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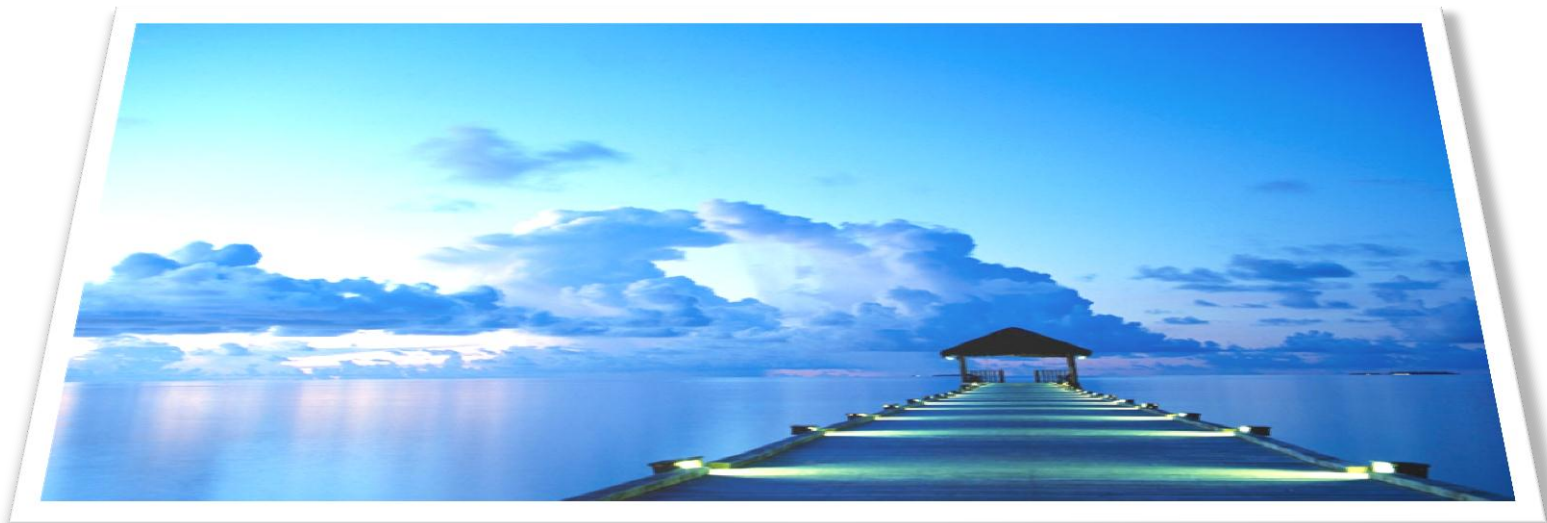**Bournemouth**
University

INTERAGENCY TRAINING TO SUPPORT THE LIAISON AND DIVERSION AGENDA

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EXECUTIVE SUMMARY

Background

In England and Wales there are an unacceptably large number of people in prison or in contact with the criminal justice system who have mental health issues. Integrated and effective interagency collaboration is required between the criminal justice system and mental health services to ensure early diagnosis, treatment, appropriate sentencing or diversion of these individuals from the criminal justice systems into mental health services. Liaison and diversion schemes are proposed as a means to integrated service provision through positioning mental health professionals within the criminal justice system. These schemes were recommended by the Bradley Report (2009) to be rolled out for all police custody suites and courts by 2014 in a National Diversion Programme. Working within these schemes, at the interface of the criminal justice system and mental health services, has its challenges (Hean *et al.*, 2009) and the workforce from both systems must be prepared to address these. This was recognised by Bradley when he recommended that: *"where appropriate, training should be undertaken jointly with other services to encourage shared understanding and partnership working. Development of training should take place in conjunction with local liaison and diversion services* (p111; Bradley, 2009).

The form this joint training should take is as yet unexplored. We have proposed elsewhere that joint training should equip different agencies and professionals with the skills and knowledge required to collaborate effectively, and not only focus on mental health awareness courses for those in police, prison and courts services (Hean *et al.* 2011). The criminal justice system and mental health services need to come together to learn about, from, and with each other in interagency training.

