

Annex A

Background Scope Document: Pathfinders for Children and Young People Point of Arrest Diversion

The Government has committed to having police and court liaison services in place by November 2014, subject to the development of a robust business case. This four year programme is currently in the developmental phase, and the Department of Health (DH) wishes to provide annual funding allocations to selected areas to invest in further developing existing point of arrest liaison and diversion activity for children and young people in contact with, or at risk of being in contact with, the youth justice system. The developmental phase of this programme will be for two years, and will involve raising standards in existing point of arrest diversion schemes, in order to build a robust evidence base to support the implementation of a national rollout. Funding allocation for the development phase will be provided annually, although funding from year two (2012/13) will be dependent on approval of the overall business case. The business case will be based on the evaluation of the overall diversion initiative, which will take into account the effectiveness of diversion schemes at both children pathfinder sites, and adult pathfinder sites. This document invites PCTs, Local Authorities, and their partners to submit joint expressions of interest to receive this funding allocation as a pathfinder in this diversion initiative. It is estimated that between 30 and 40 sites will be selected for this initial wave of investment.

Areas chosen to receive funding for 2011/12 will already have some form of systematic point of arrest or court-based screening and diversion activity in place for children (e.g. Triage or Alcohol or drug arrest) and will have strong operational partnerships, networks and pathways in place with local youth justice partners (e.g. police, Crown Prosecution Service, Restorative Justice workers, Appropriate Adult teams, police custody healthcare teams and the Youth Offending Team) as well as with children's, adult, health, parenting, substance misuse and voluntary sector services to facilitate effective diversion at the point of arrest. DH funding will be used to further develop existing diversion schemes, in order to implement an effective model of early identification, diversion and youth justice liaison for under 18-year olds with a complex range of vulnerabilities including poor mental health, substance misuse, family conflict, safeguarding, learning difficulties and disabilities, speech, language and communication needs, physical health and educational needs.

BACKGROUND

Prevalence studies over the last decade have demonstrated that young people with mental health, emotional, learning and communication difficulties are over represented in the Youth Justice System (YJS). In 2007-2008 the Department of Health, the Youth Justice Board and the Centre for Mental Health funded a project to explore the evidence base for, and the extent of, systematic and early diversionary activity in place for young people with mental health, learning, communication difficulties or other vulnerabilities. Young people in the YJS are widely recognised to have high levels of health inequalities, safeguarding, and multiple needs. In spite of this, a study completed by the Centre for Mental Health (CMH) in 2010 revealed that the majority of young people in the YJS tended not to have systematic assessment of their health

and safeguarding needs at an early stage of their contact with the YJS (Centre for Mental Health, 2010). Emerging mental health research underlines the importance of evidence based early intervention. This body of evidence indicates that the earlier intervention occurs, the better the chances of improving outcomes and reducing future cross government costs (Knapp, M, McDaid, D and Parsonage, M, 2011)

There has been growing cross-departmental concern that opportunities for early, proactive and systematic identification in the YJS are currently not being exploited, that timely access to holistic packages of coordinated assistance remains problematic and that too many vulnerable young children and young people are ending up in custody¹.

In 2008, the Department of Health (DH), the Ministry of Justice (MoJ), the Department of Children, Schools and Families (DCSF), the Home Office and the Youth Justice Board supported a major national programme of six pilot Youth Justice liaison and diversion schemes for young people with mental health, learning, communication difficulties or other vulnerabilities affecting their physical and emotional well being. The pilot schemes were designed to identify and support under 18 year olds (and their families) more systematically into services at the point that they enter Youth Justice System. A flowchart setting out the process of Youth Justice Liaison and Diversion can be seen at Annex D.

These pilot schemes are currently running until March 2012 in Lewisham, the Royal Borough of Kensington and Chelsea, Peterborough, Wolverhampton, Halton and Warrington, and South Tees. Health workers liaise closely with the police and with the Youth Offending Team (YOT) to support decision making at this early stage in the Youth Justice System (YJS) as well as with local providers of health, children's and voluntary services in local areas to improve access to high quality support. This pilot programme is part of an independent national research evaluation by Liverpool University, and sites are currently contributing to the knowledge base on what works, for whom and at what point in the young person's youth justice pathway. A final evaluation report is expected by December 2011.

