable CVOs to become further involved in the delivery of CJLD service provision and develop this so that it generates cost savings and efficiencies through earlier intervention.

The Cabinet Office has also recently announced the development of twelve Pathfinder Mutuals, which will be employee-led 'spin-offs' from the public sector to deliver services in a new and innovative way while driving efficiency and cost-savings. A key aspect of this proposal is evidencing outcomes in a robust way, including the cost-benefit of intervention. Given the potential for

CJLD services to deliver these savings, any future roll-out of the Pathfinder could offer the opportunity for existing services to develop this model of delivery.

The Ministry of Justice (MoJ) has also announced the Social Impact Bond pilot<sup>12</sup>. This investment model has particular relevance to CJLD services and will use new funding from investors outside government to help reduce re-offending. Investors will only receive returns on their investment if they reduce reoffending by a set amount. This payment by results model offers the opportunity for CVOs with the

ability to successfully deliver these services to develop a sustainable funding mechanism.

The commissioning of this study responds to the current policy context, however, we recognise that the future is likely to be a time of significant policy change and the direction in this area remains uncertain. Our work has therefore been designed to be flexible in its application and responsive to changes as they emerge, with the fundamental aim of improving service delivery for this vulnerable group of offenders.



# 3. Current CVO delivery

## What is the extent of CVO involvement?

Current delivery of CJLD services by CVOs is extremely limited. There are at least 100 CJLD services operating nationally<sup>13</sup>, but a very small number of these are CVO-led. The limited CVO provision is further illustrated by stakeholder experiences and the results of our scoping survey.

The survey of existing providers identified eight CVOs<sup>14</sup> delivering 17 services which were self-defined as CJLD provision. However, three of these were not delivered by CVOs and of the remaining 14; six were delivered by the same CVO. There is also considerable geographical variance; while there are at least six services in London delivered by CVOs, other areas have no provision, either statutory or CVO.

CJLD delivery is also not the sole area of activity for CVOs involved – in all cases it represents less than 10% of the organisation's turnover. Key additional services include: housing and accommodation, residential care, service user involvement and advocacy services – all of which are commissioned by public bodies. This demonstrates the synergies between CJLD delivery and other services a vulnerable individual may need.

**"I'm not sure whether our service strictly qualifies as a CJLD service" (Scoping Survey Respondent)**

A number of CVOs are delivering quasi CJLD services. The scoping survey and focus groups with CVOs have indicated that the definition of CJLD and its interpretation is changeable.

Some organisations, for example the MoJ Women's Centres, deliver services that are on the periphery of CJLD provision, particularly related to liaison with other agencies. Others enable diversion to other disposal mechanisms; for example, restorative time banking.<sup>15</sup>

## How has this changed?

During the last decade, it is perceived that the provision of CJLD services by CVOs has gradually increased. CVOs report that in recent years they have been taken more seriously by the statutory sector as potential providers of services to socially excluded and vulnerable groups. This is reflective of a wider shift to increased market accessibility for CVOs during this period.

Post-Bradley, the level of involvement of CVOs in CJLD service delivery appears to have accelerated further. Of the services that responded to the survey of existing providers, half have been established during the last two years. This is illustrative of a growing momentum in establishing services, in response to Bradley and the Corston Report<sup>16</sup>, and enabling CVOs to deliver them.

## What services do CVOs currently deliver?

The scoping survey of existing services illustrates that CVOs mainly deliver CJLD services at Magistrates Courts. Hours of operation are generally limited to office hours and weekday mornings – which corresponds with delivery in court settings – and there is no on-call service (which would be more applicable to delivery in police custody suites and within prisons).

Screening, assessment, report writing, signposting, referrals, liaison and information exchange and training and awareness raising are the main interventions that CVOs deliver as part of their CJLD service.

## How are CVO CJLD services perceived?

When questioned, CVOs themselves believe they provide a very effective CJLD service. They suggested that their organisations provide a more dedicated service as they have a fundamental interest and as a result, clients receive better access and outcomes. They also stated that they exist to serve their cause rather than provide a statutory or private service.

The scoping exercise has shown that service users may prefer to engage with CVOs. This is not related to the quality of service provided by a statutory body but that CVOs are viewed by service users as being more passionate about their cause. As a result, they are more responsive to need and unrestricted by institutionalised structures or bureaucracy, as may be the case in the statutory sector.

Linked to this, there is also a perception that compared to CVOs, mainstream services lack innovation and are focused on structures, monitoring and targets. The statutory sector itself, including commissioners, recognises this problem. In contrast, CVOs are more focussed on the needs of individuals and are more creative, which results in better outcomes for their service users.

CVOs suggest that they have the "ability to work across agencies and areas of need in order to provide a more holistic package of support" (CVO provider). For instance, while working within the criminal justice system,

they are also able to provide support with other issues around housing and lifestyle. This may be as part of an integrated service or through the ability of CVOs to liaise and make referrals through a network of organisational contacts.

Despite the perceptions regarding CVO delivery, the lack of evidence of their outcomes was consistently cited. All CVO services responding to the survey stated that they collect data on service activity levels and outcomes but there is more limited tracking of service user pathways. This gap in evaluation is key, but applies to any CJLD service, whether statutory or CVO led.

Value for money and cost-effectiveness is an area of debate in relation to CVO delivery. Many practitioners, both CVO and statutory, believe that CVOs offer better value for money and outcomes for service users. Others believe that this is no more than a perception: "the limited availability of appropriately qualified staff makes them appear cost effective" (Statutory CJLD Provider)

There is also a "perceived lack of professionalism [of CVOs by the statutory sector]" (CJLD CVO provider). This relates to skills, governance and accountability arrangements which may be better developed in statutory services but are also believed to constrain innovation abilities.

**"It's [CJLD] possibly one of the few areas where CVOs are limited in their ability to deliver. Statutory services have the skills, accountability and governance to deliver the assessment and diversion in conjunction with the criminal justice system. CVOs have a significant role to play in the support and recovery of offenders in the medium to long term."** (CJLD Statutory Provider)

### What good practice exists?

In an area of work with limited evidence of outcomes, it is useful to identify examples of good practice in CVO provision of CJLD services. In addition, there are examples of statutory-led services that engage effectively with CVOs, and instances where the involvement of CVOs in local strategic structures enhances provision of services.

South London and Maudsley NHS Foundation Trust in conjunction with Together<sup>17</sup> has integrated its provision of CJLD services at Camberwell Green Magistrates Court in London. This service has been significantly enhanced by this partnership and has resulted in an engagement model. Screening of prisoner records have resulted in a reduction in the number of psychiatric reports requested by the court and the daily presence of a practitioner in court to build relationships with staff and offenders. The development of a single operational protocol between the organisations is now in progress.

