

**A working partnership: an  
analysis of the relationship  
between probation in London and  
Together for Mental Wellbeing**

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## Executive Summary

### 1. Introduction

This case study investigates the Forensic Mental Health Partnership, which has been in existence for around 20 years. The research was commissioned following discussions between the Bromley Trust, Together for Mental Wellbeing, London Probation and the Hallam Centre for Community Justice based at Sheffield Hallam University. This report represents the output from this early discussion.

### 2. Aims and methodology

A retrospective case study approach was adopted within which the unit of analysis was that of the Together/London Probation Partnership. Research involved a systematic enquiry into this partnership, to seek to identify the main characteristics of the projects within the partnership and to explore and explain those factors which have underpinned its success and its challenges.

### 3. Fieldwork Undertaken

The activities were undertaken between March 2014 and June 2014 and included: 3 narrative interviews; 12 semi-structured interviews with key stakeholders; Documentary Review of over 80 documents and a workshop with 10 stakeholders.

### 4. Background and Policy Context

The extent and nature of the issues facing offenders with mental health problems cannot be overstated. The lack of understanding of mental health issues impacts on the opportunity to identify appropriate community sentences for a group of offenders with complex needs and a high potential to be excluded from community orders. London Probation has been working with Together, a national voluntary sector mental health organisation, in the development of a partnership service, the Forensic Mental Health Practitioner (FMHP) Service to support the offender management of this vulnerable offender population.

Lord Bradley's report (Bradley, 2009) was a seminal moment in the development of the FMHP Service in that for the first time since the Reed report (1992) the review provided a systematic and comprehensive review of the experience of a person with mental health and learning disabilities within the criminal justice system (CJS) and the recommendations of what was needed to reduce the number in prison and impact on future re-offending.

### 5. Policy timeline

The research analysis identified the major policy drivers since 1992 to plot how the project responded to and developed services to respond to the changing policy context. *This is presented diagrammatically on pages 11 and 12.*

## 6. The story of the partnership

London Probation Trust and its earlier organisational bodies were public sector institutions delivering probation services, historically, in the largest probation area in Europe. Together is a medium sized mental health charity that had cultivated its roots from traditional, accommodation-based mental health support to develop an expertise around people with complexity of need within the CJS. This report is the story of their partnership and is presented in narrative form in Section 2.

## 7. Results - SWOT

The data obtained from the interviews and the documentary review has been used to inform all aspects of the research. A SWOT (strengths, weaknesses, opportunities and threats) analysis was undertaken which was shared and further developed in the workshop and is presented in detail in Section Three. What emerged from this analysis was a strong consensus that this project was seen by all respondents as a highly valued and high-quality enterprise. The strengths of the project centered on the quality of the FMHPs, a multi-agency framework and a consistent and stable leadership. Perhaps unsurprisingly, the main weaknesses and potential threats related to funding fragility and the current policy drivers impacting upon service delivery across the sector. Whereas, future opportunities were identified in relation to the Liaison and Diversion trials and possibilities set out in the governments Transforming Rehabilitation proposals.

## 8. Results - Key themes

Five key themes emerged at the core of the analysis indicating a high level of agreement between the respondents and also validated by the documentary analysis and the workshop. These themes represent the **critical success factors** for this project and represent the key issues in replicating this provision elsewhere.

### The nature of the partnership

This project exemplifies the centrality of partnership when delivering services for individuals with mental health problems caught up between the big systems of health, criminal justice and social care. Single agency systems cannot provide a complete service nor can access to those services be easily achieved. By working in partnership the capacity to open doors, to provide a comprehensive integrated provision, to garner expertise, to access resources and facilities, becomes possible.

### The project's ethos and values

Respondents were keen to emphasize the organic growth of the projects over time which developed an ethos, a way of working based on a can do approach, aimed at reducing inequalities for its service users, which transcended individual practitioners and provided an underpinning set of values which through training and clinical supervision, were transferred onto new projects and new practitioners.



### The model of delivery

The success of the delivery model is evident in the fact that it has been adopted in the same way across the various boroughs in London. Participants identified a number of success factors in relation to the delivery model. These included co-location, single point of contact and flexibility and diversity in the use of funds.

### The staffing strategy

This project sought to sustain its commitment to employing FMHPs at a high level consistent with the responsibilities of their role. This strategy consisted of four key elements: high level of qualifications; varied skill set; external clinical supervision and the quality of interpersonal relationships.

### The governance arrangements

Sustaining a partnership between the statutory and voluntary sector over 20 years has been crucial to the success of this partnership. The research suggests three key features: joint and consistent leadership; flexible and diverse use of funds and modelling good practice approaches.

## ***9. Developing a theory of change model?***

One of the key purposes of this research was to develop a clearer understanding of the activities and assess the extent and nature of the inputs, outputs and outcomes. The research sought to develop and populate a theory of change model drawing on existing data and evidence to test its coherence, assess any gaps and produce a working model. The Theory of Change Model presented on page 34 provides a summation of the overall coherence of the model. It effectively links needs to a range of activities and inputs which in turn produce outputs and seek to achieve outcomes. If those outcomes can be attributed then the impacts suggested can be tested and verified.

## ***10. Recommendations***

- 1. The Development of Good Practice guidelines would provide a useful resource for agencies looking to develop mental health provision to support offender management across the country.**
- 2. This model of partnership demonstrates the innovation and creativity at the heart of this work. This model is capable of replication pan-London and indeed across England and Wales**
- 3. Identifying the core qualities from this partnership will be an important contribution to effectively building new and different relationships in the future.**

4. Every effort should be made to provide funding arrangements which allow for these projects to continue at the level currently operating.
5. Learning from this development will support the NPS in how it develops its partnerships with the new range of organizations, when they are appointed in the CRCs in the future.
6. Contracts for this project should be expanded to give security of tenure, continuity in the provision and enable courts and probation services to benefit from being grounded on a firm basis.
7. Policy makers should draw the general lessons from this partnership which is unique to partnership delivery, which enhance services and adds value and this represents a cost-effective solution.
8. This project should be expanded across courts and probation across England and Wales.

## **11. Challenges**

This is the story of a project or set of projects, which despite their inherent worth and despite their positive reception from the full range of agencies has faced continual threats to its very existence and has, at times, lived a hand to mouth existence to survive for such an extended period of time. At the heart of this has been the development of a partnership which has managed to transcend the usual difficulties in inter-agency relationships.

## **12. More research - identifying outcomes**

The following elements could be enhanced:

- building on and revising the existing monitoring and management data
- including the views of service users particularly to assess the degree to which their views reflect the findings of this report
- develop a continuous improvement impact evaluation model

## **13. The legacy of the project**

The research team was struck by the high level of regard for these projects. It is a case study which can be proud of its achievements: it has found a place in service delivery even when the policy climate was not supportive; it is a robust and replicable model; it demonstrates the unique benefits of partnership between the voluntary and statutory sector; it transcends the difficulties of service delivery caught between three systems, criminal justice, health and social care; it demonstrates the value of high quality and continuous leadership; and, importantly, it is service user focused.

# 1 Introduction

## How the research came about

This case study of the Forensic Mental Health Partnership, which has been in existence for around 20 years, came about through an initial discussion between the Bromley Trust, Together for Mental Wellbeing, London Probation and the Hallam Centre for Community Justice based at Sheffield Hallam University. With the ever-changing criminal justice landscape it was felt that an attempt should be made to capture the essence and good practices emerging from the many projects which had sprung out of the relationship between Together and London Probation over this period. As demand for such services have grown and diversified and the model applied has shown a high degree of consistency over this period it was felt vital that it should be critically assessed by an independent research team. This report represents the output from this early discussion.

A retrospective case study approach was adopted within which the unit of analysis was that of the Together<sup>1</sup>/London Probation<sup>2</sup> Partnership. Research involved a systematic enquiry into this partnership, to seek to identify the main characteristics of the projects within the partnership and to explore and explain those factors which have underpinned its success and its challenges.

## Aims of the research

The key aims of this research are to:

- *describe its key characteristics*
- *explain those factors which underpin its success and its challenges*
- *frame the case study within policy developments within the field of mental health, criminal justice and social care*

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<sup>1</sup> Together for Mental Wellbeing grew out of MACA but for the purposes of this report will be referred to as Together.

<sup>2</sup> Probation has enjoyed a variety of organisational forms since this project began. This includes the Inner London Probation Service, the London area of the National Probation Service, the London Probation Trust and the new arrangements which are still in a formative stage. For the purposes of this report London Probation is described generically to cover the entire period.

- *illuminate key learning points*
- *make good practice recommendations*

## Methodology

A **retrospective case study** approach was adopted within which the unit of analysis was the Forensic Mental Health Diversion Partnership. The research undertaken provided a systematic inquiry into Forensic Mental Health Diversion Partnership. In order to discern its key characteristics and also to explain those factors which have underpinned its success and challenges (see for example Bromley, 1986 and Yin, 1994). The researcher acted as a biographer for the project and its staff in order to develop a rich and comprehensive understanding of its operation and to illuminate key learning points and make good practice recommendations. Initial Interviews with the two key project staff were conducted using a narrative approach enabling them to 'tell their story' with minimal directives from the researcher. (Bauer, 1996) This non-directive approach enabled the complexities, contradictions and ambiguities of their experiences to be explored (Flyvbjerg, 2004). The researcher used the narrative interviews to elicit topical narratives (Flick, 2002). Using this method is the most effective way of ensuring that all elements of the substantive topic are thoroughly examined. Topical narrative interviews allow respondents the freedom to 'tell their own story' about their lives and experiences, but are focused around the issue or issues for investigation. As such they overcome the tension between allowing freedom to explore respondents' own subjective experiences and viewpoints and limiting the thematic direction and limitations of what is discussed which is common to traditional semi-structured interviews (Flick, 2002). Such a narrative approach is also regarded as allowing for a better and deeper understanding of respondents lived experiences; their motivations, meaning-frames and decision making processes than traditional interview formats. Whilst still allowing for focused investigation of the research topics, use of topical narrative interviews in this study would therefore avoid the wholesale 'agenda setting' inherent in traditional semi-structured interviews, allowing for factors and issues not yet acknowledged (or less acknowledged) to emerge.