Also in 2008, the previous Government launched its Youth Crime Action Plan (YCAP) (H M Government, 2008), backed by £100m of additional funding. This funding aimed to bolster enforcement, support and preventative initiatives for young people and families. Workers in 69 localities were introduced to screen young people at the point of arrest and often in police custody. The aim of the scheme was to avoid inappropriate and counterproductive criminalisation of young people with low level offences, to deliver restorative interventions instead and to filter for those who had problems that might require early intervention. In many areas, the police would systematically bail young people with low level offences to attend screening interviews with YOT Triage workers. As long as they cooperated with these interviews and restorative or support packages, no further police action was taken and they were effectively diverted out of the system. In some localities, the Department of Health liaison and diversion pilots dovetailed with these triage schemes. There is some tentative evidence to demonstrate that Triage has a positive impact on First Time Entrant Rates and on the numbers passing through the courts and through YOTs. Funding for YCAP triage is due to end in March 2011.

In 2007 the Secretary of State for Justice asked Lord Bradley to undertake an independent review of the diversion of offenders with mental health problems or learning disabilities away from prison (Department of Health, 2009). The Bradley Report was published in April 2009 and set out recommendations for service improvement, leadership and governance to support change. Key recommendations included that a national model of liaison and diversion should be established across the country and that commissioners should take into account the needs of children in any rollout. Alongside this, in December 2009 the Government published its strategy

¹ Hansard House of Commons written answers, 28 March 2007 as referenced in the Prison Reform Trust (December 2007) Bromley Briefings: Prison Factfile.

'Healthy Children, Safer Communities (Department of Health, 2009), which echoed the same themes as Lord Bradley.

The Coalition Government is supporting the ongoing development of Lord Bradley's recommendations. Backed up by funding announced in the Spending Review, a cross government programme board has been established, to roll out point of arrest diversion for those with mental health and learning disability needs. Both the MOJ and DH have committed to having police and court liaison services in place by November 2014 in their recently published Departmental Business Plans.

This work is supported by the Green paper 'Breaking the Cycle' which was published in December 2010 (Ministry of Justice, 2010). This paper highlights the importance of restorative interventions as a response to crime and places emphasis on joint decision making between Youth Justice professionals and the police about disposals for children and young people. The Government commits to diverting less serious offenders with mental illness and drug dependency into treatment and away from prison;

The work is also in line with the reforms set out in the Department of Health White Paper *Equity and Excellence* (Department of Health, 2010) which includes an aim to improve access to services particularly for those with long term conditions, including mental health problems. The recently published Mental Health Strategy 'No Health, without Mental Health' published in February 2011 (Department of Health, 2011), reinforces the importance of improving the mental health and wellbeing of the population, keeping people well and improving outcomes for those with mental health problems through high-quality services that *are equally accessible to all*.

There is a recognition across Government (and supported by Graham Allen's recent review (Cabinet Office, 2011)) that a strong emphasis must be placed on intervening as early as possible with children, young people and families to support a healthy start and ongoing healthy development, and to prevent the accumulation of multiple problems at later life stages. Emerging policy acknowledges the crucial role played by evidence based parenting interventions in addressing transgenerational negative outcomes and improving the life chances of vulnerable children. There is recognition that some children and families face significantly poorer life chances than others and for this reason require engaging targeted support at the earliest opportunity (or as difficulties emerge) to strengthen their resilience and improve their life chances.

DIVERSION ACTIVITY FOR CHILDREN AND YOUNG PEOPLE

Emerging evidence highlights that children are developmentally distinct from adults and require a different and tailored approach in terms of health and criminal justice responses. Significant changes in brain function occur between puberty and adulthood and affect parts of the brain responsible for functions such as self-control, judgment, emotions, and organisation (Johnson, S et al, 2009). These changes have been associated with certain teenage behaviours such as poor decision-making, risk taking, and emotional outbursts. Some developmentally related impulsive behaviour can lead young people into contact with the police with implications for their future life chances. Research suggests that the majority of young people, after contact with the police and/or chastisement from parents, do not get back into trouble (Australian Institute of Criminology, 2006). However, a small number with damaging past experiences have risk factors for multiple poor outcomes throughout their lives and have an increased chance of cycling in and out of the YJS system (Australian Institute of Criminology, 2006; Fergusson, 2005). Research tells us that the earlier we intervene with these young people and provide evidence based support, the better their outcomes across a range of domains, the better the outcomes for victims and communities and the greater the chances of efficiencies for the public purse (Centre for Mental Health, 2009; Knapp, M, McDaid, D and Parsonage, M, 2011). Preventing children and young people from entering the system in the first place can also reduce future

chances of offending in comparison with those processed through the YJS (Petrosino et al, 2010) although it must be acknowledged that for some young people a youth justice response may be the only appropriate response due to the risks they pose to the community and the seriousness of their offending.

