

**Harris Review  
 Liaison & Diversion  
 Round Table Event  
 19<sup>th</sup> December 2014**

**Harris Review Attendees**

Lord Toby Harris  
 Dr Dinesh Maganty  
 Stephen Cragg QC  
 Graham Mackenzie  
 (Secretariat)

**Apologies**

Deborah Coles  
 Richard Jolley – Safeguarding  
 and Vulnerable People Unit

**Attendees**

Chief Inspector Sean Russell - West Midlands  
 Police  
 David Burton – NHS England  
 Jeremy Kenney-Herbert – Birmingham and  
 Solihull Mental Health Trust (via teleconference)  
 Karl Mittelstadt – Youth Justice Board  
 Lesley Dixon - Action for Prisoners and  
 Offenders Families  
 Nicola Wendel - Crime Reduction initiative  
 Jennifer Twite – Just for Kids Law

**Welcome and Introduction**

- Stephen Cragg welcomed the attendees and invited them to introduce themselves.

**Aims of the Harris Review**

- Lord Harris outlined to the attendees the aim of the Review, in relation to the self-inflicted deaths of young adults in custody.

<http://iapdeathsincustody.independent.gov.uk/harris-review>.

**Objective of the roundtable**

- Stephen Cragg articulated the specific aims of this roundtable, explaining that during the process of gathering evidence relating to self-inflicted death of young adults, the question of whether the young adults within the scope of the review ‘should have been in custody’ in the first place had been highlighted. The Review has therefore embarked on a sequence of three roundtable meetings to look into diversion away from the Criminal Justice System, either before an individual’s exposure to it or at their first point of contact; additionally, the Review is looking at alternatives to custody at the point of sentence.

*Plenary discussion*

- Ongoing Liaison and Diversion scheme in England been operating for a number of years and has been rolled out across 10 areas, 22% of those referred are within the young adult age group. It remains a formal trial of the process, which will be evaluated and reported upon by Autumn 2015;
- Primarily the focus of those referred relates to their mental health condition, however it has also looked at those who are unemployed,

wider social issues (e.g. housing matters), together with drug and/or alcohol dependency;

- Initial issues have identified concern over the readiness of the Mental Health services to accommodate these referrals, many have to date been referred but remain awaiting an appointment – often waiting more than six weeks for appointments;
- Young adults and those who are eligible are seen by mental health practitioners whilst in Police custody, who are able to produce a plain English report within an hour, which can inform the Custody Sergeant and/or the CPS over the next course of action relating to the offence(s) – if required a deeper analysis can be arranged following an initial assessment at the Police Station;
- The liaison and diversion scheme has helped to develop a greater working relationship between Criminal Justice System organisations, including Local Authorities;
- Subject to findings following evaluation and the securing of required funding, it is proposed that full liaison and diversion scheme will be rolled out across England from 2016/17;
- Separate scheme across West Midlands looking to support and identify those who are vulnerable – on average 10% of offenders have been identified as being vulnerable. Biggest challenge to acceptance of the scheme has been with the Crown Prosecution Service and getting them to accept new way of thinking towards vulnerable offenders – extant Home Office circular 66/90 ([https://www.rcpsych.ac.uk/pdf/HomeOfficeCircular66\\_90.pdf](https://www.rcpsych.ac.uk/pdf/HomeOfficeCircular66_90.pdf)) highlights the role of both the Police and CPS when considering whether to prosecute offenders with mental health issues;
- The new scheme has started to produce results through the changing of attitudes from the Police, especially in relation to understanding the causes behind an offenders behaviour;
- Often what is required is a need to change the overall culture within the CJS, many believe that it is best to simply send an individual to a custodial establishment so that they can receive appropriate treatment, abrogating any responsibility – earlier intervention would benefit the wider CJS and reduce the risk from the custodial establishments;
- Ongoing ‘Street triage’ pilot within the West Midlands area (see Annex A), working with Department of Health. Team of professionals including Police officer(s), mental health nurse and/or paramedic monitor an allocated area to support vulnerable people. In total they have responded to over 2,200 incidents during 2014, this has led to a reduction in the numbers who have been detained under section 136 of the Mental Health Act (over 600 detained in 2013, over 230 during 2014);
- Approach has assisted in downstream benefits, including reduced impact upon Accident & Emergency services, Police custody suites

(during 2014 only five offenders were taken into custody, as against over 1,200 the previous year);

- Scheme is in its early days, however there has been a cultural change towards the approach to managing vulnerable offenders, the language used and the role/use of custody when considering public safety. Funding has been secured for the 'street triage' scheme to be piloted across 37 other areas;
- Feeling that approach applied through the Youth Offender teams is more pro-active and beneficial for offenders under 18, compared to the approach taken by (former) Probation Trusts for those over 18. Youth Courts provided with greater range of sentencing options, there is a greater desire to look into alternatives to prosecution;
- Many of the issues impacting effectiveness of liaison and diversion schemes relates to the approaches adopted by CJS organisations, conflict between individual aims and objectives often leads to difficulties, which is not beneficial in the long-term – there needs to be a more holistic approach taken to understanding the impact, especially relating to wider costs to the CJS;
- There should be consideration given to whether the incentive approach operated through the YOT scheme could be applied to the young adult age group and how this could be managed, either through the Local Authority for example, there should be thought given over how to develop, how to incentivise, who should be responsible and either multi-agency teams or co-location – discussion acknowledged that this age group has unique characteristics that require specific management and tailored approaches, and
- The lack of holistic approach demonstrated by breakdown in data sharing and cross-organisation communication. The 'street triage' approach was seen as delivering wider and downstream benefits, only if assessments and reports were shared wider and across the CJS. Many organisations are risk averse when it comes to sharing data more widely and so huge amounts of information are available but not communicated ([https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/192572/2900774\\_InfoGovernance\\_accv2.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192572/2900774_InfoGovernance_accv2.pdf)).