Nacro has identified a positive and proactive approach to collaborative working within a CVO-led scheme that could be replicated, provided by the Elmore Team in Oxford<sup>18</sup>. A practitioner from this agency summarised their approach as follows:

**'If you work with different clients you need to build and maintain relationships so that these organisations are more likely to take your referrals. This involves visiting projects, understanding their criteria, being seen as a resource and respecting and assisting the project.'** (Nacro)

Nacro has also identified strategic forums where CVOs can increase their involvement in the area of mental health. Sheffield Transcultural Team hosts a transcultural interest group on the third Monday of each month. This is open to all people working locally who are interested in mental health issues or working with BME communities. Practitioners from any discipline can attend to share practice and exchange ideas. This well-regarded initiative is linked into Sheffield Health and Social Care Trust and has positively helped other services develop their own response to BME service users.

The Warrington Criminal Justice Liaison Scheme has been delivering integrated liaison and diversion services in partnership with police, courts, probation and social services since its inception in 2001. The service takes advantage of geographical proximity of its partners to successfully deliver rapid multi-agency assessments of offenders with mental health problems. For example, the scheme's offices are located at Wakefield House in Warrington which also accommodates

the Assertive Outreach Team. The Gatehouse Assessment Centre is located on the same estate and both Warrington Police station and the Magistrates Court are a short distance from the scheme's headquarters.

### Can we learn from youth crime diversion activities?

Whilst this scoping study focused on adult liaison and diversion provision, there are a number of initiatives currently taking place in youth justice that are potentially informative. In addition, the online survey demonstrated good links between the CVO respondents and their local Youth Offending Teams (YOT); see Figure 4.2 below.

The Centre for Mental Health is currently leading on the delivery of six Youth Justice CJLD pilots. One is led by a CVO that won a contract ahead of the local CAMHS service. Outcomes to date show that the CVO is better at using the range of resources available outside of the YOT setting than the five other statutory-led services. However, its networking and negotiation skills with the statutory services are less well-developed and this is an area requiring further work.

An interview with the Youth Justice Board identified a number of examples of CVO involvement with Triage schemes operating in Police custody suites. The Triage services involve (YOT) workers undertaking rapid assessment to see if the young person is known to statutory services. To supplement the YOT workers coverage CVOs have been commissioned, for example:

- Firstly, the commissioning of CVO organisation Catch 22, to provide cover for YOT workers and ensuring 24/7 provision of Liaison and Diversion services in Custody suites.
- Secondly, the commissioning of organisations running Appropriate Adult services – who are familiar with the custodial environment to provide a role in the Triage service.

### Is there potential to expand?

The survey identified considerable potential for existing CVO CJLD providers to expand their delivery. Respondents consistently report that demand for the service constantly outweighs capacity with a requirement for additional staffing resources due to waiting lists. Larger CVO-led services screen in excess of 1,000 individuals per year despite this latent demand and all services report additional demand for CJLD services in their area of operation.

The main gap in service provision offering the greatest potential for expansion is for offenders with mild to moderate mental health problems who

fall below the threshold of statutory intervention. There is a strong view that the lack of services for this group results in a revolving door of individuals through the criminal justice system as they do not receive the required services. CVOs have significant abilities to address this through their expertise in providing holistic service provision. The dearth of provision for offenders with learning disabilities is also a significant area for expansion.

Funding is the key issue that constrains both current service delivery and expansion. Five of the services responding to the survey have less than one year's funding secured which limits forward planning and sustainability.

CVOs state that they need strategic support to access funding and believe that strengthening partnerships and consortia with both CVOs and the statutory sector would be of benefit to services.

The effect of the current public spending climate is uncertain and attracted considerable debate amongst all those consulted with. Some believe that a situation could emerge where funding is withdrawn for the commissioning of this type of service and that this will result in a contraction of CVO involvement. Others believe that the cuts will fall within the statutory sector and therefore CVOs will fill the void if this situation arises.



## 4. Untapped potential

### What is the extent of untapped potential?

The potential clearly exists for CVOs to increase their involvement in CJLD service delivery. Our survey of potential CJLD provider organisations resulted in 70 responses. The majority of these operate in the areas of mental health and/or learning disability and/or the criminal justice system, are funded by local authorities or by the NHS.

Of significance, 32 of these CVOs would be interested in establishing a new CJLD service if resources were available. 14 of these have links to organisations currently delivering a CJLD service and believe that they have the capacity to enhance its delivery. This potential expansion of partnership working and consortia is an important finding.

It is significant that almost 50% of respondents to the survey demonstrate this interest in delivering CJLD service provision. This finding must be taken in conjunction with the fact that CVOs also reported that CJLD is not a well-known term and that they may not realise their fit with this area of work. This is demonstrated by the finding that a number of CVOs are delivering quasi-CJLD services and could therefore formalise their provision in this area rather than operating at its periphery.

### Do CVOs deliver quasi-CJLD services?

The scoping exercise identified a number of CVOs delivering quasi-CJLD services related to housing and accommodation, substance misuse, and financial support. This links back to the lack of firm definition and interpretation of CJLD which was highlighted in the scoping survey and focus groups with CVOs.

There are varied perceptions about the target group for current CVO-led CJLD services. Stakeholders perceived that this is focused on moderate mental health problems but experts and those directly involved in service delivery report the opposite. They suggest that CVOs work with statutory mental health services at their delivery site and due to the issues of threshold access to services, there is a focus on more severe problems.

It is therefore suggested that the gap in delivery relates to individuals with mild and moderate problems. This group may not otherwise access a service due to thresholds and may present a potential target group for future CVO involvement.

### Why do CVOs believe they can deliver CJLD?

**"Because we have been working at the edges of this service for many years and feel we know have the knowledge, experience and capacity to formalise this." (Potential CVO Provider)**