Children and young people are also different because, although half of adults with mental illness first develop difficulties at around 14 years of age (Department of Health, 2009), very few children and young people will present during earlier years with clear cut symptoms and in mental health crisis. Many young people present instead with well documented risk factors for poor future outcomes (such as mental illness, offending and substance misuse). Behavioural difficulties can often be the symptoms of poor underlying mental health. The model and functions of diversion for children and young people need therefore to be qualitatively different to adult models with a greater emphasis on the earliest opportunity for intervention, with greater vigilance for these early 'flags' for poor well being and mental health and with an emphasis on building resilience and bolstering future life chances.

THE DIVERSION INITIATIVE

The vision is that by 2014 each local area will have a point of arrest diversion scheme in place for children and young people, which is integrated with diversion for adults and supported by NICE guidance, National Standards, Case Management Guidance and dissemination of learning from existing cross government point of arrest pathfinder schemes.

The diversion initiative will take a stepped approach across four years. The first two years will form the developmental phase, and subject to a successful business case implementation will begin from 2013/14. Sites receiving funding during the developmental phase will be selected in waves. Sites that can demonstrate that they have existing successful diversion schemes in place will be prioritised for selection, as partnerships will support speedy rollout and learning will be most valuable in these areas.

The diversion initiative will roll out during a period of transition in terms of governance structures both locally and nationally. Governance structures will therefore need to evolve over the four year period that funding is provided to reflect new local commissioning structures and changes. However, the following stakeholders will be essential to the successful commissioning and to the evaluation of effectiveness of this initiative.

- Local Criminal Justice Boards
- Local Safeguarding Children's Boards
- Regional Directors of Public Health and Directors of Public Health
- Health and Well being boards
- GP commissioners

Point of arrest activity provides an opportunity for local commissioners and stakeholders to provide an engaging and accessible service for a group of young people (and their families) who, although small in number, have high and multiple needs. It enables commissioners to contribute to strategic outcomes supporting the healthy development of older children, adolescents and families with well documented multiple needs. It will be essential that point of arrest screening and support for children and young people integrates and links up with other developmental work including initiatives in the YJS, in the adult criminal justice system and focused on early intervention or on families with multiple needs. This will include links with other evolving strategic initiatives

- (a) E.g. Restorative Justice Green Paper developments

- (b) Green paper recommendations for improved professional involvement in supporting police/Crown Prosecution Service (CPS) and sentencing decision making
- (c) Adult mental health liaison and diversion activity and pathfinders
- (d) Place Based Budgeting
- (e) Graham Allen's early intervention pilot sites
- (f) Links with IAPT developmental work for young people
- (g) Links with local work to support teenage parents
- (h) Community budget pilots to promote integrated services for families with multiple needs.
- (i) Police custody healthcare creating and integrated pathway with forensic medical practitioner work and to any local forensic teams.

THE REQUIREMENT

1. Local Areas will need to make diversion accessible to all children and young people aged 10-18 years old², and to consider how diversion models for children and young people could be integrated with adult diversion models to enable smooth transition.
2. Local areas will need to be able to demonstrate cross partnership operational commitment (this will include operational commitment from the police, CPS, police custody healthcare staff, Children's and Health services, Youth Offending Team, Appropriate Adults, sentencers, local schools and possibly PRUS, voluntary services etc)
3. It focuses on holistic and systematic screening of young people at their early stage of contact with the police and Youth Justice System. Staff screening children and young people require competencies in triaging for health inequalities as well as criminogenic need (mental illness, risk factors for poor mental health, emerging mental health problems, early starting conduct problems, learning disabilities, speech and communication problems, family functioning, substance misuse need, brain injuries and physical health problems, safeguarding concerns etc). They would also be able to train and skill up other partners in spotting where fuller assessment and follow up is required.
4. Diversion workers will focus on early intervention with those at risk of the poorest outcomes. Workers will focus on the early stages of contact with the police as well as on those entering police custody. They may also receive referrals from the CPS and courts.
5. The point of arrest screening and support service must be accessible. Workers and processes should maximise the chances of engaging hard to reach children and families facing multiple poor outcomes. This means that there will be an operational commitment to support home or community based working (backed up by effective lone worker health and safety policies). Working patterns will need to be organised around the times when there is the greatest need and opportunity to engage. This scheme should form part of a system of 24 hour response as well as swift follow up to stabilise those at the greatest risk.
6. The scheme will form part of a locally coordinated cross agency team and strategy to improve the safeguarding of vulnerable young people in contact with the police through immediate response at the point of crisis as well as through follow up of vulnerable children after crisis to help stabilise any longer term risk. Where significant risk of self harm and suicide is identified the scheme, together with other partners, will feed into local Children in