### *Summary of discussion and next steps*

- Stephen Cragg summarised the findings from the discussion, which included the longer term benefits of early intervention; co-ordinated liaison and diversion schemes; joined up approach between CJS organisations and a culture change in overall approach towards treatment of vulnerable offenders.
- There is one further roundtable events scheduled in January and the notes from each meeting will be published on the Harris Review website. The findings from the discussions will be shared with all of the Panel, and will be used to develop and support the overall findings and recommendations.

## *Annex A – Coventry Liaison and Diversion Service*

The Coventry Liaison and Diversion service adheres to the [National Operating Model](#). The service identifies and offers support with the health and social care vulnerabilities of those who are at risk, suspected or charged with an offence. The aim is to improve wellbeing, provide access to ongoing pathways for support, improve risk management, inform decision making and increase information sharing.

At the core of the service is meeting the needs of those people detained in custody. The service responds to those referred from police custody within 2 hours in 96% of cases. All cases are seen within a max of 4.5 hours from referral. This increases the ability of custody sergeants to effectively manage and support those detained as a joint decision about nature and level of risk, appropriate support and ongoing pathways following release can be made. This is particularly important where there are issues of self-harm, suicide, serious mental health issues e.g. psychosis and developmental and learning disabilities. Without access to specialist mental health staff within the custody environment an individual's risk assessment cannot be as full and complete, this could potentially lead to underestimation of risk and inappropriate support both in police custody and beyond.

### Custody Case Studies

1. Person presented as very distressed within custody, she had history of self-harm, and suicidal behaviour and was at risk of causing injury to herself. She was in police custody for significant period of time. Although there were concerns for her, there was no need for hospital admission. Liaison staff provided support and brief psychosocial interventions throughout her detention, providing an ongoing assessment of risk and managing the risk of self-harm. Information was provided to the court regarding her mental health and on remand to custody full information was shared with the prison enabling her needs to continue to be supported.
2. An individual presented with no concerns about mental health either during arrest or at arrival in custody. There was no known history or markers regarding mental health, suicide or self-harm. Through screening process by liaison staff, they knew he had been in contact with services. When records were checked which indicated he had reported a potentially fatal overdose that day. The individual was immediately taken by ambulance and received treatment, on return to custody his mental health was assessed and follow up support arranged.
3. An individual was detained in relation to a sexual offence against children. At initial arrest he was seen and assessed and no concerns were raised. He was re-assessed when he answered bail due to the nature of the offence, through joint work we were aware he was due to be charged and were able to factor this into our risk assessment. He received ongoing follow up from the liaison and crisis services through to his court appearance.

Intrinsic to the unique approach adopted by that of the Coventry Liaison and Diversion Service is the focus on early intervention and prevention. The service works closely with response, and neighbourhood and investigation teams to identify and support needs of those suspected of an offence. This can happen at any stage, at initial report of a crime, investigation or voluntary attendance for interview. The aim is to provide this assessment and share relevant information as early in the

investigation process as possible. This also enables support and relevant pathways to be put in place which can offer support to a previously unrecognised health need, provide support during criminal justice process to someone who is vulnerable and contribute to criminal justice decisions. This also ensures that the safety and wellbeing of those attending voluntarily meets the same standards as those in custody. In addition, the service works with repeat offenders at high risk of offending, the aim is to improve the health and social factors that may contribute to their offending, thereby reducing offending and any necessary detention in police custody.

#### Early Intervention/Prevention Case Studies

1. Neighbourhood team had growing concerns about a gentleman who lived in their area, his behaviour was becoming increasingly aggressive and antisocial both at home and in public. A referral was made to the Liaison service as there had been a history of mental health and they wanted to understand whether his mental health was a factor in his behaviour before any considering any criminal justice involvement. An assessment was carried out and he and his family were helped to access support from mental health service. No charges were brought regarding his behaviour as his mental health was felt to be the crucial factor.
2. An elderly gentleman was being investigated for historic sexual offences. The police officers were concerned that investigation and potential charges may increase a risk of suicide. The Liaison team offered an assessment and short term support around alcohol, benefits and liaison with GP. The liaison team is continuing to work closely with the police officers to manage risk and advise on appropriate support during the course of the investigation and eventual outcome.
3. An individual who was well known to the police with a history of offending was at very high risk of reoffending. Due to the co-location of the Liaison team with the offender management unit the police became more aware that there may be unrecognised health needs. He was assessed and then referred for a specialist learning disability opinion with the Liaison Service. The assessment revealed that there were learning disability needs and support was given to access services and to help the police develop and understanding of his needs and the necessary adjustments to communication including the way court conditions and probations orders were explained.

Co-locating the Liaison and Diversion Service within the Police Station has begun to raise awareness of mental health and other needs, increase understanding of the impact of them and change the way that police respond to incidents. Further information on the service can be found in the [NHS England Liaison and Diversion Bulletin September 2014](#)