The initial interviews were also used to identify other possible sources of data in order to further develop the case study. This included:

- semi-structured interviews with selected key stakeholders as identified by the initial narrative interviews
- framing the case study within policy developments within this field
- documentary analysis on documents provided by the project throughout the lifetime of the project
- workshop with key stakeholders to test out and triangulate initial findings

## Fieldwork Undertaken

The following activities were undertaken between March 2014 and June 2014. It included:

1. Three **narrative interviews** with the two strategic project leaders, Angus Cameron (London Probation) and Linda Bryant (Together). This lasted a total of eight hours and included one joint interview (3 hours) and two individual interviews. These were recorded and transcribed to illicit themes for the subsequent documentary analysis and interviews.
2. 12 **semi-structured interviews** with key stakeholders. The interview schedule was developed out of the initial interviews and is included in Appendix One. It was not possible to complete two further interviews in the time frame. The stakeholders included:
  - 5 probation staff at practitioner, middle and senior management
  - 4 Together staff at practitioner (FMHP), middle management or senior management
  - 1 clinical supervisor
  - 1 district judge (retired)
  - 1 director of public health.
3. **Documentary Review.** Documents were provided which spanned the entire 20 year period of the project. This included reports, bid documents, presentations, articles, publicity material, court briefings, contracts, annual reviews, submission to governmental committees, guidance documents, information for sentencers, applications for funding, supportive letters and emails. This totaled over 80 documents. They were analyzed using a framework developed for the interviews so they could be triangulated with those findings. They inform all aspects of the results below in Chapters 3 and 4.
4. A **workshop** was held with 10 stakeholders including the strategic leads to share the findings from the research and refine the material.

## Background and Policy Context

The rationale for this project was repeated in many of the documentary materials analysed. The extent and nature of the issues facing offenders with mental health problems cannot be overstated. The volume of offenders with mental health problems on the caseload of London Probation identified in 2009 was high with completed OASys assessments indicating that the average for mental health indicators is 56% (ranging between 71% and 48% in each borough). The challenge to the probation organisation was to improve the identification of offenders with mental health problems at an early point of contact, to provide courts with more effective sentencing alternatives to short-term custody and to ensure that offenders have access into appropriate levels of health care.

The lack of understanding of mental health issues impacts on the opportunity to identify appropriate community sentences for a group of offenders with complex needs and a high potential to be excluded from community orders. A major issue in the London region, when working with offenders with more serious mental health problems, is the length of time it takes to obtain psychiatric assessments and the appropriateness of these reports when available.

London Probation has been working with Together, a national community and voluntary sector mental health organisation<sup>3</sup>, in the development of a partnership service, the Forensic Mental Health Practitioner (FMHP) Service to support the offender management of this vulnerable offender population.

During the 20 year period of this project London Probation has changed its organisational shape on a number of occasions. The first project was initiated by the Inner London Probation Service and the partnership with MACA (Together's previous name) was initiated at this time. Despite these organisational changes this partnership continued to blossom.

The rationale for taking an approach such as the FMHP Service is based on findings from a number of sources. There are high levels of mental disorder in offenders before the London Courts (Kennedy, Truman, Keyes & Cameron 1997) with no single agency having responsibility to identify and record mental health problems. There is also little clarity about what constitutes mental disorder for the purpose of the court. Mental health needs often go unrecognised, and therefore unmet, when people are brought before the courts, with the offender given a custodial sentence when a community order would be more appropriate.

Research by the Home Office (James et al, 2002) found that court diversion schemes can significantly improve re-offending rates and treatment outcomes. Those admitted to treatment through the courts were half as likely to re-offend (28%) compared to those of a similar age and offence profile who had been given a custodial sentence (56%).

Many offenders have significant mental health issues, many conditions going undiagnosed when the offender is sentenced to custody. The Office of National Statistics (ONS) survey of psychiatric morbidity among prisoners in England and Wales in 1997 found that 72% of male and 70% of female sentenced offenders have two or more mental disorders. Remand cases have even higher incidence, so if less offenders were remanded in custody whilst awaiting sentencing, this would reduce short-term custody numbers.

The Sainsbury Centre for Mental Health reports that 'prison inreach teams all reported having assessed prisoners on remand who in their view should not have come into prison' and spoke of the 'difficulty in transferring such prisoners to the NHS once they had come

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<sup>3</sup> Together is the UK's oldest community mental health charity. It was formed in 1879 by Rev Henry Hawkins, the hospital chaplain at an asylum in Middlesex, and was originally known as The After-care Association for Poor and Friendless Female Convalescents on Leaving Asylums for the Insane.

into prison.' The review recommends that all magistrates' courts and probation offices should have a mental health court liaison scheme in place. (Sainsbury Centre for Mental Health, 2006)

Lord Bradley's report ( Lord Bradley, 2009) was such a seminal moment in the development of the FMHP Service in that for the first time since the Reed report, Lord Bradley's review, commissioned by the government of the time through the Ministry of Justice provided a systematic and comprehensive review of the experience of a person with mental health and learning disabilities within the CJS and the recommendations of what needed to change in response – it took a much broader definition of mental health need (so not just those with a diagnosed psychiatric disorder) and addressed the need to look at the whole offender pathway not just at any one particular setting. Bradley made explicit references to the need to have a national network of liaison and diversion services in police and court settings but also

where used appropriately, community sentences can provide safe and positive opportunities for offenders with mental health problems or learning disabilities to progress with their lives, as well as receiving a proportionate sanction from the court (Lord Bradley, 2009:92).

The review included visits to 26 sites - one of the first being to Thames Magistrates' Court in East London to visit the Together liaison and diversion service and to hold a roundtable with the stakeholders of that service including probation and health commissioners. It was this visit that led to the partnership being cited as one of the case studies in his report. (Lord Bradley, 2009:70)

In relation to the Mental Health Treatment Requirement (MHTR) as an alternative community disposal, obstacles have been identified in its use by the courts:

Despite the high levels of mental health problems among offenders serving sentences in the community, the Mental Health Treatment Requirement (MHTR) has been used in less than one percent of all requirements issued...One of the most substantial factors that prevents the court from issuing an MHTR is the difficulty in obtaining access to psychiatric assessment, on which the requirement depends. And many offenders are not given an MHTR because their mental health needs have not been identified' (Seymour & Rutherford, 2008).

Obtaining psychiatric reports is often a difficult and lengthy process, resulting in considerable frustration on the part of courts in not being able to access timely psychiatric advice to assist their deliberations in determining the appropriate sentence. Such individuals often wait unnecessary long periods on remand while the courts wait for a psychiatric report or their disposal occurs without the benefit of such advice; thus, mentally disordered offenders sometimes face inappropriate imprisonment or fail to access community support.

In an effort to address these problems, London Probation's partnership with Together (along with Health, Social Care and other criminal justice partners ) is currently delivering forensic mental health services in twenty-two London boroughs, including the provision of

liaison and diversion services in ten magistrates' courts, two crown courts and five police custody suites. Supported through a number of different commissioning arrangements, a key objective is the early detection and identification of offenders with mental health problems, better understanding of the pathways to care and the interface with the criminal justice system, and more timely access to primary care services offering a diverse range of service provision to mentally disordered offenders. This includes supporting the offender management of the offender through the criminal justice system.

Following the Bradley Review, the coalition government accepted the 'direction of travel' outlined in the report which saw the creation of the Liaison & Diversion Programme in 2010. The programme is now being delivered by NHS England on behalf of the government and is described as a cross-government initiative. Whilst the programme does not cover provision for offenders post-sentence under the supervision of probation, it does require reciprocal working between liaison and diversion providers and probation in court (now delivered by the National Probation Service) to support assessment and reporting by probation for people with mental health needs.

This provides the context for the work of these projects. Our own analysis sought to identify the major policy drivers since 1992 to see how the project responded to and developed services to respond to the changing policy context. This is presented diagrammatically overleaf.



1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
<b>Policy / Research Evidence</b>											
<p>The Reed Report focused on offenders with mental disorders. Immediate flourishing of liaison and diversion schemes in response to the recommendation that there should be a nationwide provision of properly resourced court assessment and liaison schemes, but a lack of resources and necessary infrastructures were key factors in the unsuccessful, long-term implementation of many of Reed's recommendations.</p>					<p>The Office of National Statistics (ONS) survey of psychiatric morbidity among prisoners in England and Wales in 1997 found that 72% of male and 70% of female sentenced offenders have two or more mental disorders. Remand cases have even higher incidence, so if less offenders were remanded in custody whilst awaiting sentencing, this would reduce short-term custody numbers.</p>	<p>Evidence from Office of National Statistics Survey, 1998 suggests that up to 90% of the prison population are estimated to have mental health issues, the majority remain undiagnosed.</p>			<p>Initiative initially formed part of 'Safer Cities' arrangements for Islington.</p>	<p>Social Exclusion Task Force evidence on female offenders and MH needs - Women offenders have more significant offending-related unmet needs compared to male offenders, including health, emotional wellbeing, housing and employment needs. For many women prison is not appropriate, and is psychologically harmful, as evidenced through high levels of self-harm, suicide and mental disorder amongst women prisoners. Social Exclusion Unit report also supported the view that mental health problems were often one component of a mix of complex needs requiring a multi-agency response.</p>	<p>Criminal Justice Act (2003) included sentencing reform that saw previous and varied types of community sentence replaced by the single 'community order' with particular requirements. The intent was to tailor sentences more closely to the offender.</p>
<b>Developments with Together - LPT Partnership</b>											
<p>London Probation started to look at how greater support could be made available to probation officers to understand and negotiate the complexities of inter-agency, multi-disciplinary working with mentally disordered offenders MACA first partnered with LPT.</p> <p>Through a "safer cities" project - Islington Mentally Disordered Offenders Project at Highbury Corner Magistrates Court. MACA (as then) employed a psychiatric nurse as a 'Mental Health Court Worker' to assess offenders for mental health problems, to assist the court reaching an appropriate disposal of them, and to support and assist probation officers to develop an understanding of work with this offender group.</p>	<p>Together / LPT partnership develops in the borough of Wandsworth (move from 1995) We therefore need to refer to 20 years not 18 years.</p>		<p>Together-LPT partnership developed in Wandsworth (probation)'.  Programme of funding called Dependency2work funded new posts in Southwark, Lambeth, Lewisham, Kensington, Chelsea &amp; Westminster. It was a multi-agency approach of a number of different agencies coming together to support offenders back in to work and the Together (then MACA) provided the mental health support.</p>							<p>Posts exist in following boroughs:  Hounslow (court &amp; probation) Hammersmith &amp; Fulham (court and probation – this also included some funding directly from the court) Wandsworth (probation) Tower Hamlets (court &amp; probation) Hackney (court &amp; probation) Kensington, Chelsea &amp; Westminster (court &amp; probation) Ealing (court &amp; probation) Hammersmith &amp; Fulham (court &amp; probation).</p>	<p>Protocols were agreed between Probation and Together so that FMHPs were sometimes the designated supervising officer in cases where mental health had been assessed as the primary driver of the offending. FMHPs also provided interventions formally under the Specified Activity Requirement and then over the new couple of years, we worked to develop a Mental Health Specified Activity Requirement. This was to build in a creative way of targeting offenders who didn't meet the threshold / fall within the risk matrix in terms of need for a MHTR but it was assessed that some element of compulsion would be facilitative in the person's engagement with a therapeutic intervention that would also address elements of their offending behaviour.</p>