² Until 18th birthday

Need assessment procedures and safeguarding provision as well as improving child and young person appropriate Section 136 Place of Safety arrangements.

7. Diversion workers and partners will develop systems for fast tracking young people and their families into mainstream specialist and non specialist services dependent on the level of assessed need. There will be a focus on building wraparound systems surrounding the child, involving families, schools and peer groups.
8. Diversion workers will share relevant information³ gathered from screening and assessments, through locally established protocols with multi-agency partners including statutory service providers (including schools) and voluntary service providers to collaboratively support young people and their families into individualised packages of care based on the best available evidence of what works. For many young people with emotional difficulties, this may involve linking families with engaging evidence based parenting interventions or more intensive approaches such as Intensive Family Support or Multi Systemic Therapy.
9. With harder to engage young people, there may be a need for workers to deliver some evidence based brief interventions directly. Diversion worker may also provide brief interventions to bridge the gap whilst care packages are being developed, and whilst waiting for access to service provision from statutory and voluntary bodies
10. The Diversion workers will use relevant information gathered from screening and assessments to contribute to joint decision making with the police, the CPS and the YOT about diversionary, bail or criminal justice outcomes. They will contribute to pre-sentence reports, decisions around fitness to plead and the prevention of unnecessary remands into custody through being able to arrange bail support packages.

PROGRAMME OUTCOMES

Pathfinder sites will be asked to complete a minimum dataset. This will be used to measure the following broad outcomes:

Health outcomes:developing well

- Speed of identification of needs and risks
- Engagement levels of those most at risk of poor outcomes
- Engagement levels of hard to reach young people and families
- Access to engaging and evidence based support capable of improving life chances, reducing harm to communities and saving cross government costs
- Satisfaction by families and children with the services being provided
- Evidence of Improved health, safeguarding and life chances for those at risk of poorest outcomes (e.g.s SDQs, Honosca, AUDIT)

Youth Justice outcomes:preventing re-offending

- Reoffending rates

³ In accordance with the Children's Act 2004, which sets out a statutory duty to safeguard and promote the welfare of children. Research and experience have shown repeatedly that safeguarding children requires professionals and others to share information about a child's health, development and exposure to possible harm; a parent who may need help, or may not be able, to care for a child adequately and safely; and those who may pose a risk of harm to a child (Co-operating to Safeguard children)

- First time Entrant rates
- Onset/Asset scores
- Satisfaction of victims

Financial outcomes

- Evidence of reduced cross-agency costs (e.g. this may include reduced FTEs, reduced A and E presentations by young people under 18 years, reduced caseloads for YOTs, reduced offending, reduced custodial and remand placements, reduced out of home placements etc)

PROCESSES AND RESPONSIBILITIES

Pathfinder sites will be expected to:

- Identify a lead person to liaise with the Programme Manager.
- Systematically record activity on a minimum dataset agreed by the Programme Manager.
- Provide the contracted research team with access to databases and recording systems for monitoring outcomes.
- Provide quarterly highlight reports on;
 - Progress
 - Challenges and barriers
 - Emerging outcomes and trends which may influence policy development
- Meet with the Programme Manager at key stages of the project as requested by the Authority.
- Have a cross agency steering mechanism with the Programme Manager to drive, influence and troubleshoot operational barriers to success.
- Provide the Programme Manager with early warning of any risks to the successful delivery of diversion activity.
- Present at conferences and forums as requested by the Programme Manager to share learning.
- Perform quality assurance on all aspects of the programme.

PROJECT TIMETABLE

- (a) The first wave of pathfinder sites for the developmental phase selected by **01 April 2011**
- (b) The second wave of pathfinder sites for the developmental phase selected by **01 April 2012**
- (c) The implementation phase to begin by **01 April 2013**, subject to successful business case
- (d) The National rollout to be completed by **November 2014**, subject to successful business case

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