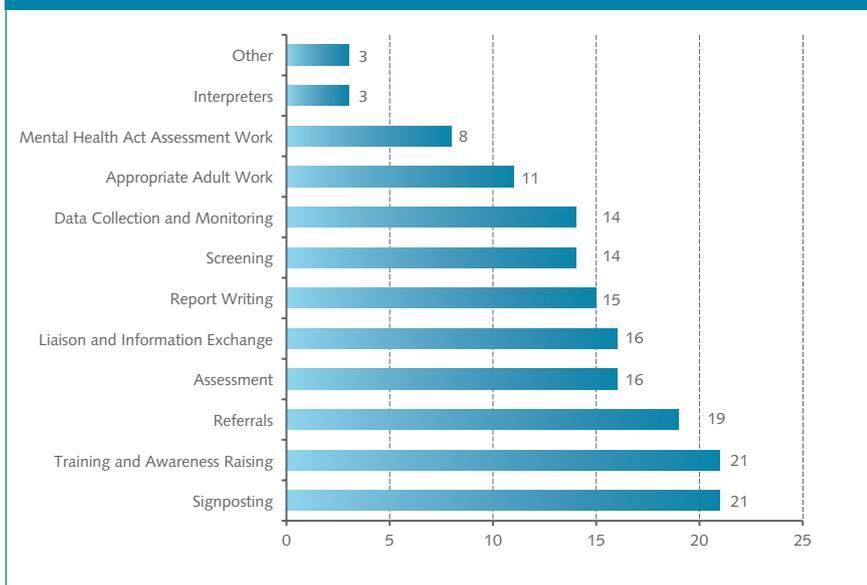
CVOs believe that they bring a number of advantages and strengths to CJLD service delivery. These are very similar to the perceived strengths of current CVO-led CJLD services and can be summarised as follows:

- Service-User Focused – provides a service that is shaped from personal experience and providers have empathy with users.
- Efficiency – organisations are focused on outcomes for users and are not overly bureaucratic or target driven.

- Independence – CVOs have greater ability to engage as they are not perceived as a statutory body with associated powers.
- Holistic – the ability to work around the individual and meet multiple needs rather than address problems in isolation.
- Responsive – CVOs respond to the needs of a service user in a flexible way which limits delays in provision.
- Innovation – developing new and innovative ways to address the needs of service users is a key characteristic of CVOs.
- Engagement – the ability to reach and engage with groups that the statutory sector may find difficult to involve in services.
- Partnerships – established referral networks enable users to be effectively signposted to other provision to meet needs.
- Local Knowledge – CVOs can identify service users as they are community-based and add social value to their localities.

**"Because of our knowledge and extensive contact with the client group; our existing contacts with local and specialist support providers; our capacity to deliver effective and quality services and to establish services across regional and national areas and our framework of national and local policies and systems to support and record effective outcomes." (Potential CVO Provider)**

**Figure 4.1: If resources were available, please indicate which of the following interventions you could provide if you were to establish a new CJLD service.**



## Is there capacity to deliver specific services?

The current services delivered by CVOs responding to the scoping survey have relevance to those that are either delivered within CJLD services, or from organisations to which service users are referred. This further supports the notion that there is potential for further involvement and that a number operate on the close periphery of CJLD provision.

Key services provided by the survey respondents include: mental health care and advice services, offender care and advice services, counselling and psychotherapy services, outreach support for vulnerable adults, supported accommodation, education, training and employment support and community alcohol and drug treatment services.

Organisations state that they have the capacity to expand these services if they were to establish a CJLD scheme and could deliver the services illustrated in Figure 4.1 as an integral aspect of this provision.

Figure 4.1 shows that CVOs believe that they have the capacity to deliver a number of interventions that are integral to CJLD services. Training and awareness raising is an important area for CVOs as it has income generating potential; for example, the delivery of mental health and learning disability

training for CJS practitioners, potentially with the involvement of service users.

In addition to these specific CJLD-related interventions, CVOs also have the capacity to facilitate access to positive and purposeful activities. This applies to those with mental health problems and learning disabilities who are offenders and non-offenders. However, for the former, this is important for the post-custodial release period or as a diversion and/or alternative disposal tool.

One useful example of this to emerge from the project was a restorative approach through community volunteering and time banking. The development of former service users volunteering to act as peer mentors can also be facilitated by CVOs. These additional, non-clinical related services offer significant potential, and must also be considered within the scope of the future development of this work.

## At particular points of the offender pathway?

The project has shown that CVOs have the potential to work at every stage of the offender pathway as long as they are efficient, engaged and integrated with other services. However, there are a number of complexities associated with operating at different stages according to their specific characteristics.

Figure 4.2 illustrates the organisations with which CVOs currently have existing links. It is interesting to note that while the majority of existing CJLD services are delivered in a Magistrates Court setting, the organisations with which non-current providers have the strongest links are the Probation, Prison and Police Services. These existing links represent significant potential for future collaboration and service development.

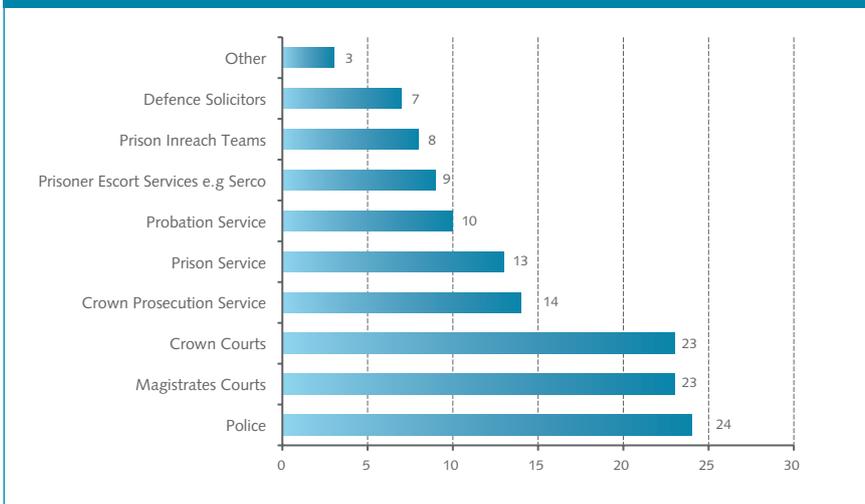
However, a comparison between Figure 4.2 and Figure 4.3 demonstrates the significant difference between having links with CJS agencies and actually delivering services within these settings. Figure 4.3 shows that a small number of organisations deliver services in a CJS setting and that the most common are Magistrates Courts and Police Stations. CVOs will therefore need to exploit their links with services and transform these to delivery relationships to increase their potential to deliver CJLD services.

The lack of working in these settings does not appear to present a barrier to CVOs. Figure 4.3 shows that a considerable number of organisations believe that they have the capacity to deliver in the majority of CJS settings. The key exception here is the Prison Service – despite the strength of existing links, CVOs believe that this organisation presents significant barriers as a delivery setting.

Early intervention at the police and court stages of the offender pathway appears to offer the greatest potential for CVOs to deliver CJLD services. This resonates with the principles of Bradley and there are examples of good practice in these areas. For example, the innovative women's Advocacy Service located at Bristol Magistrates Court.

In police custody, there is a significant belief amongst CVOs that they have an important offer in terms of early intervention. This can include the provision of a service-user advocacy and support role for offenders, the delivery of Appropriate Adult services, and the delivery of full screening and assessment services. Training for police custody staff, via service-user led organisations, is also considered as a potential and essential service.