2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
<b>Policy / Research Evidence</b>										
			Corston Report - Baroness Corston undertook review of women in CJS recognising there was a need to divert away from custody towards community sentences & support, particularly to address issues around MH and substance abuse. The report found that people with MH and SA needs were over-represented in the CJS compared to general population.		Sainsbury Centre for Mental Health report examined the cost-effectiveness of schemes -- based on a cost-benefit analysis, the report asserted a strong case for diverting offenders away from short sentences in prison towards treatment in the community.  Lord Bradley's review in 2009 and the government response in the form of the offender health strategy, improving Health, Supporting Justice put the MH needs of people in the CJS firmly back on the map. There is concern that the Bradley recommendations and the national delivery plan will go the way of the Reed Report and fade into the background as other health issues take priority. The delivery plan is not part of the NHS operating framework and therefore it is not mandatory for PCTs to commission the required services. Public Service Agreement (PSAs) could also lever support for the implementation of the strategy as they identify the key priority outcomes to be achieved by the government, but this is influenced by competing local priorities & could change in the 'new political world'. Funding of offender health services continues to be limited and where it does exist, extremely vulnerable in the current financial climate.  Together is a member of the National Advisory Group which supported implementation of Lord Bradley's recommendations, "early implementer" service.		The needs of people with MH in the CJS was reflected in the MoJ Business Plan, 2011-2015 - identified greater role of voluntary services & support for DoH proposal for rollout of Liaison & Diversion services for offenders with MH. Apr 2011, DoH launched its National Diversion Prg.  The PD pilot has influenced the development of the Government's PD Strategy which received Ministerial sign-off at the end of October. The service will cease to be a pilot in 2012 and will run across all LPT LDUs.  DoH policy guidance has suggested that offenders in the community tend to have difficulties accessing mainstream health services and as a result, tend to over-use crisis services.	National Diversion Programmes vision is to (1) Roll out liaison and diversion services for mentally ill offenders by 2014 (2) Services will cover courts and police custody suites (3) Accessible to all offenders (4) Informed decisions -- charging and sentencing (5) Diversion from CJS when appropriate.	Lord Victor Abedowale's report into deaths in police custody in the Metropolitan Police Service (MPS) was released -- included a recommendation for comprehensive liaison and diversion in police custody suites -- partnership developing their provision in this area.	NPS/CRC need to ensure services continue under TR; different risk levels; u12 stat supervision; Primes/Tier 1 providers prioritise MH.  Probation Trust inspections - highlight importance of LD work.  TR expand partnerships for Together across country; dangers of PbR driving focus; can Together work across two agencies.
<b>Developments with Together - LPT Partnership</b>										
2004/2005 - FMHP service across the boroughs assessed over 750 offenders with court / probation and linked 500 into appropriate services in health and social care. In excess of 200 clients were seen by practitioners in probation on ongoing basis providing short-term interventions.  2004/2005 - New post established with charitable funding in Wandsworth Prison (focusing on mental health needs of short-sentenced and remand prisoners).	Funding from court in Hammersmith and Fulham withdrawn.	2006/2007 - New posts established in Greenwich (probation and NHS anger management) and Lambeth (probation).	2008/2009 - FMHP Service worked with over 940 offenders with mental health issues, including providing the courts with mental health assessments, advice and information in relation to nearly 60% of the cases.  2008/2009 - Hammersmith and Fulham Drug Intervention Programme (DIP) received funding from Hammersmith and Fulham local authority.	The partnership was cited as an example of best practice in Lord Bradley's review of people with MH problems in CJS. 2009/2010 - Service in Wandsworth Prison finished. 2009/2010 - Impact Programme funding - programme for London Probation supported by additional funding from the National Offender Management Service. Programme aimed to reduce the amount of offenders sentenced to prison for less than 12 months. The programme was also to encourage innovative, community-focused solutions delivered by London-based and focused third sector organisations. Posts established in: Southwark (court & probation); Enfield (court & probation); Camden & Islington (court & probation); Lewisham (probation); Women's Court and Outreach Service (Thames MC); Kingston (court & probation); Newham (court & probation).	Together's FMHP service manager seconded (on part-time basis) to the National Mental Health Development Unit, to support a review of current liaison and diversion provision, with the aim of establishing national standards.  2010/2011 - Newham involved in Mental Health Court Pilot.	The FMHP Service has been involved in some high profile initiatives, including the National Mental Health Court Pilot led by the Ministry of Justice, which aimed to identify and promote effective and credible community sentences for offenders with mental health needs.  Two of Together's FMHP projects in London located at high volume courts have been included in National Diversion Programme.  2011/2012 - Newham Mental Health Court finished due to changes in local justice area but post continued.  Publication of our first guide: 'A common sense guide to working with offenders and defendants with mental health problems'- LPT was a significant contributor.	Service delivering 18 Forensic Mental Health Practitioner (FMHP) projects, across 16 London Boroughs within probation and court settings. 2012/2013 - Resolving Chaos funding created new post in Haringey. 2012/2013 - Department of Health funding created new posts in: Brent; Westminster - 2 posts (women's & homelessness); Uxbridge; Women's court project (Camberwell Green MC) Together received London Probation Trust's Working in Partnership Award. Following a review by probation in London of requirements that had been developed to target specific needs, Together was advised that it could no longer deliver interventions under the Specified Activity Requirement without robust evidence supporting a 'what works' approach. We felt that this was short-sighted as building evidence is problematic due to the nature of the contact with service users which is generally short-term.	2013/2014 - LPT funding created new post in Barnet and Enfield.  2013/2014 - NHS England funding created new posts in: SW London Police Liaison service - 2 posts; Barkingside MC.  Together received London Probation Trust's 'Partner of the Year'.	'Integrated Offender Management (IOM) funding created new posts in: Barnet ; Islington.  New posts established in response to NHS England London Liaison and Diversion Trial Site in: Snaresbrook Crown Court; Wood Green Crown Court; Ilford police station; Barking police station; Community Support Workers (x5 posts)	

# 2 A Narrative of the Project

## The story of the partnership

London Probation Trust and its earlier organisational bodies were public sector institutions delivering probation services, historically, in the largest probation area in Europe. New organisational forms for the delivery of probation services are still being shaped. Together is a medium sized mental health charity that had cultivated its roots from traditional, accommodation-based mental health support to developing an expertise around people with complexity of need within the criminal justice system. This is the story of their partnership.

Two key personnel have driven this partnership through its turbulent and uncertain history, one a consistent presence from probation and the other first a practitioner and then for the past eleven years managing the strategic partnership from Together. This section tells their journey in creating, establishing, maintaining, troubleshooting and promoting this partnership since the early 1990s. Though a story of success, as affirmed in other parts of this report, it is a story of survival, of ingenuity against the odds, of dedication and of expertise and at its heart is the story of how partnerships between agencies working at a point of convergence of criminal justice, health and social care can not only survive but grow and prosper.

Neither individual put themselves centre-stage in this development but as exemplars of what is needed in a working partnership their stories are persuasive. Brief biographies illustrate their rationale for engagement in this project.

Angus was social work trained in an era where psycho-dynamic approaches to casework were popular and where a psychotherapeutic background was relevant to the work of a probation officer. He had a particular interest in the social causes of health and disease and how this impacted upon criminal behaviour. Angus chose to focus on those clients who caused difficulties in a busy probation office because of their mental health and from the early days he worked closely with psychiatrists and with the Maudsley Hospital to understand the links between mental health and criminal justice. Though centred happily in a probation role this start to his career led him to seek multi-disciplinary solutions. He undertook further training and secondments and began to be seen as a mental health specialist, so cases exploring personality disorder, learning disability, depression and psychotic illnesses became his caseload. Angus found himself in constant dialogue with clinicians to seek solutions. For a period he became the Probation Development Advisor to the Special Hospitals and was made the then Inner London Probation Service mental health advisor and still has such a specialist role today around personality disorder. Angus remains wedded to probation. The vocational element in the work of a probation officer, the

importance of linking across the community and with other agencies has been at the heart of his commitment.

Linda has a long background in the voluntary sector and in forensic mental health. Having trained as a psychologist and undertaken a master's programme in forensic psychology Linda became a registered forensic psychologist. In her 25 years in the voluntary and community sector Linda has been particularly engaged in community outreach working with high levels of psychiatric need. When she moved to work in London her focus remained on the difficult to engage, socially excluded and those with multiple and complex needs. She joined MACA (which became Together) over eleven years ago and took up one of the FMHP posts in Wandsworth Probation. She has thus gained experience of this project from the ground level. In 2005 she became full time manager of this service which now generates £2 million income. She is now the Director of Criminal Justice Services for the wider organisation. Linda sits on the Bradley Group and is a critical friend to government departments on mental health concerns.

Their joint story is firstly one of dedication and commitment to working with mental health difficulties. Through training, through education, through practice and through dialogue with policy makers their interest has been focused and sustained and yet their agency contexts are so different. In developing partnership they have led from different institutional arrangements but describe how they have navigated these differences with the overarching goal of assessing and supporting people with mental health difficulties in the criminal justice system either going through the court or being supervised by probation. The partnership needed an arrangement which could identify those in need, assess accurately, and help provide pathways for their care and rehabilitation. This was achieved via one initial project but has been maintained and grown exponentially despite the combined pressures of changes in the court structure, changes in probation, reorganisations of health and moves to a commissioning and procurement landscape. Constant horizon scanning was needed to adjust to these changes, to retain the vision and to grow the model.

the project has been very organic, one of its survival mechanisms is being aware of the environment it sits in and being responsive to that, the fact that it is a partnership between a statutory and voluntary partnership has underpinned that because as a voluntary sector provider we can be more nimble about the services we provide, the flex that is needed could have been much more difficult

Initial impetus to this work in the early 1990s was the case of an individual on probation that had entered a lion's den in a local zoo with tragic consequences. The evidence revealed that a good probation officer had been struggling with the complexity of working across health and social care. As the mental health of this individual deteriorated, agencies withdrew on the rationale that probation could deal with this. Excluded from day hospitals and mental health teams there grew a widening gap between meeting his needs and gaining access to services. This highlighted the need to provide support services and MACA (now Together) were approached to assist. Funding was allocated including some from John Lewis and the project started. At the time the Reed Report had provided a focus and a hope that individuals with such complex needs would not fall between the stools of health, social care and criminal justice but this optimism proved short lived.

If, through Reed, mental health cases came centre stage they were wearing roller skates as they went flying off the other end of that stage very quickly

The basic concept of this partnership has always remained the same. There has been some changes in the overarching aims to meet the nuanced emphasis of different funders but the leadership retained a genuine professional desire to sustain the original vision, to make it work better and to ensure it was always about the users of the service; both services users themselves but also probation staff who could receive the support of mental health professionals to enhance their own casework and court staff to inform their decision-making.

it's a pure partnership, partnership working is essential not purely target driven as we retained the vision of delivering support to a vulnerable group and dealing with the battles internally, we always asked what has to go elsewhere rather than the project itself

The core features have always been: assessments and provision of reports; managing and supporting individuals with therapeutic interventions; developing probation staff to support their clients; information exchange and case consultation with a panacea of criminal justice, health and social care agencies.

The early story reveals a number of struggles to get the formula right. The single FMHPs appointed within boroughs were firstly recruited from nurses, social workers and psychologists. Determining the right skills mix for the role - 'getting the right people on the bus' was seen as vital. Quality control was assured by careful recruitment, through interview processes to appointment underpinned by clear and explicit role competencies.

the quality control was the interviewing of the assets, the practitioners, and quarterly reviews, this was critical because there still was no sustained government strategy or buy in from anybody. No one was holding service users in their minds, we no longer need to do that but we still monitor the overall service

The second battleground related to meeting the needs of commissioners, courts, probation senior managers and seeking to work in a context where buy-in from policy makers was limited. This battleground proved particularly challenging from 2006 when a procurement process was initiated and the partnership - probation and Together - sat on opposite sides of that process. This tested the maturity of the project as Together's custodianship was pitted against market competitors. The partnership survived on its merits and particularly the 2009 procurement enabled service specifications to be written which catalogued the many practices which had become central to the successful operation of the Projects but had not been so rigorously identified. The outcome was a continuation of this partnership, a growing level of maturity to the project and the expansion in numbers, in client focus particularly women and areas encompassed by its reach.

The third and most constant battleground was described as the fragility of the funding. In the early days, the projects never received more than 12 months funding and indeed this continues to apply to some of the existing projects today. The story describes the constant changing of goalposts and last minute deals to keep the show on the road. The leadership

have worked hard at a systems level to solve the funding gaps without moving to end projects prematurely and destabilize the initiative. A collaborative approach to resource management has allowed funds to be moved around the system to plug gaps.

a constant battle to secure and maintain funding and we really have done it on wings and prayers at times.....usually something was around the corner, but we hit some unfortunate external circumstances but we were also blessed by considerable luck by keeping the show on the road against all the odds at times

A second pressure has been that the source of the funding has been increasingly diverse with probation only providing about a third of the funding now. This has assisted the strength of the partnership as they have worked together to place bids and arguments for funding to a variety of third party organisations, including funding programmes of independent Trusts and Foundations available to Together due to its charitable status. This demonstrates the integration between the partners and the shared vision which enable such bids to be successful.

A fourth struggle which was resolved on the ground was the potential for tensions in the different operational philosophies of probation and the FMHPs. Co-location enabled each party to understand the working philosophies of each partner and establish protocols to reduce clashes around issues of enforcement, sharing assessments, acceptance by probation staff of the role of support from the FMHPs, sharing information and sometimes this was expressed in practical tensions around office space, IT access and availability of IT equipment. These struggles were always overcome either on the ground through identified operational leads of both agencies or through the joint leadership seeking to ensure the core vision behind the projects could continue to develop. Co-location proved a catalyst for improving and developing relationships and reduced any dissonance between the different staff groups.

lot of work on developing and maintaining a professional identity of the FMHP within the probation environment. They have a strong identity, they know who they are, they know what they ought to do..... We recruit practitioners with these personal qualities who are robust enough to put boundaries around their practice to be able to say no but which does not alienate them from their probation colleagues

The core vision has been to deliver direct services to this vulnerable group and despite changing parameters the spirit of this partnership has held onto this vision. Key inputs have remained the same but the reach of the service has expanded as other gaps have emerged, local variations, different creativities, different target groups, but the tenacity to follow the core vision has never been lost. The maturity of the partnership can be observed not only in the growth of the project but in the invitations to speak at national events, it's highlighting in the Bradley Review (Lord Bradley, 2009) as a case study and in articles on the project.

The story talked a lot about the essence of this partnership describing it as a 'pure and genuine partnership'. As partners they have worked together to moderate the relationships with NHS trusts, using the influence of London Probation to be heard. Reputational risks are eased by the partnerships close working relationship with probation which has enabled Together to prosper elsewhere where it has become a major player in its own right in

delivering criminal justice mental health services. The partnership has been proactive when problems have emerged. In one example referrals were reducing, Primary Care Trust (as it was then) money was at risk. The Assistant Chief Officers (ACOs) within the Local Delivery Units (LDUs) changed practices, increased sessions with the courts, introduced relevant training and through liaison overcame resistance in the court setting. Where necessary the model has been redesigned to meet the needs of as wide a group of stakeholders as possible.

Asked to describe the essence of the project leadership it has been fivefold: navigating governance in a volatile funding and policy climate; challenging any mission drift to hold onto its target group; maintaining the quality and level of the FMHPs by ensuring thorough recruitment processes, and not compromising on costs; modelling a can-do leadership approach which has enabled the project to survive many external and internal changes; and 'locking heads together' during periods of anxiety for project continuance, always looking for shared and workable solutions.

Vision has remained intact, we had tenacity, shared professional desire and ambition as individuals to sustain and develop this vision. How did we protect that? Try to get people in the right place at the right time

The story talks positively about the decision to co-locate the FMHPs. A strong belief emerges from the story that the projects could not work in the integrated and shared way they do if not physically based together. The FMHPs share the ups and downs of the probation world and can adjust their expectations accordingly; visibility, ease of access and the resultant responsiveness were key to becoming embedded within offices. 'More done over tea stations' which can enhance the capacity for joint assessments and appointments, informal sharing and flexible solutions based on the expertise of both staff members. An important observation on being co-located successfully also demanded separation in management processes. The clear lines of authority have to be maintained and challenged when local probation managers sought to overstep their authority. The strong identity which the FMHPs needed was enhanced by their ability to get support offline, to be part of a team of workers across London and to share knowledge and receive feedback through clinical supervision. The robustness of individuals to survive on their own was a key criterion in appointments, ensuring all understood the boundaries of practice and helping the FMHPs to say no when they needed to do so. But co-location also produces a single point of contact for the service user who is more concerned about receiving a service than who delivers it. Being onsite, when appropriate, enabled the practitioners to respond to service users directly and at the time of most need.

As the story unfolded the two leaders shared some insights into why their partnership worked. Angus said that they both shared ambitions for the project, they wanted to stay in this area of work, wanted the same solutions, wanted to make it work and he benefited from the strong intellect but also pragmatic qualities of his co-leader; ideas on how to get round problems, finding solutions, sharing battles around keeping the service going. Linda talked of the strong personal relationship, held together by this joint enterprise and also the breadth of Angus' strategic and operational networks across London. Overwhelmingly it was trust which was at the heart of what was described as a 'true' partnership. Openness,

challenge, genuine relationships, respect, emotional support, continuity and reciprocity were all demonstrated by this partnership.

Holding onto that vision was our bottom line. We just had to keep this service for vulnerable people

A lot of their energies have been focused on ensuring the project maintained focus but equally they have both managed upward relationships ensuring strategic decision makers in both agencies were informed about developments and would back their proposals. In many ways though strategic managers to the projects they are also quintessentially middle managers sitting between their own systems and hierarchies.

In recent times the size and maturity of the projects has made their own presence less crucial to the successful operation and development of the projects.

service has a level of maturity now we are not as visible in the project. Some very good people have been appointed to take up the baton and take this project on

The next stage of the story is whether the robustness of the provision can be sustained at a time of immense organisational changes attendant on the Transforming Rehabilitation proposals. Both retain a key interest in their shared projects but also recognise that so many people within and beyond the agencies share this story and value this work beyond measure. Their passion remains undimmed and their goals clear:

this is a service that can help promote offender engagement, and can help probation staff understand that process with people who have got complex needs and help them to improve on their engagement and we are very much into desistance. People will deteriorate, things will happen, re-offending will occur and so it's about understanding that, promoting their wellbeing, taking care of their health needs and this will tackle their re-offending.



# 3 Results

## Description of the analysis process

In addition to the narrative interviews discussed in a previous chapter we conducted 12 semi-structured interviews. The schedule of these interviews is attached at Appendix x. The interviews were selected to reflect the complex partnership between health, social care and criminal justice. In the end 12 interviews were completed and the distribution of them was as follows:

- 5 probation staff at practitioner, middle and senior management
- 4 Together staff at practitioner (FMHO), middle management or senior management
- 1 clinical supervisor
- 1 district judge (retired)
- 1 director of public health.

We were unable to interview one middle manager from probation and an NHS commissioner.

Interviews were conducted on the telephone and lasted approximately 60 minutes. Analysis of interview data was undertaken using a thematic framework approach. This involves working through a number of distinct although interconnected phases (familiarization, identifying a thematic framework, coding data, charting data, interpretation and mapping) in order to make sense of the data. This is the preferred method of data analysis as it simultaneously meets specific information needs but also has the potential for actionable outcomes. It is also systematic and can be understood and assessed by people outside the research process or those unfamiliar with the research process. The software package NVIVO was used to provide an efficient and speedy way of coding and organizing such qualitative data sets. The qualitative analysis was an interactive process between the researchers involving ongoing discussion. This approach is effective as it provides a 'checking mechanism' for the interpretation of data, thus adding to the validity of the results. The initial themes were shared at the workshop to achieve further validity.

The data obtained from the interviews has been used to inform all aspects of the research. This chapter focuses upon the specific themes which emerged as key to the overall analysis. This is presented in two ways. Firstly a SWOT (strengths, weaknesses, opportunities and threats) analysis was undertaken which was shared and further developed in the workshop and secondly the key themes emerging from the interviews.

## **SWOT analysis**

The summary of the SWOT analysis is provided in the diagram below. What emerged from this analysis was a strong consensus that this project was seen by all respondents as a highly valued and high-quality enterprise.

### **Strengths**

The characteristics which were seen as vital to the success of these projects focused around three areas:

- The quality of the Forensic Mental Health Practitioners staff backed by a high level of clinical supervision
- The importance of a multi-agency approach informed by mental health expertise
- Leadership which was facilitative and stable

### ***Quality of the FMHP***

There has been a consistent policy to appoint staff to the role of the FMHP with a high level of qualifications and practice experience. At times of financial constraint there have been pressures to reduce the salary levels of the staff but this had always been, hitherto, successfully resisted. This has produced staff who can work on their own as single practitioners within the environment of a busy court and probation office. The varied professional disciplines of the FMHPs for example, psychology, occupational therapy, nursing, psychotherapy has led to diversity in the service being offered, tailored to the needs of the clients in the different boroughs and shared learning amongst the FMHPs. Their expertise is also recognized by the probation staff who have confidence in their capacity to undertake assessments, offer advice, write reports and also empower probation staff. Probation staff commented on the additional skills and expertise offered by these practitioners which was complementary to their own skills. One of the factors identified as crucial to the success of a single practitioner model is the availability of good line management but also clinical supervision. This is a key finding of this research that goes against the tendency to de-professionalize services. The benefits of providing well qualified, self-motivated staff with consistent clinical supervision, was a commonly repeated feature of the respondents' feedback.