**Figure 4.2: Do you currently have links with any of the following criminal justice sector agencies?**



**Figure 4.3: Do you currently deliver services at any of the following locations? If resources were available, at which of the following locations would you have the capacity to provide a CJLD service?**

Location	Currently Deliver Services	Capacity to Deliver CJLD
Magistrates Courts	8	18
Police Stations	7	15
Prisons	5	1
Crown Court	2	13
Mental Health Court	2	16

During the consultation programme a number of statutory bodies questioned the credibility of CVOs operating in a court. This is due to the inherent need for a statutory presence, for example in relation to the Mental Health Act. However, this issue appears to be less relevant in London where extensive provision has been delivered by Together in partnership with statutory bodies.

In courts, CVOs can also capture those below the statutory thresholds for intervention. The majority of offenders will have a less significant mental health problem and/or learning disability so a CVO can be more responsive to their needs.

Early intervention is also important given CVOs' community links. Joint working with neighbourhood policing is an important area and with the resources, CVOs could be a

referral point for officers who have concerns about a particular individual. There is also significant scope for prevention work within schools and neighbourhoods, reducing the likelihood of individuals being arrested, supporting referral to partner services, and potentially reducing the burden on the statutory sector later in the pathway.

### To specific target groups?

CVOs consistently stated, both through the survey and focus groups that they rarely work with any specific target group or deliver an exclusive service for them. However, three key findings have emerged that have implications for potential CVO providers:

- While operating a holistic service that is open to all, CVOs are able to deliver particular expertise in working with specific groups of individuals, for example women,

BME communities, or older people. The national network of Women's Centres is an important example of this type of provision that has the capacity to link with CJLD services.

- CVOs often specialise in the delivery of services to particular groups on a thematic basis – for example delivering services to homeless individuals, substance misusers, or those with learning disabilities or personality disorders. Supporting individuals with a dual diagnosis may therefore offer potential for CVOs to engage with CJLD services, either as a referral point or embedded within the service.
- The ability of CVOs to engage with particular hard-to-reach or vulnerable groups is potentially stronger than the statutory sector. This can relate to the empathy associated with service user involvement, cultural awareness, or a simple preference of an individual to engage with a non-statutory organisation. Flexibility of approach is another key factor in explaining CVOs' engagement strengths.

The potential for CVOs to deliver CJLD services is further demonstrated by the following profile of survey respondents:

- 33 organisations work with individuals with mental health problems;
- 22 work with offenders and/or ex-offenders;
- 19 organisations work with substance misusers;
- 17 organisations work with alcohol misusers;
- 14 work with individuals learning disabilities; and
- 13 with individuals with personality disorders.

This is an important finding as it demonstrates that in addition to having the credentials to work with particular community or thematic-based groups, CVOs also have capacity to work with the core client group for CJLD services. Such a track record is of significant importance to the commissioning process and will support increased CVO provision in the future.

## 5. Needs and Barriers

CVOs, both those that are currently delivering CJLD services and those that have the potential to do so, frequently cited a number of barriers to establishing and delivering these services. Needs, in terms of support and resources, were also frequently raised. It is significant that a number of these concerns were also reinforced by statutory representatives, who will play an important role in addressing them and enabling the future development of provision.

### Funding and resources

Our surveys of both existing and potential providers of CJLD services showed that the main constraint to their expansion and development is a financial one. This is closely followed by the availability of staffing resources, which is of course dependent on the availability of sufficient finance to employ staff of the calibre and expertise required for a CJLD service.

Access to funding is the main barrier but attracting it is co-dependent with other barriers highlighted in this section. For example, the ability to access the commissioning system drives funding availability, and in turn, this is driven by the credibility of the organisation and perceptions of it amongst statutory bodies. Simply allocating funding will therefore not be the single solution in supporting CVOs to deliver CJLD services.

The time-limited nature of many funding systems and the political cycle is recognised as a key problem for CVOs – both by the CVO sector but also by commissioners. A number of CVOs and commissioners highlighted a lack of service sustainability. In addition, it was reported that as a practitioner cannot be guaranteed a long-term job, the result is poor retention, knowledge drain and loss of individuals to the statutory sector. Commissioners believe that to successfully develop these services within the sector, a long-term strategic view is required.

**"I think there is a huge potential [for CVOs] to contribute to the delivery of CJLD services, however long term sustainability must be considered at the outset. For example, the recent money from the MOJ following the Corston Report has only funded some of these projects for 15 months. This is barely enough time to get things off the ground let alone monitor long term outcomes! Keep starting up new projects is just another waste of government money. The CVOs can do it cheaper but not for free!" (Potential CVO Provider)**

Current proposals for the Big Society are considered to offer potential for CVOs to deliver in this area with increased availability of funding but this view, held by CVOs and statutory bodies, is a cautious one. While CVOs are perceived to be able to deliver more cost-effective services, this should not be seen as the cheap option for commissioners.

There is subsequently a need amongst CVOs for recognition of the quality of services they are able to provide and the outcomes generated for service users when negotiating contracts. In addition, the principle of full cost-recovery should be employed and there is a need to recognise that volunteering-based provision, such as service user organisations, also have a cost attached to them in terms of management and administration.

**"CVOs are ideally placed to provide sensitive services to this vulnerable client group. It is essential that this provision is properly costed. Support for CVOs entering the field will require additional training and resources to fully enable them to achieve their maximum potential." (Potential CVO Provider)**

### Commissioning

Lack of knowledge of the commissioning system was one of the top three<sup>19</sup> barriers to developing CJLD service provision that were cited by CVOs. This problem may be compounded further by changes to commissioning practice, for example, the shift to GP Consortia arrangements, which may limit future provision of mental health services of this type.

Under the current arrangements, CVOs reported their perception that commissioners view the sector as not credible in the delivery of particular services. While CVOs recognise the need for large and high value contracts to drive economies of scale and scope, they also believe these are more difficult to navigate and that this stifles small-scale innovations within the sector that would ultimately benefit service users.

Commissioners recognise these problems and also cite the 'silo working' between health and the criminal justice sector as a problem in relation to CJLD. The fact that this service transcends the two sectors creates an additional layer of complexity in commissioning and a lack of local strategic direction for it.

Service specifications, according to commissioners, also need to become much clearer for providers and enable them to focus on the outcomes that they can deliver. This will improve accessibility for CVOs and address their perception that the 'usual private sector suspects' are able to win the prime contracts available. CVOs often complain about the problems associated with jargon and policies required to bid, and information days for potential bidders would help to resolve this problem.

This type of communication will be the driver for solutions and changed perceptions. CVOs believe that talking to commissioners is a major problem. One example related to a negative experience of service expansion negotiations with a commissioner who was not interested in considering any delivery of service to individuals below the Mental Health Act threshold. Raising the profile of CVOs amongst commissioners through involvement with strategic boards will begin to address these negative experiences and support CVOs in becoming a more equal partner in the process.

## Consortia

There are mixed views on the extent to which consortia arrangements can support CVOs in developing CJLD services. Operationally and strategically, consortia may offer significant benefits and address barriers – but there are also negative aspects which are highlighted predominantly by CVOs themselves.

Operationally, consortia can strengthen CJLD services. For example, a CVO with expertise in mental health and the CJS leading on the delivery of a CJLD service could bring in additional CVOs to deliver related provision. For example, this could include substance and alcohol misuse or housing and accommodation. This makes a service more holistic and for individuals with moderate problems, can address the 'revolving door.'

19 CVO organisations of the 32 interested in establishing a CJLD service believe that a consortium arrangement would be beneficial. Key perceived benefits include sharing learning and best practice, skills & experience, improving staffing capacity, and strengthened project management experience.

Consortia are also believed to address barriers associated with the commissioning process as they offer a significant opportunity for organisations to deliver the full specification. However, CVOs also expressed concerns regarding the practical delivery of consortia. These include the selection and role of the

lead agency and their responsibility in terms of the fair distribution of funds, sub-contracting arrangements, and the day-to-day practicalities of delivering within this type of arrangement.

There is also a strategic benefit to consortia arrangements. CVOs believe that by working together, they are able to present a stronger combined voice for change. Commissioners also believe that strategic consortia address the inherent competition between CVOs working in this area of provision - if they formed a consortium this would be a more powerful voice for their cause.

## Credibility and perceptions

CVOs believe that they face a range of negative perceptions from the statutory sector which limits their ability to deliver CJLD services. This has been demonstrated in relation to funding and commissioning and may limit the extent to which organisations enter this area of work. However, perceptions of the criminal justice system combined with credibility of working in this area may present additional barriers.

Working in the criminal justice system is an unknown for some organisations. For some, this may create a stigma due to pre-conceived ideas related to mental health and offenders. Large charities working in mental health and learning disabilities are not necessarily working within the CJS or are equipped to do so. The outward perception of the organisation is a key factor for CVOs if they are working with this group and may prevent diversification of provision in organisations that could do so.

Risk adversity may also prevent this diversification and relates to both image and finance. Significant numbers of CVO focus group attendees stated that they were unwilling or unable to finance the risk of diversifying into the delivery of this type of service. While some organisations may wish to work in this area but are constrained by these financial issues, others may have the skills but lack a willingness to diversify into working with offenders due to the image that mental health has a wider negative connotation.

CVOs and commissioners may be able to address problems associated with image through careful use of terminology. A focus on social exclusion and vulnerable individuals may be more appropriate than a direct focus on offenders and mental health, particularly for those CVOs providing a supportive role to a CJLD service and for which this is not a core area of work. This enables a transformation period and the establishment of a track record in CJLD delivery while managing the risk involved.

Track record of working with the target group or within the criminal justice system may limit access to contracts via the commissioning process. However, the project has demonstrated that this need not be a barrier for CVOs – if they are able to demonstrate that they can deliver a mental health or learning disability service in a related area and are delivering this to a high standard then access to the CJS should be enabled.

CVOs experience negative perceptions regarding their credibility and this could hinder new organisations. CVOs suggest that some clinicians will not work with CJLD services as it is perceived that CVO delivery undermines their role. Where success has been realised, this has been grounded in enabling clinicians to gain experience of the service and educating them to change these perceptions by demonstrating the value of CVO delivery.

## Information sharing and statutory agencies

CJLD services require good links with statutory agencies and access to a range of information on an offender in order to drive successful intervention and outcomes for that individual.

Figure 5.1, illustrates that CVOs with the potential to deliver CJLD services have relatively strong links with statutory agencies operating in the health sector. The most significant links are with Drug and Alcohol Services, Social Services and Primary Mental Health Services.

However, despite these links, access to the required information on offenders with mental health problems and/or learning disabilities, specifically health records, often presents a barrier for services. This is a problem for services that are delivered by statutory bodies, and these constraints will therefore be compounded further for CVOs and present a major barrier.

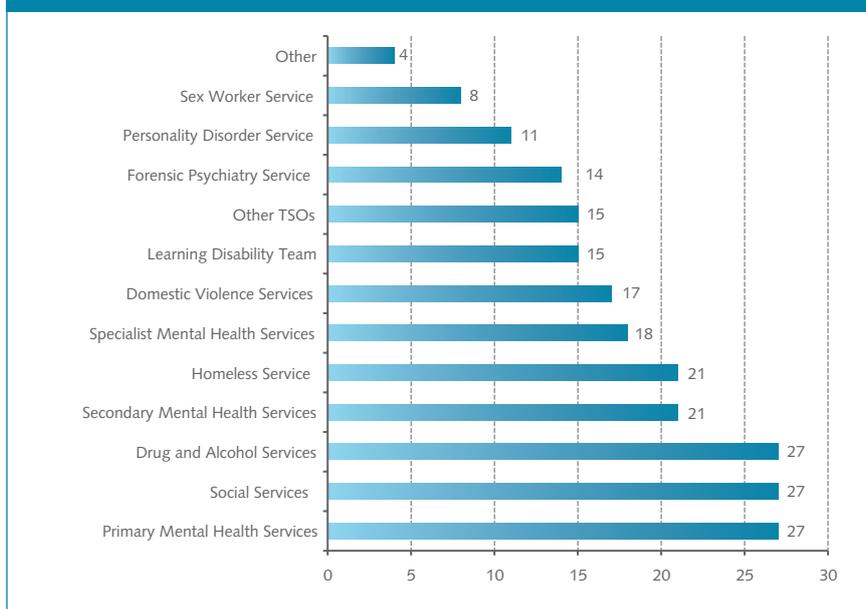
The use of a common language and ethos is critical if CVO delivery of CJLD is to be a success and these organisations are able to access information. The use of jargon, mystification of service requirements and multiple information sharing protocols all present a significant barrier to CVO delivery. CVOs also state that they are not seen as an equal partner, which limits information sharing and causes delays for those currently delivering services.

A common-sense approach which recognises CVOs as equal delivery partners is required, with simplified and single information sharing protocols. There is also a clear need for the right balance between the need for confidentiality of an individual's information and the level of risk associated with that individual. If risk is the primary factor, then this should outweigh confidentiality and information should be shared, subject to common protocols between organisations that recognise this.

Barriers also exist to CVOs accessing strategic and partnership structures and trying to change the culture is a major problem. One CVO delivering substance misuse interventions spent over one year trying to secure CVO representation and membership on a Prison Partnership Board and was faced with significant resistance in seeking to achieve this.