### ***Multi-agency framework***

Mental health issues are by definition multi-agency spanning the areas of health, criminal justice and social care. Yet conventional single agency settings can make it difficult for attention to such a multi-layered problem to be adequately addressed. Respondents commented on the way in which these projects opened doors to multi-agency participation. These links could then be easily used for referrals, signposting, navigation and brokerage for service users. The presence of strong expertise in mental health ensured that the most appropriate agencies were engaged and this gave confidence within probation and in the

court setting. This project would not have been a success without this multi-agency engagement.

### ***Strong and consistent leadership***

A common finding on similar projects is the importance of working together throughout the organizational structures. A successful project is often one which demonstrates coherence of vision between strategic goals and operational realities. This project was seen as demonstrating that organic linkage between the key leadership and the workers on the ground. Strategic leaders were seen to be supportive, to understand the core concepts underpinning the project, to be consistent in their advice, to act decisively when problems occurred, and to facilitate the projects undertaking the frontline work free of unnecessary interference.

### ***Other strengths***

It can be seen from the infographic below that the core strengths identified above allowed the project to develop organically over time and respondents identified many other strengths including:

- a model of delivery which has worked over time and in different settings
- diversification of funding
- longevity and equality of the partnership
- a single point of contact which provides clarity of expectation and delivery
- focused expertise in particular areas e.g. women's issues
- buy-in from sentencers

### **Weaknesses**

The SWOT analysis also identified the relative lack of endemic weaknesses in the model. Overwhelmingly respondents were positive in their responses and the weight of weaknesses was simply absent. That having been said there were some issues which were seen as key by a significant number of the respondents these relate to:

- funding fragility
- discontinuity in services when FMHP leaves
- the difficulty of a single practitioner when they do not perform

It must be stated that the weaknesses related mostly to the difficulties surrounding operating in a volatile environment rather than the concept of the FMHP role itself. The fragility of funding regimes has bedeviled most partnerships in probation particularly since the 7% required allocation to third sector partnerships was abandoned. The leadership has shown great ingenuity and persistence in exploring and accessing a range of funding sources to ensure the projects continue and have indeed expanded in number. The restrictions of funding can influence the through-put of staff and respondents commented on the time lag

between appointments during periods of high demand producing discontinuity in service. Loss of a peripatetic role due to funding cuts also limited the ability to cover staff absences or changes in staff. Although this was not viewed as a significant problem, it is a role that may be considered important within less well established Projects based on a single practitioner role. Any project relying on a single source for its delivery will have difficulties if the staff member appointed is problematic. Over the entire period this was not identified as a significant feature due to the selection process discussed above but it was an inherent risk of the model.

Lack of awareness of the service amongst probation staff resulting in limited referrals and challenges balancing the at times conflicting remit of two different organizations were also identified as potential weaknesses.

The ability to attribute and evidence outcomes to the Project was not viewed as a significant weakness during the interviews and respondents' were able to identify a range of indicators of success. The issue was however discussed and raised during the workshop. Given the complex needs, multiplicity of factors and often short timeframes in which the Project engages with service users, the ability to capture and measure impact can prove difficult. This is a challenge that may become increasingly relevant under Transforming Rehabilitation and PbR contracts.

## Opportunities

There was a real sense of continuous improvement in approaching this work. Rarely did respondents feel the project was ever complete and that it could not be developed, re-focused or otherwise improved. The respondents' commented that strategic staff were continually looking for opportunities to develop the programme and provide new foci, this was exemplified by the recent focus on women's projects. Three opportunities were identified in particular:

- the possibilities behind the Liaison and Diversion trials
- the longer term funding of the new Community Rehabilitation Companies which would enable greater stability in delivery
- the innovative and creative possibilities trumpeted by government in its Transforming Rehabilitation proposals.

The core strength underpinning these opportunities is the excellence of the basic model and the working practices achieved over the past 18 years. Respondents were keen to emphasize that the underlying model worked so well that change and development was about enhancing and developing the concept to provide funding stability and greater reach across London and indeed the rest of England and Wales.

Specific areas where participants felt there were opportunities for the project to grow (dependent on securing further funding) included, increasing the number of practitioners in each borough to two, which could address a number of problems identified above with consistency of service. Broadening the service into wider criminal justice teams, such as





Integrated Offender Management Teams (IOM) and expanding the service beyond London to a national level were also suggested.

## **Threats**

As would be anticipated the main threats were related to the current policy drivers impacting upon service delivery across the sector - uncertainty of resourcing, devolvement of services, changes in commissioners with differing agendas and to the perennial difficulty of working across major systems such as criminal justice and health which can get in the way of providing cross-sectoral services at the heart of the basic provision. These are not unfamiliar problems and the ability of this project to show such resilience in surviving for a long time already suggests it will continue to do what it can to avoid being overwhelmed by the difficult environment for crisis services in mental health. The issues identified in the summary diagram would also be on the radar of the strategic and operational managers.

## **The SWOT diagram**

The SWOT diagram (Page 24) adopted a colour coding to distinguish the degree to which individual respondents and other documentation supported the issue in hand. It will be seen that only on the strengths was the consensus on a small number of topics consistently high. (seen as Dark Red) Red signified a reasonable degree of consensus whilst the items listed in black may only be the comment of one respondent.

	<p><b>STRENGTHS</b></p> <p>Staff - motivated, skilled (broad range of skills / qualifications), high quality, ability to form professional relationships and engage service users</p> <p>Expertise in forensic services and Mental Health</p> <p>Strong, consistent and stable leadership</p> <p>Provision of clinical / practice based supervision for staff supported through a robust clinical governance framework</p> <p>FMHPs have strong links with external agencies / services in local community which aids signposting, referrals, navigation and brokerage for service users</p>	<p>Empowering probation staff</p> <p>Flexible, reflective, proactive, innovative and dynamic approach</p> <p>Model of delivery - co-location, being integrated, visible, attending meetings in local offices</p> <p>Good understanding of relationship between criminal justice and mental health and of both sectors</p> <p>Responsive to needs of wider stakeholders</p> <p>Information sharing in court and triangulation of information</p> <p>Diversified funding / resource capacity</p> <p>Length of partnership built credibility and reputation</p>	<p>Buy in from Sentencers / knowledgeable of area</p> <p>Access to probation systems aids information sharing</p> <p>FMHPs provide single point of contact</p> <p>Good understanding of service user's needs</p> <p>Staff apply their skills to a Whole Person Approach to focus on broad range of needs, not just acute mental health problems</p> <p>Equal partnership between Probation and Together</p> <p>Responsive to advice and development</p> <p>Expertise in women's issues</p>
	<p><b>WEAKNESSES</b></p> <p>Funding fragility at times / short term funding</p> <p>Gap between provision when staff change over</p> <p>Challenge if you get a 'dud' staff member in a singleton role</p> <p>Lone working / single practitioner model</p> <p>Loss of funding for peripatetic role</p>	<p>Diversion needs to be integrated into criminal justice for more sustainable funding to be secured</p> <p>Lack of fit with law enforcement agency - balance between service user focused / client centred and managing risk, public protection and compliance with orders</p> <p>Voluntarism v compliance of engagement</p>	<p>High demand can impact on responsiveness and time between referral and appointments offered</p> <p>Attributing outcomes to their work</p> <p>Culture in some boroughs - lack of awareness of the service amongst probation staff and probation staff not identifying or referring cases</p> <p>Challenges working with local Mental Health Trusts in some areas</p>
	<p><b>OPPORTUNITIES</b></p> <p>Liaison and Diversion trials extended / integrated</p> <p>CRC might provide longer term funding</p> <p>Transforming Rehabilitation may create opportunities for service innovation and creativity</p>	<p>Continue to engage with wide range of partners</p> <p>Greater training for Mental Health and women's Mental Health needs</p> <p>Training of Magistrates</p> <p>Development of mental health services within other CJ teams, such as IOM</p>	<p>Become better at demonstrating outcomes and recording outcomes for short term interventions e.g. through referral partnerships and ensure performance definitions are robust</p> <p>Service expanded to national level</p> <p>Double up practitioners in boroughs to ensure service maintained continually</p>
	<p><b>THREATS</b></p> <p>Stretched resources - providing resources which should be provided by NHS</p> <p>Reduced diversity in funding - increasingly separate and linked to either health or CJS</p> <p>Working across different agencies who have different agendas and information sharing processes/ procedures</p> <p>Paucity of community based provision and long waiting lists for service users</p> <p>Cost of crisis services</p> <p>'Buy in' of probation staff - referring cases and attending training</p>	<p>Ensuring suitable supervision for staff</p> <p>Access to computers, office space and desks</p> <p>Ensuring partnerships work</p> <p>Changing landscape for practice in community supervision and split between NPS and CRC</p> <p>Probation not part of health and wellbeing boards</p> <p>Relationship between mental health services and substance abuse services - two need to fit together</p> <p>Lack of engagement between future health commissioners (CCGs) and probation</p>	<p>NHS and Probation been in constant churn and uncertainty where commissioning is being done and for two organisations to remain connected during this process</p> <p>Links with NHS Trusts in London is patchy</p> <p>Ensuring buy in of VCS or statutory services</p> <p>Lack of understanding of MH or need to support individuals with different approaches - often punishment seen as only option</p> <p>Difficulties measuring outcomes because of short timeframe for service interventions and lack of capacity to track</p> <p>Different commissioners can require different outcome information which can be time consuming for staff</p>

## **Key themes emerging from the interviews**

Five key themes emerged at the core of the analysis indicating a high level of agreement between the respondents and also validated by the documentary analysis and the workshop. These themes represent the **critical success factors** for this project and represent the key issues in replicating this provision elsewhere.

### ***The nature of the partnership***

This project exemplifies the centrality of partnership when delivering services for individuals with mental health problems caught up between the big systems of health, criminal justice and social care. Single agency systems cannot provide a complete service nor can access to those services be easily achieved. By working in partnership the capacity to open doors, to provide a comprehensive integrated provision, to garner expertise, to access resources and facilities, becomes possible.