**"Would be interested to see this develop further in Manchester. In particular, we have been very frustrated at the apparent lack of progress in relation to implementation of the recommendations in relation to primary care mental health services in prisons and for offenders. We feel that our organisation could offer much in this area"** (Existing CVO Provider)

**Figure 5.1: Do you currently have links with any of the following health and social care agencies?**



## Performance management

While it is perceived that CVOs are able to deliver a high quality of service and contribute to the delivery of CJLD services, both the sector and statutory bodies recognise the difficulties faced in presenting evidence of the outcomes generated.

For CVOs, there is a view that a lack of commissioned funding for administrative functions and support reduces the extent to which they can effectively monitor and evaluate services. Currently, only half of potential providers collect data on service activity levels, service outcomes and service user pathways.

Commissioners support the view that a focus on core functions, outcomes and performance management will be the key defining factor for service delivery under the coalition government. There will be a core focus on outcomes and under the current budget constraints, a need to evidence cost effectiveness.

Both CVOs and statutory bodies also express concern about how emerging policies might affect the commissioning and monitoring of this type of service. There is significant debate regarding the practical application of the Payment by Results proposal and the extent to which it can be effectively applied to mental health services and the transfer of this financial risk to the organisation. Similarly, attribution of benefits and outcomes to a specific service will be a key problem and will require quantifiable evidence of post-sentence benefits in order for it to be a success.

**"The lack of long term sustainable funding for CVOs makes long term service delivery planning and monitoring very difficult"** (Potential Provider)

## 6. Service users & carers

Consultation with individuals with mental health problems and learning disabilities who have come into contact with the criminal justice system has added considerable value to the scoping project. Direct accounts of the first-hand experiences of this group, with the additional perspective of carers, is valuable to inform proposals for service improvements and how CVOs can support the delivery of CJLD schemes. The methodology for this stage of the project is detailed in Section One.

### Experience of statutory services

The individuals consulted with had all come into contact with statutory services provided to support their needs in the criminal justice system – although access to CJLD services was extremely limited, which further supports the national evidence showing the limited reach of these services.

While some examples of positive encounters were reported, experiences have largely been negative and in some cases traumatic for these individuals. While it must be acknowledged that an offender is unlikely to report favourably on the system, these views are valid and have therefore been reported on a thematic basis below:

- **Awareness** – awareness of mental health problems and learning disabilities throughout the criminal justice system is considered to be limited amongst frontline staff and experiences are very much dependent on the localised situation.
- **Understanding** – a lack of awareness of these problems results in a lack of understanding of the needs of the individual offender and can cause these to be overlooked or not taken into consideration through the CJS process. Where they are overlooked or not understood, this has negative implications for the individual's progression within the system and their personal outcomes.
- **Delays** – even if an offender does request help, this can be significantly delayed and is not in place when it is needed. For example, delays of up to two years in accessing Community Mental Health Teams (CMHTs) were reported even following a direct referral from a CJS agency or Social Services.
- **Vulnerability** – a lack of dedicated support can increase an individual's vulnerability in the system, intensify their mental health problem, and increase the occurrence of the continuous 'revolving door' cycle through the system.
- **Individual Influence** – where offenders reported access to services, they stated that this was due to the influence of an individual practitioner and their network of contacts rather than as a result of any systematic process.





- **Consistency** – there is no consistency between agencies or geographical areas in terms of the service received, its accessibility, or experiences of it. Where an individual receives a service in one area and is then moved, this may not be replicated elsewhere.
- **Staff Turnover** – this can have a negative impact on a vulnerable offender who may place trust in a practitioner who then leaves the service and may not be replaced immediately, or with a practitioner who has a full understanding of their situation.
- **Multiple Intervention** – it is a common experience for individuals to tell their story on multiple occasions to different practitioners representing a range of different agencies. Individuals stated that this makes them ‘numb’ to the emotion of often traumatic experiences and can intensify their problems
- **Individual Needs** – service users state that there is lack of understanding of very individualised needs and that they often experience a ‘tick-box’ and process-driven system that does not respond to their personal journey, experiences and circumstances, and subsequently does not meet their needs.
- **Information Sharing and Tracking** – it was reported that there is lack of information sharing between agencies an individual comes into contact with and this results in

multiple interventions and telling the story numerous times.

- **Co-Morbidity** – individuals with a dual diagnosis believe that practitioners prioritise the problem that is easier to treat rather than meeting the holistic needs of an individual.
- **Carers** – face significant difficulty in getting support and require advocacy to support them in accessing information due to confidentiality issues associated with records on the offender. Carers report ‘self-training’ in mental health problems due to the lack of statutory support available.
- **Medication** – offenders believe that statutory services are over reliant on medication rather than counseling and therapeutic interventions and it is perceived as the cheaper solution – but they believe that this does not meet their needs and a personal non-medicated intervention is also required.

### Offender pathway

While offenders and carers report the generic and cross-cutting experiences of statutory agencies that are highlighted above, there are a number of specific findings that relate to individual’s experiences at different points on the offender pathway. It is important that these are highlighted as they may have implications for how the future activities of CVOs within these different settings are developed.

Offenders report varied experiences of police custody and believe that this is highly dependent on the individual Custody Sergeant. Awareness of mental health problems and learning disabilities are considered to be the main issue, although pockets of good practice exist, for example a comprehensive training programme for officers in Brighton. This lack of awareness limits the availability and access to support within the custody environment.

There is a perception that this lack of awareness has two effects. An individual may spend 24 hours or longer in custody and this can increase their vulnerability and intensify their problems. A lack of information and understanding of the process and the need for advocacy support were frequently cited.

It is also considered that the police assume that the mental health problems will be dealt with at court. Therefore, provided sign-off is received from a Forensic Medical Examiner (FME), it is a common experience for the police to proceed to interviews and charge without consideration of the problem. Offenders also highlight the lack of diversion from the system at this early stage as a key problem.

Similar experiences of the court setting are also common, although it is recognised that more support may be available at this stage. However, experiences of mental health problems and learning disabilities not being taken

into consideration at court and a lack of support from court staff were cited as key problems. There is also a need for plain English information on the process and an individual's rights, and more direct access to this

For those offenders with experience of prison, remand is a significant problem due to the continuum of limited support from the police and court stages. This again further intensifies mental health problems for individuals and increases their vulnerability. The significant length of time spent on remand by some offenders further compounds this issue.

For those serving sentences in prison, it is believed that mental health services are poorly developed and that there is a significant over-reliance on prescription medication. As for police staff, there is a reported lack of understanding of individuals with mental health problems and learning disabilities and a significant need for further training and awareness raising to address this.