The concept of partnership is often misconstrued as a purchaser-provider relationship which is more characteristic of probation partnerships than this model exemplifies. Partnership requires a mutual engagement which is built on equality, mutual respect, agreement over aims and a clear sense of direction and purpose. This is provided by this project as the respondents attest. Having started because there was a gap in provision and a recognition that probation staff did not have sufficient expertise to deliver mental health assessments and interventions without expert support, it has grown, as a committed partnership, despite changing formal relationships necessitating procurement of services in recent years. The continuity of delivery over the period has ensured that a committed partnership is maintained at a project level and this was explicitly recognized in the Reed Review and in subsequent policy reports such as Bradley and Corston. (REF) With over 40 practitioners now involved the partnership has become well embedded in its role and as one respondent noted it has become:

far more professional, far more credible, far bigger, more dynamic, it's become the agency that's been responsible for producing research and data to the probation service, it provides training to them, it's provided literature and handbooks that it dishes out on aspects of mental health and personality disorder, it's taken in a far more diverse range of professions in its FMHPs, it has different management layers, a whole new structure of management

### ***The project's ethos and values***

Respondents were keen to emphasize the organic growth of the projects over time which developed an ethos, a way of working, which transcended individual practitioners and provided an underpinning set of values which through training and clinical supervision, were transferred onto new projects and new practitioners. Four core values were mentioned through most of the respondents' accounts:

- Can-do approach
- Facilitative leadership
- Reducing inequalities
- Service user focus

### *Can-do approach*

At the heart of all the projects was a single practitioner who was focused on intervention, whether in the courts setting, assessing individuals, guiding and supporting probation offender management or direct casework themselves. They provided a service which produced immediate outcomes for service users and for probation staff referring to the project, with for example, appropriate diversion and improved access to health services, reduced distress and improved wellbeing for service users, and increased confidence in decision making, ability to support engagement amongst offenders with mental health and greater knowledge of mental health amongst probation staff. Their solution-focused approach became accepted within the probation and court context because they provided a value-added dimension and delivered. The flexibility and adaptability of the practitioners was also emphasized when discussing the recent innovation of a Women's Project. One respondent commented:

I don't think it has changed massively, it followed the very well tested Together model, the FMHP model, generic provision and we built on that..... we just adjusted to the needs that women have.

### *Facilitative leadership*

The can-do approach mentioned above was further enhanced by the approach of the strategic leaders, Angus Cameron and Linda Bryant, who both protected operational staff from strategic complications re funding or other issues but also proactively engaged to unblock local project-based problems as they occurred. At the heart of this leadership was a partnership between Probation and Together which was seen as constructive, mutually beneficial, equal and facilitative, based on a core understanding of the concerns underpinning service delivery on mental health, as one respondent commented:

(they) have a real understanding of what probation is and what the needs are of the service users and also the practitioners. A lot of these things stand or fall by the nature of the relationships of the individuals and (they) are critical to that

there's that mutual respect, they seem to know what each other's role is, what each other's limitations are.....I think that also does affect a chain for the whole project cos that way of working is embedded and expected really, so I think it's really helpful. Plus if there are problems you can pick up the phone and sort them out, there doesn't have to be a huge email stand-off as there sometimes can be in probation.



### *Reducing inequalities*

At the heart of this work is a concern to ensure that services for those with mental health difficulties are made available and provided with support to overcome their difficulties. For such a long time now successive reports on the penal system has identified the difficulties those with such a history face within the criminal justice system. Sat between two big systems and requiring specialist knowledge and expertise, they can easily fall between two stools. As the Bradley Report identified in 2009 what is needed is:

a flexible, multi-agency and multi-professional approach, the aim of which is to identify and meet most effectively the needs of mentally disordered offenders (Lord Bradley Report, 2009:9)

The complex and multi-faceted nature of the problems often means that their needs are not met or they find themselves in the care of an organisation, such as probation, without the specialist expertise to deal with the difficulties. Striving to reduce the inequality inherent in this process, this project perfectly bridges the gap between systems by providing access points both into core services and onto specialist services when needed.

More recently in refining and enhancing the provision, specialist projects have developed around the needs of women and other vulnerable service users. As one respondent highlighted:

there is a far greater diversity of service that's being offered which can be tailor made for the particular locations.....so it allows flexibility and a dynamic service that is tailor made to meet the needs of the stakeholders.

### *Service user focus*

Together has an explicit commitment in its aims to foreground the needs of the service user. Their philosophy is described as:

Our focus on service user involvement is at the heart of our philosophy and shapes every aspect of our work. It means putting the people who use our services in control of the care and support they receive. Our experience proves that this helps them overcome mental health issues and lead more fulfilling lives. (accessed at <http://www.together-uk.org/about-us/service-user-involvement-directorate/>)

This also resonates with the work of London Probation which has a strong commitment to service user engagement. As a result all the FMHPs spend a high proportion of their time (estimated at 60%) in direct work with service users. This is particularly important given the high needs that the Project's service users face and the difficulties often experienced navigating the complex pathways of both the criminal justice system and health services, as illustrated by one respondent:

[The] idea was to catch people falling through the net. You get some who meet criteria for access to NHS and some who meet criteria for access to criminal justice services, but there are a mass of people in the middle who don't meet the criteria or

have a complex combination for example, drug use and personality disorder. The project is trying to capture the revolving door of mental health and re-offending.

### ***The model of delivery***

The success of the delivery model is evident in the fact that it has been adopted in the same way across the various boroughs in London. The only differences that exist are a small number of services are solely probation based rather than the traditional dual role split between court and probation or focused on specific groups for example, female offenders. What remains consistent is the approach adopted across the different locations and the single practitioner role. The court aspect of the project involves liaison and diversion based on proactive screening of offenders, identifying people with mental health issues and associated social care needs, carrying out assessments and providing reports to the court so they are aware of offenders needs. Other aspects of the court role include, triaging people into local statutory and community services, mental health services and holistic wellbeing services. Providing sentencers with specialist advice around sentencing recommendations within both written and oral reports is another feature of the court liaison service. Post sentence work including, advice, consultancy, case review assessments, pathway planning and interventions all form part of the work carried out within probation.

Participants identified a number of success factors in relation to the delivery model. These included co-location, single point of contact and flexibility and diversity in the use of funds.

The sharing of a physical space was said to engender a range of positive outcomes for the FMHPs, probation staff and service users. Availability and visibility in court and probation offices could help to raise awareness of the service and the support available amongst probation staff. For FMHPs, being based and integrated in local offices could aid their understanding of local issues and facilitate strong relationships with probation officers. Co-location could also support compliance amongst service users, as they only have to attend one location on one day. Although there were challenges associated with the single practitioner role (discussed above) the provision of a single point of contact and consistency in staff could aid the development of effective relationships with probation staff and use of the service. Whilst there has been little change to the delivery model over the past 18 years, the project has had to be responsive to changes in funding in order to grow and sustain the service on offer. Securing funding from NHS England, Department for Health, matched funding from Local Authorities and independent grant makers as well as core funding from probation has led to the expansion of the project into additional boroughs within London.

### ***The staffing strategy***

In an era where there has been increasing de-professionalization of services such that para-professionals are engaged more and more to undertake front-line work in many agencies - probation, legal advice, nursing, social work, education - this project has sought to sustain its commitment to employing FMHPs at the same level consistent with the responsibilities of their role. Operating as single points of contact in each project a high degree of personal independence is needed to operate in another agency's location whilst sustaining professional integrity. At the heart of this is the personnel specification which has been

consistently applied over the 18 years of operation and was strongly defended by respondents during this research. It consists of four key elements:

- level of qualifications
- skill set
- external clinical supervision
- quality of inter-personal relationships

### *Qualifications*

There has never been a single entry point for the FMHP so a variety of backgrounds including nursing, psychology, and social work have been encouraged. What has been maintained throughout is the entry level at which these appointments are made. Professional or academic qualifications are located at masters' level or above. This core qualification base has been crucial to the maintenance of standards and to the standing of the individuals working alongside probation officers, the judiciary, health professionals and so on. Mutual respect for the level of expertise provided has enabled working relationships to blossom. FMHPs appointed are a culturally diverse group who have a strong commitment to re-training and continuous improvement.

### *Skill set*

The skill set required for these posts includes at least two years' work in a mental health setting. Ability to work on their own whilst maintaining and developing good working relationships both in the court setting and in the probation offices are also essential criteria. The benchmark for appointment ensures that professional standing is high and that enables their voice to be heard. The high quality of information presented to the courts was seen as a major factor in their court-based work as identified by a sentencer respondent.

### *External clinical supervision*

The importance of this role cannot be underestimated. Clinical and management supervision is provided on an individual basis by an experienced manager with the practitioner also required to engage with monthly clinical team supervision facilitated by an external chartered Forensic Psychologist. The line-manager of the practitioner is supported by an Operations and Development Manager. This was strongly supported by the respondents:

central to clinical governance really, that they have somebody external..... and provides that external layer of external supervision to make sure that in the first instance the work they're doing is correct and in line with the latest research and is informed appropriately

The maintenance of this oversight at a number of levels, focused on their clinical work more than bureaucratic management enables the practitioners to grow in their role, to explore issues as they arise and ensure that there is consistency across the diversity of the project settings.

### *Quality of inter-personal relationships*

A theme which was common from the respondents was the quality of the individuals as workers which comprise the FMHP cohort. There were many references to their ability to work effectively in a co-located situation which was owned by the probation service, they were able to communicate effectively to probation colleagues and court staff and saw their professional development as central to their working environment. Their constant presence, their ability to empower probation staff whilst also relieving the workload for selected service users, their expertise, their understanding of the pressures probation staff face, was seen as liberating probation staff to focus on their offending behaviour work. It has an impact which has deepened over time:

it's dynamic, it's changing, there's a range of different professional expertise, it's leading the agenda, it's forward thinking, creative, it has a good infrastructure, good policy, good support for its practitioners, it's targeting that grey area of mentally disordered offenders, it's all about relationships with key members of staff and in statutory services as well.

it's their personal commitment, enthusiasm, personal charisma and ability to make relationships with professional colleagues.