Post-release, a lack of release planning and delay in assessing an individual's mental health problem and/or learning disability is considered to compound the 'revolving door' issue. Service users are critical of the lack of support received by the Probation Service and the difficulties in accessing suitable support through referrals, although many report good experiences of work with Community Psychiatric Nurses (CPNs).

Accommodation is a key factor affecting individuals post-release – a number have experienced being released from prison with no source of income and homeless and so return to crime quickly. The availability of supported accommodation is considered to be very limited. Where alternative accommodation such as hostels are provided, individuals find that they are often located in unsuitable areas either far from sources of family support or in situations that result in them returning to their previous lifestyle.

## Perceptions of CVOs

There were conflicting views of the potential role of CVOs in delivering support for mental health problems and learning disabilities within the criminal justice system – experience of the services delivered by CVOs was also more limited than experiences of the

statutory sector provision. However, there was significant understanding of the potential role of CVOs and the advantages and disadvantages this would present them with as users.

One of the key areas where CVOs were considered to be advantageous was in an advocacy and supportive role. Service Users suggested that offenders are not honest with statutory services as they often do not know the professional involved or the lack of continuity means that they do not develop a relationship with them. As CVOs focus on the individual it was considered that they take problems into account and keep the service user informed of what is happening throughout the process.

**"People are suspicious of a friendly copper, especially if they have mental health problems but would talk more openly to an advocate from a CVO or a former service user" (Service User Focus Group Attendee)**

It should be noted that the statutory sector is considered to be just as good at providing the service but service users feel less threatened by CVOs. This perception of the service and the practitioners delivering it is important and CVOs have flexibility to work in a different way to make a service user feel at ease.

CVOs are also considered to have a role in supporting groups which may not engage with the statutory sector. One example given was members of the Muslim community who need support but do not access it due to the associated stigma of mental health and substance misuse particularly in BME communities. CVO delivery of outreach and preventative work also drives community and family involvement, which is critical to supporting offenders with these problems.

Service users also highlighted the negative aspects of CVO involvement. It was important that the statutory sector does not lose its responsibilities as a service provider and that provision is not removed in favour of CVOs that may be under-funded. Confidentiality and quality assuring services delivered by CVOs was also an important factor to ensure that this vulnerable client group receives the services required to effectively support them.

## Aspirations

The aspirations of service users in relation to future provision provide important information to shape CVO involvement and the design of services. These are summarised below:

- **Service User Involvement** – offenders want support from others who understand their situation and have experience of it – "empathisers not sympathisers." Mentoring and service user peer involvement is crucial to provide the "real not textbook support" desired by offenders. Service-user led CVOs have a clear role to play in delivering this type of support.
- **Continuity** – service users want a key individual to follow them through the process as part of a case management approach. This could be in an advocacy rather than professional role but would facilitate the information provision desired by offenders and the access to other professionals required as an integral part of the CJS.
- **Consistency** – where professional practitioner intervention is required, for example by CPNs, service users want consistency of care that is "persistent but not invasive." They also believe that by having two professionals involved, one from the statutory sector and one from a CVO, this drives consistency if one individual is on holiday in a crisis situation or leaves.
- **Training and Awareness Raising** – service users believe that mental health and learning disability training should be compulsory for all CJS staff and that this should be led by former service users to increase its relevance and impact.
- **Commissioning** – involvement of service users in commissioning would increase understanding of the service being purchased and ensure that its specification meets the needs of offenders in full.

# 7. Recommendations

This section summarises our observations and recommendations from the CVO scoping project.

We have divided our findings into two areas, specifically:

- Increasing CVOs CJLD Market Share; and
- Overcoming barriers to entry.

## Increasing CVOs CJLD Market Share

We have identified a number of ways in which CVOs' market share of CJLD Service provision could be increased in the future.

### Broaden Understanding of CJLD services to CVO Sector

#### Observation

A significant number of CVOs are delivering services that can be seen as supporting CJLD provision; for example the Ministry of Justice Women's Centres which offer services on the periphery of CJLD provision. The definition of CJLD and its interpretation has been shown to be variable as a number of CVOs are not aware of their fit with this area of work.

#### Recommendation

To ensure that all existing activities are picked up within the Liaison and Diversion sector, it will be necessary to promote a clear understanding of Liaison and Diversion to ensure that CVOs acknowledge and understand where they are delivering CJLD schemes.

#### How do we make this happen?

The current Coalition Government's definition of Liaison and Diversion should be promoted and explained to a list of pre-identified CVOs (informed by this scoping project) to ensure awareness of how their existing activities fit with the CJLD agenda and the value which their experience, contacts and network offers.

### Targeted approach to potential service providers

#### Observation

The scoping exercise highlighted the synergy between CJLD services and other provision targeted at vulnerable individuals. Examples include: mental health care and advice services; offender care and advice services; counselling and psychotherapy services; outreach support for vulnerable adults; supporting accommodation, education, training and employment and community alcohol and drug treatment services.

#### Recommendation

By extending CJLD provision to include the multitude of services provided by CVOs and directed at vulnerable individuals, CVOs potential to contribute to Liaison and Diversion schemes will be achieved.

#### How do we make this happen?

CVOs currently providing services to vulnerable adults in closely related fields, such as housing and accommodation, substance misuse, and financial support, should be identified and targeted as organisations with the potential to contribute to CJLD provision.

Details of good practice should be disseminated to senior representatives from specifically targeted CVOs to encourage their active involvement in the provision of CJLD services.

### Challenging perceptions of CVOs

#### Observation

A number of statutory organisations and commissioners have indicated that they were not aware of CVOs' potential to contribute to CJLD delivery and perceived the sector to lack the capacity to deliver Liaison and Diversion activities.

#### Recommendation

This perception of the CVO sector must be challenged by effective promotion of CVOs' strengths and track record of delivery in existing CJLD schemes.

#### How do we make this happen?

Good practice examples of CVOs involvement in Liaison and Diversion delivery activities, for example the CJLD scheme at Camberwell Green Magistrates Court in London, should be championed and promoted to challenge preconceived views regarding their potential to lead or contribute to the delivery of CJLD provision. Involvement with strategic boards will raise the profile of CVOs amongst commissioners and address negative experiences and facilitate CVOs becoming a more equal partner in the bidding process.

### Targeting Specific Client Groups

#### Observation

A potential gap in service provision has been identified for individuals with mild and moderate mental health problems. Specifically, this includes individuals who fall below NHS thresholds for treatment. This client group is particularly well suited for CVOs as their needs reflect the sector's strengths in terms of adopting a person centred approach to working with vulnerable individuals and being able to deliver appropriate levels of interventions.