### *The governance arrangements*

Sustaining a partnership with a voluntary sector organization over 20 years suggests that the governance arrangements have worked well. There is no doubt that this relationship between probation, which has been through diverse organizational formats and Together has had to shift as the organizational setting has shifted. Informal relationships, have given way to contractual ones and to procurement processes. It is crucial to the success of this partnership to highlight those elements which have managed to sustain this partnership despite these changes. Respondents and the documentary review suggest three key features:

- joint and consistent leadership
- flexible and diverse use of funds
- modelling good practice approaches

### *Joint and consistent leadership*

At times of organizational change in probation - 2001, 2007, 2014 - it would be easy for past relationships to disintegrate and new partnerships emerge. The commitment of probation to support one individual to provide consistent leadership over this entire period has no doubt been important to its success. Though senior managers have changed as have middle managers one person has held the project vision for probation from the outset. Over the past 10 years Together has also supported the same consistent leadership from their staff member and together they have provided the elements which has ensured continuity and successive transitions. Despite concerns raised during the workshop about how reliant the Project was on the joint leadership that currently existed, there was a strong sense that the model itself, with the quality of practitioners, model of delivery, underpinning values and

ethos that had been honed and improved over the years rather than significantly changed, had a robustness that was not solely reliant on the two current leaders. What was noted, was a series of qualities / aspects that were deemed crucial to the success of the joint leadership:

- ✓ Continuity
- ✓ Mutual respect
- ✓ Openness
- ✓ Flexibility
- ✓ Adaptability
- ✓ Innovative
- ✓ Trust
- ✓ Critical friend
- ✓ Reciprocity

#### *Flexible and diverse use of funds*

In keeping with the can-do philosophy highlighted above respondents pointed to innovative solutions to funding requirements over time.

Looking beyond the core contract and funding from London Probation Trust, to secure funding from wider agencies including, the Department for Health, NHS England, Local Authorities and independent grant makers has allowed the Project to continue and expand. Strong, well established relationships and the reputation of the Project was said to have aided the process of securing funding from these various sources.

#### *Modelling good practice approaches*

Beyond the traditional model of delivery described above, whereby FMHPs provide direct advice and support within court and probation, the Project has also been proactive in producing leaflets, posters and guides in order to raise awareness of the Project and their work and issues around mental health and offending. One such output includes a practical, mental health guide for frontline criminal justice staff – ‘*A common sense guide to working with offenders and defendants with mental health problems*’ which Together has been leading on. A pocket guide version was subsequently commissioned by the Metropolitan Police Authority to support their frontline police officers. A more recently published second guide, ‘*A common sense guide to working with women with health and wellbeing needs in the criminal justice system*’ reflects the Project’s work in developing specific service responses to address distinct needs.

# 4 Project Theory of Change Model

## Why develop a theory of change model?

One of the key purposes of this research was to develop a clearer understanding of the activities which took place under the Forensic Mental Health Practitioner Project over the past 18 years and assess the extent and nature of the inputs, outputs and outcomes. The research team sought to develop and populate a theory of change model for this project drawing on existing data and evidence to test its coherence, assess any gaps and produce a working model which would demonstrate its utility and guide future developments of the model.

A Scottish Government publication defines a theory of change approach as an:

evaluation approach that is increasingly used in complex interventions to enhance planning, support the development of an evaluation framework and to aid attribution (being able to attribute changes found to the project activities). The approach involves encouraging project stakeholders to prospectively describe and link their long-term, interim and short-term outcomes back to the activities and outputs they intend to deliver. It also promotes consideration of why such changes might occur as a result of these activities. This process therefore uncovers a project's results chain (theory of change) and some of the underlying theories that underpin it. The resultant theory is often presented as a logic model:

(Accessed at <http://www.scotland.gov.uk/Publications/2011/09/21082703/6> )

## Developing the model through the fieldwork

To ensure the model was reflective of the practices of the projects over the 18 years we sought to triangulate the data from the interviews with the documentary review and subsequently to confirm the validity of the model in a workshop. Interestingly we found a strong consistency in the responses from the interviews which provided an initial outline of the model. The research team then interrogated the documentary material, seeking to find contra-indications at different time periods and either confirming or updating the model. Before exhausting this search we found such a high level of consistency at the core of the model that we could confirm that this Model has operated over the entire period of the projects and whilst it has enhanced and nuanced its approach the core elements have been preserved and repeated over time.

The final stage was to seek support from the workshop for the final shape of the Model as a vehicle to provide a framework for impact evaluation in the future. The Model was

enthusiastically received and with some minor additions and changes was seen as an accurate representation of the projects.

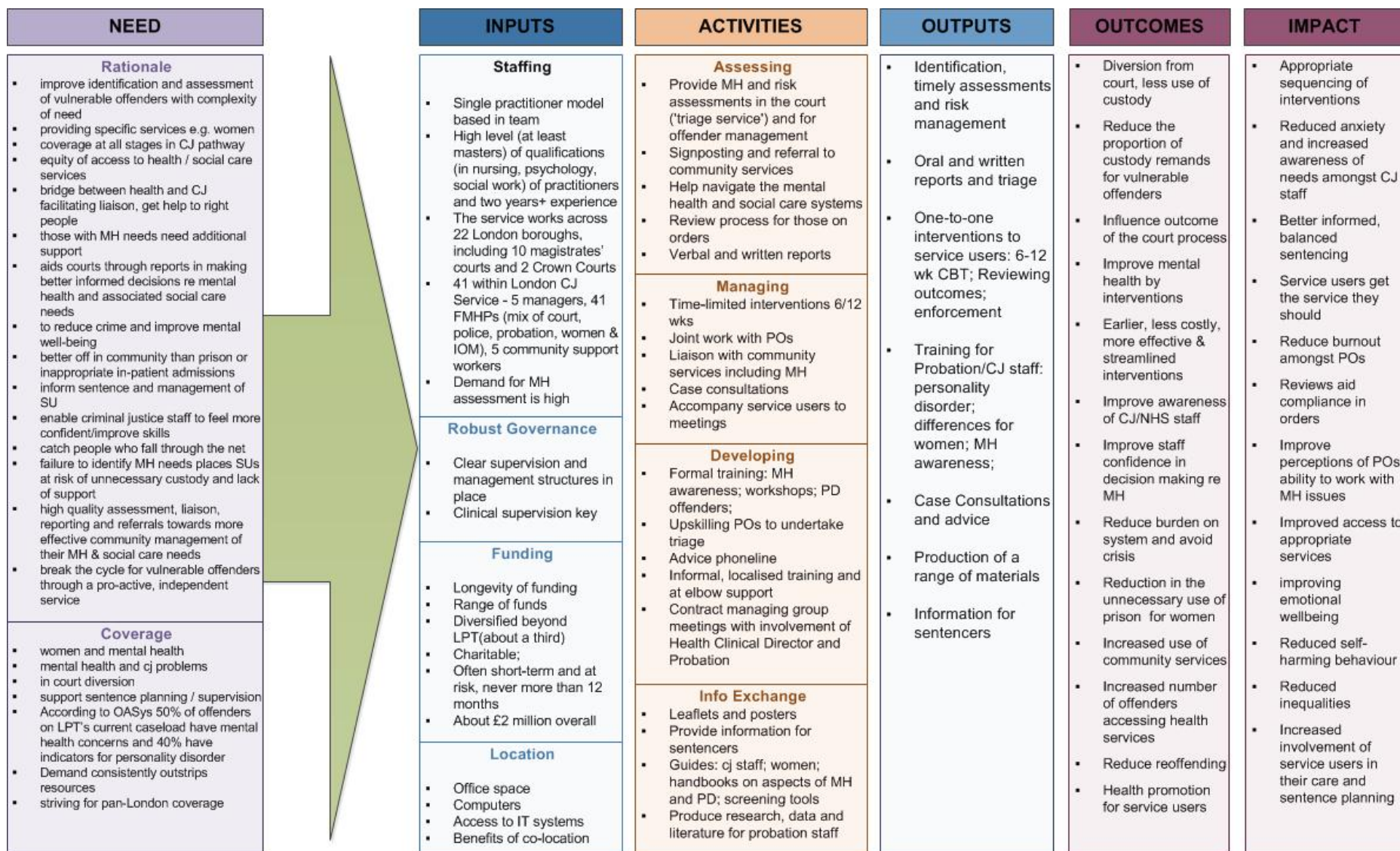
### **The Model and the policy timeline**

The model is presented below and should be read in conjunction with the policy timeline in Section 1 which demonstrates the adaptability of the project over time to respond to a volatile policy climate. Although concerns about the treatment of those with mental health issues within criminal justice has been identified since the Reed Report 1992 that concern has had a halting and at times disinterested policy response. The policy timeline shows some of the major issues as they have unfolded and some of the responses of the Project to respond to those issues. This should inform any Theory of Change model which must articulate to the policy climate within which it operates.

### **How this can be used to understand the project**

The Theory of Change Model provides a summation of the overall coherence of the model. It effectively links needs to a range of activities and inputs which in turn produce outputs and seek to achieve outcomes. If those outcomes can be attributed then the impacts suggested can be tested and verified. The project has existed in such a volatile policy and funding climate and was started before systematic impact evaluations were common. There is currently no impact evaluation which can demonstrate the achievements of this project. However this model provides a rationale for the project and demonstrates internal coherence which has been consistently supported at all levels and across all the organisations working in the field of criminal justice, mental health and social care.

The Theory of Change Model offers a coherent statement about this work which can in the future should resources allow, enable an impact evaluation to be completed.





# 5 Recommendations

1. The FMHP projects demonstrate a robust, repeatable model of intervention provided by a single practitioner embedded in probation offices that assess and provide reports, support staff, undertake direct work themselves and provide information and guidance.

**The Development of Good Practice guidelines would provide a useful resource for agencies looking to develop mental health provision to support offender management across the country.**

2. Probation provides community-based practitioners who have generic responsibilities to support service users on their caseloads. The model developed here shows how a dedicated voluntary sector agency with the appropriate clinical expertise can enhance the delivery of those services.

**This model of partnership demonstrates the innovation and creativity at the heart of this work. This model is capable of replication pan-London and indeed across England and Wales**

3. The potential lessons for future partnerships in delivering these services are immense and this actual partnership should be an exemplar of what can be achieved.

**Identifying the core qualities from this partnership will be an important contribution to effectively building new and different relationships in the future.**

4. The new arrangements developing under Transforming Rehabilitation could have a major impact on continuity of service provided to vulnerable offenders in the community under the supervision of probation.

**Every effort should be made to provide funding arrangements which allow for these projects to continue at the level currently operating.**

5. The critical factors that have made the partnership successful could form a template and blueprint for the development of relationships with new partners particularly in relation to TR and new providers might be able to learn from this success.

**Learning from this development will support the NPS in how it develops its partnerships with the range of organizations, when they are appointed, that will be delivering the CRCs in the future.**

6. Funding fragility has hitherto been the Achilles Heel of project development and expansion.

**Contracts for this project should be expanded to give security of tenure, continuity in the provision and enable courts and probation services to benefit from being grounded on a firm basis.**

7. At a time of austerity ways of cutting costs are forever in policy makers' minds. It has been argued that developing partnerships can be expensive and that simplifying delivery mechanisms also cuts costs. This project suggests that partnership can and is added value. It provides a service which complements provision and enhances outcomes.

**Policy makers should draw the general lessons from this partnership which is unique to partnership delivery, which enhance services and adds value and this represents a cost-effective solution.**

8. Mental health support and diversion remains a crucial part of provision for service users throughout the system. Whilst NHS England's Liaison and Diversion programme seeks to address the needs of vulnerable people in police and court settings, the provision of a service which functions effectively pre and post sentence at the cusp of criminal justice, health and social care must be promoted.

**This project should be expanded across courts and probation across England and Wales.**

# 6 Conclusions

## Challenges

Looking back on the delivery of a growing number of FMHP projects throughout London it is tempting to conclude that this has happened because of the inherent quality of the work and the identification of the importance of this area of work. Interviewing the stakeholders including the strategic leaders and analyzing the documentation tells a somewhat different story. This is the story of a project or set of projects, which despite their inherent worth and despite their positive reception from the full range of agencies has faced continual threats to its very existence and has lived a hand to mouth existence to survive for such an extended period of time. It is testimony to the resilience of the practitioners, the quality of their work, the middle and senior managers within probation and Together who have supported the work and in no small part the tenacity of the project leaders, Angus and Linda to get equality of access for this often neglected group of service users.

At the heart of this has been the development of a partnership which has managed to transcend the usual difficulties in inter-agency relationships. There is strong evidence of an open commissioner/provider relationship which has survived and prospered despite the changes in procurement arrangements. Despite the massive organizational changes which Probation has endured since the 1990s there has been a willingness to respond to the changing environment in ways which would not compromise the essence of these projects. The word 'nimbleness' has been used to describe the strategic leadership which has had to think outside the box to maintain the work and ultimately expand the provision. It is very difficult to ascribe this resilience to any one factor or individual but it is encompassed by this willingness to be solution-focused, based on a strong partnership, a well-honed high quality model and a criminal justice environment which has benefitted service users, probation and courts alike.

## More research - identifying outcomes

In the current climate of evidenced-based research it will be important to find ways to undertake impact evaluations to confirm the qualitative findings presented in this report. The shape of such research can be bounded by the Theory of Change Model which demonstrates the internal coherence of the working model and provides the foundations for any impact evaluation. In the meantime the following elements could be enhanced:

- building on and revising the existing monitoring and management data currently collected and analyzed for commissioners, funders and contract management to enable access to more comprehensive, baseline data which could be extrapolated for a range of purposes, for example PbR.

- The research would have been stronger if service users had been interviewed and this would have been preferable but the requirements of the research timetable and funding meant this was not possible. This is regrettable but it would be recommended that any future evaluation included the views of service users particularly to assess the degree to which their views reflect the findings of this report
- if future contracts are awarded which have a longer time period such as 3, 5 or 10 years then it will be an opportunity to set an evaluation process in place at the outset so that the project can be tracked and data be collected and analyzed and form part of a continuous improvement impact evaluation model

### **The legacy of the project**

The research team was struck by the high level of regard for these projects. Though we probed for weaknesses and did find some difficulties which impacted on the capacity of the projects to continue running we found no major concerns about its operation at all. The following remarks of the respondents are typical of what the research team encountered:

I think it's probably key individuals, Angus and Linda were significant in those early days particularly, the recognition that this is something that might work and might be useful, and then key individuals coming along that supported them and understood why it was important to bridge that gap between criminal justice and mental health and keep pushing that forward. You can have all the protocols that you want but it does take individuals that are going to recognize the need for change and doing things differently.

Overall it' one of the best contracts I think London Probation have ever achieved

trying to fit the model to the needs of the women rather than other way around

The consistency of the responses is testimony to the hugely valuable work which has been undertaken over the past 18 years. It is a case study which can be proud of its achievements: it has found a place in service delivery even when the policy climate was not supportive; it is a robust and replicable model; it demonstrates the unique benefits of partnership between the voluntary and statutory sector; it transcends the difficulties of service delivery caught between three systems, criminal justice, health and social care; it demonstrates the value of high quality and continuous leadership; and it is service user focused.

## Appendix One

### Semi-Structured Interview Schedule: Stakeholders

#### Introduction

The interview schedule is a semi structured interview schedule. It will be used flexibly to take account of the specific role, responsibilities and agency of the stakeholder.

#### Process

Ensure that interviewees have read and understood the information sheet, have been given the opportunity to ask questions about the evaluation and returned a signed consent form. Confirm that they are happy to have the interview audio recorded and that this has been indicated on their consent form.

Remind the interviewee of the purpose of the evaluation.

Remind the interviewee of the confidentiality of the interview, the purpose of the audio recording, that participation is voluntary and that the interviewee does not have to answer any questions that they do not want to. Remind the interviewee that they are free to terminate the interview at any point without giving a reason.

The interview should last approximately 60 minutes.

#### **1. Personal Details**

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Agency/Organisation

Job Title/Role

How long have you been in your current post?

Date of Interview

Name of Interviewer

#### **2. Background**

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Please describe your role and responsibilities in relation to the Together/LPT Mental Health Diversion Partnership

How much time do you spend working alongside this project?

#### **3. Rationale, Policy Context, Inputs, Outputs and Outcomes**

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What has been the key rationale behind the development of the project? In what ways, if any, have these changed during the life of the project? What were the reasons for any changes?

How do you think the project fits with other criminal justice policy initiatives?

What has been the impact of other policy changes on this project over time? What policies impact on the future sustainability of the project?

What resources are utilised in this project? e.g. e.g. money, staff, equipment

Describe the activities the project undertakes? e.g. e.g. development of materials, training programmes, interventions, reports

What is produced through those activities, i.e. what are the outputs? e.g. e.g. number of booklets produced, workshops held, people trained, reports made, interventions undertaken

What are the changes or benefits (the outcomes) that result from the project? e.g. e.g. increased skills/ knowledge/ confidence, leading in longer-term to appropriate diversion from court, reduce re-offending, increased staff ability to deal with mental health problems

#### **4. Operation of the project**

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To what extent have there been any changes to the aims and objectives of the project as implemented across your time involvement? What were the reasons for any changes? *Probe for changes in referral routes; information sharing/transfer; support provision, funding etc*

Have there been any changes in the types of activities undertaken? Why was this? *Probe for policy changes, personnel changes, funding difficulties.*

To what extent do you feel the project is fully embedded in your area? What are the reasons for this? How long did it take? *Probe for timescales, problems and why.*

#### **5. Strengths and weaknesses of the model**

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Looking at the project as a whole, what do you think have been the key strengths of the approach as implemented in your area/What works particularly well and what makes these aspects work well?

Looking at the project as a whole, what do you think have been the key weaknesses of the model as implemented in your area?

What do you think have been the most challenging aspects of implementing the project in your area? How have these challenges been overcome?

What have been the key enablers to implementing the project in your area?

Again, thinking about how the model operates in your area, what do you think could be improved? How could these improvements be achieved?

#### **6. Partnerships and Governance**

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To what extent have there been any changes in the partners/stakeholders involved in embedding and implementing the project? What were these changes and why did they occur?

Looking back over the life of the project, what is your view on the appropriateness and effectiveness of the partners/stakeholders involved in developing and embedding the project? Why?

Have there been any changes to the governance structures in place to oversee the implementation/operation of the project in your area? What were the reasons behind these changes?

How effective has the governance of the project been? Why?

## **7. Impact of the projects**

---

What, if any, has been the impact of the project on court processes and procedures in your area? *Probe for delays in sentencing, case management, additional burden on staff?*

What has contributed to this impact? *Where impact has been negative, probe for reasons why, how could be improved. Where impact is positive, probe for reasons why/enablers.*

What, if any, has been the impact of the project on other agencies' processes and procedures? And what has contributed to this? *Probe for points of tension/risk*

What do you think have been the advantages and/or benefits of the project for:

- Offenders *e.g. compliance with sentence, reduced re-offending, appropriate diversion?*
- Courts,
- probation
- other agencies involved
- Wider community

What do you think have been the disadvantages and/or risks of the project for these groups?

How have you measured the impact/success of the project in your area? What does this show/to what extent do you think the project has been successful? Why?

## **8. Lessons learned**

---

Based on your experiences and thinking about the project overall, what do you think has worked best? Why/what factors enabled this?

And again, based on your experiences so far and thinking about the project overall, what have been the main challenges? How have you/could you overcome these?

If you were asked by another area who was thinking of setting up a similar project, what would be the key pieces of advice you would give them?

Is there anything else you would like to add that we have not covered in the interview?

**Thank the interviewee for participation and ensure that they know how to contact the evaluation team should they have any concerns or questions following the interview.**

## Appendix Two

### References

- Bauer, M. (1996) The narrative interview: comments on a technique for qualitative data collection. London School of Economics, *Papers in Social Research Methods*. Qualitative Series no. 1.
- Bromley, D. B. (1986). *The case-study method in psychology and related disciplines*. Chichester: John Wiley & Sons
- Flick, U. (2002) *An Introduction to Qualitative Research*. (2nd edn.) London: Sage.
- Flyvbjerg, B. (2004) Five misunderstandings about case-study research In Sale C., Gobo, G., Gudrium, F., Silverman D. (Eds.). *Qualitative Research Practice* Sage Publications
- James E, Farnham F, Moorey H, Lloyd H, Hill K, Blizard R and Barn T (2002) *Outcome of psychiatric admission through the courts* Home Office RDS Occasional Paper No 79
- Kennedy M, Truman C, Keyes S and Cameron A (1997) 'Supported Bail for Mentally Vulnerable Defendants' in *Howard Journal of Criminal Justice* Volume:36 Issue:2 Pages:158-169
- Rt Hon Lord Bradley (2009) *Review of people with mental health problems or learning disabilities in the criminal justice system* COI for the Department of Health
- Sainsbury Centre for Mental Health (2006) *London's Prison Mental Health Services: a Review*, Policy Paper 5
- Seymour L & Rutherford M (2008) *The Community Order and the Mental Health Treatment Requirement* Sainsbury Centre for Mental Health
- Yin, R. K. (1994). *Case study research: Design and methods* (2nd ed.). Newbury Park, CA: Sage Publications.



## About the Publisher

Under the direction of Professor Paul Senior, the Hallam Centre for Community Justice is part of the Faculty of Development and Society at Sheffield Hallam University.

The Centre is committed to working alongside community justice organisations in the local, regional and national context in pursuance of high quality outcomes in the field of community justice research, policy and practice. In particular:

- evaluation studies
- scoping and mapping surveys
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- conference organisation
- information exchange through the Community Justice Portal ([www.cjp.org.uk](http://www.cjp.org.uk))
- Publishes the international journal, the British Journal of Community Justice.

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Together is a national charity working alongside people with mental health needs on their journey towards leading independent and fulfilling lives. The people we support lead their journey to wellbeing and are the experts in their own recovery. We work with over 4,500 people every month in more than 70 locations, providing community based support, advocacy, criminal justice services and support with accommodation.

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