#### Recommendation

CVOs must take advantage of this gap in service provision by targeting and increasing their CJLD activities with this client group and promoting their work in this strategic direction.

#### How do we make this happen?

Make commissioners aware of the CVOs' strengths with this specific client group – in other service areas if necessary – by promoting good practice and disseminating the cost-benefits of undertaking this diversionary activity.

## Building on existing Linkages: Early Intervention Role

### Observation

CVOs have proven links with Criminal Justice Agencies such as Probation, Prison and Police services. These linkages indicate strong potential for future collaboration and service development. However, a gap remains between having strong links with CJS agencies and actually delivering services within these settings.

### Recommendation

Liaison and Diversion interventions located at police and/or court stages of the offender pathway provides the greatest potential for collaboration and service development which maximises the potential benefits of the linkages with other CJS agencies that CVOs offer.

How do we make this happen?

Widespread promotion and advocacy for:

- CVOs' potential to contribute to CJLD schemes operating in police custody; for example through provision of service-user advocacy and support role for offenders and the delivery of full screening and assessment services.
- CVOs' potential to expand their role in training police custody staff in awareness of mental health and learning disability.
- CVOs' potential to undertake joint working with neighbourhood policing. Properly resourced, CVOs could be a referral point for officers who have concerns about a particular individual.
- CVOs' potential to deliver prevention work within schools and neighbourhoods and support referral to partner services.
- A single operational policy within courts which would be beneficial in enabling potential CVO providers to further develop their provision.

## Aspirations of Service Users

### Observation

CVOs have a role to play in meeting the aspirations of service users in relation to future provision of CJLD services.

## Recommendation

CVOs should facilitate the involvement of service users in both the design and delivery of CJLD services including training in mental health awareness.

### How do we make this happen?

Promotion of good practice guides on how to facilitate service user involvement to enable other CVOs to undertake this process.

Investigate the possibility of developing accreditation for service user involvement in training and awareness raising and corresponding accreditation for recipients of this training. CVOs, in partnership with learning institutions, are best placed to test the feasibility of this approach.

## Overcoming Barriers to Entry

We have identified a number of ways in which CVOs can overcome the barriers to entry that have been identified by this scoping project.

## Evaluation and Tracking

### Observation

PCT commissioners highlighted the critical importance of CVOs demonstrating the outcomes from any CJLD service provision. Whilst CVOs reported that they collect data on service activity, the tracking of service users was shown to be more limited.

### Recommendation

CVOs must be supported to develop effective internal on-going evaluation procedures for tracking service users and recording outcomes to demonstrate the impacts of the liaison and diversion services they deliver.

### How do we make this happen?

Capacity support should be offered to pre-identified CVOs to share good practice and support the design and implementation of appropriate evaluation systems which effectively record the outcomes of liaison and diversion activities.

## Funding Availability

### Observation

Availability of funding is a key barrier to CVOs' involvement in delivering CJLD provision. For example, five of the services responding to the online survey have less than one year funding secured. These funding constraints severely

impact on a CVOs' ability to forward plan and ensure sustainability and is compounded by a lack of knowledge of the commissioning system.

### Recommendation

CVOs must be provided with appropriate practical support and guidance to enable them to access CJLD funding and establish realistic and achievable sustainability planning.

### How do we make this happen?

Senior representatives from appropriately targeted CVOs should be proactively meeting with their local commissioners to understand bidding procedures and proposal requirements. This interaction could be facilitated by holding information days for potential bidding organisations. This dialogue should enable commissioners to produce clearer service specifications and will support CVOs to focus on the outcomes they can deliver.

## Partnership and Consortia Working

### Observation

To maximise CVOs' potential to contribute to CJLD provision, partnership and consortia working needs to be expanded. The scoping study highlighted the following benefits: sharing learning and good practice, skills and experience, improving staffing capacity and strengthened project management skills. Consortia approaches also help CVOs to address barriers associated with the commissioning process as they increase the potential for meeting the entire specification.

### Recommendation

Need to expand CVOs partnership working and consortia approach.

### How do we make this happen?

Build on the emerging Nacro network and other more established networks (e.g. Clinks) of appropriately targeted CVO providers to facilitate the sharing of opportunities and establish consortia with both other CVOs and the statutory sector where appropriate.

Sufficient capacity building should be undertaken to ensure that appropriate contractual arrangements are put in place within partnership arrangements to ensure that sub-contracting organisations are monitored and that payment is protected.

# Footnotes

<sup>1</sup> [www.nacro.org.uk/mhu/about/faqs.htm](http://www.nacro.org.uk/mhu/about/faqs.htm)

<sup>2</sup> Department of Health, Valuing People: A new strategy for learning disability for the 21st century, (London, 2001)

<sup>3</sup> Rt Hon Lord Bradley, The Bradley Report: Lord Bradley's review of people with mental health problems or learning disabilities in the Criminal Justice System, (London, 2009)

<sup>4</sup> Home Office 2010

<sup>5</sup> E-newsletter circulated to 4,000+ CVOs

<sup>6</sup> <http://www.gvagrimley.co.uk/x13183.xml>

<sup>7</sup> Department of Health, Improving, Supporting Justice: The National Delivery Plan of the Health and Criminal Justice Programme Board (London, 2009)

<sup>8</sup> <http://www.justice.gov.uk/announcement141010a.htm>

<sup>9</sup> HM Treasury, Comprehensive Spending Review (London, 2010)

<sup>10</sup> <http://www.cabinetoffice.gov.uk/media/407789/building-big-society.pdf>

<sup>11</sup> [http://www.cabinetoffice.gov.uk/newsroom/news\\_releases/2010/100812-pathfinder-mutuals.aspx](http://www.cabinetoffice.gov.uk/newsroom/news_releases/2010/100812-pathfinder-mutuals.aspx)

<sup>12</sup> <http://www.justice.gov.uk/news/newsrelease180310a.htm>

<sup>13</sup> Nacro directory of criminal justice mental health liaison and diversion schemes in England and Wales, 2009

<sup>14</sup> Together Working for Wellbeing; The Cyrenians; Womens Work Derbyshire; Women Ahead at Jagonari; Voice for Change Domestic Violence Support; Brighter Futures; and Nelson Trust

<sup>15</sup> See <http://www.fairshares.org.uk/> for more information on time banking

<sup>16</sup> Home Office, The Corston Report: A Report by Baroness Jean Corston of a Review of Women with particular vulnerabilities in the Criminal Justice System (London, 2007)

<sup>17</sup> Together is a national charity working alongside people with mental health issues on their journey to leading fulfilling and independent lives.

<sup>18</sup> Case study provided by Nacro

<sup>19</sup> Behind finance and staffing resources



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