Aim

We present in this report our vision of what this joint interagency training between the criminal justice and mental health services should contain, how it may be delivered and its potential benefits. We explore the receptiveness of professionals from the criminal justice and mental health services to interagency training and explore their perceptions of the challenges to interagency working between the two systems. We focus particularly on one particular dimension: an interagency crossing boundary workshop and its theoretical underpinnings. We explore professionals' expectations of this type of intervention as well as their perceptions

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of the knowledge and skills required to deliver the emerging liaison and diversion agenda in general and the content and delivery of interagency training in the future.

These findings are synthesized into a series of recommendations and a model of interagency training that will prepare professionals in both agencies to respond to the liaison and diversion agenda more effectively and work collaboratively in the interest of the mentally ill offender.

Method

A crossing boundary workshop (Engeström, 2001) was delivered in December 2011 to a sample of 52 professionals from a range of non-health professionals associated with criminal justice system (probation, police and courts) and professionals from the mental health system or health domain (learning disability, substance misuse and mental health services). The receptiveness of criminal justice system and mental health service professionals to interagency training was assessed through the Readiness for Interprofessional Learning Scale (Reid *et al.*, 2005) administered to respondents before the workshop. Perceptions of the challenges facing interagency working and the expectations of the workshop were explored through interactive exercises. Professionals from both agencies participated in a series of 6 parallel focus groups to discuss how to prepare the workforce to respond effectively to the liaison/diversion agenda and the constraints they worked under in terms of commissioning, delivering and attending this training.

Findings

Professionals from both the mental health and criminal justice systems need to build empathic relationships with staff from other agencies. They stressed the importance of actual face-to-face contact between professionals from different agencies to achieve this and saw interagency relationships as being built through increased knowledge of other agencies and the orchestrating of formal facilitated contact between them. They were strongly in favour of interagency training and its contribution to enhanced collaborative competence across the workforce and, in the long term, improved offender mental health.

They believed interagency training would develop in the workforce a greater knowledge of other agencies and help them understand other professionals' roles and responsibilities. They believed interagency training should occur pre-qualification, through into continued professional development and contain a variety of interagency training experiences.

Professionals from both systems shared a high level of person centredness in their approach to their practice and stressed the importance of training being grounded and delivered in a real world environment. Participants acknowledged that training opportunities are under threat due to financial and time limitations and that joint commissioning, shared resources and economies of scale must be considered.

Recommendations

- A training package should be developed to prepare professionals both from the mental health and criminal justice system for the liaison and diversion agenda and integrated service provision. This training must offer a strong interagency component aimed at developing interagency collaboration skills and interagency knowledge. A four-stage training model is proposed in this report. This incorporates pre-registration or undergraduate training for trainee professionals in the mental health services and criminal justice system, general awareness training, interagency training for continuing professional development and the development of interagency reflective practice opportunities. This model may be supplemented by a variety of on-line resources, some of which are described.

- These interagency training models should be developed in partnership between universities and local facilitators from within the criminal justice system and mental health services to provide both the theoretical and evidence based rigour associated with developing collaborative practice curricula alongside the real world contextual knowledge required of these programmes.

- In the long term, interagency training should be delivered in practice by practitioners to ensure the continued validity and sustainability of these programmes. Training should be sensitive to changes in the workforce due to turnover and the pressures of organisational change.

- In times of economic constraint, training should be well targeted at staff and organisations essential to the liaison and diversion agenda.

- An interagency commissioning approach will be required to deliver the training package outlined to support the liaison and diversion agenda, and especially if there is to be joint training and sharing of resources.

ACKNOWLEDGEMENTS

We are grateful to all the participants from the mental health and criminal justice systems who attended the Interagency workshop upon which this report Is based and participated feely and enthusiastically in the event and data collection.

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THE LIAISON AND DIVERSION AGENDA: THE ROLE OF INTERAGENCY WORKING

Concern about the large number of people with mental health or learning disabilities in prison in England and Wales led to a governmental review lead by Lord Bradley (Bradley, 2009). Following on from the Bradley Report, the UK Government announced the National Diversion Programme with the vision of rolling out liaison and diversion services for all police custody suites and courts across England and Wales by 2014. These services represent collaborations between the mental health and criminal justice system to divert offenders with severe mental health problems away from prison and into mental health services as well as to improve screening, mental health assessment, information to police and prosecutors and relevant signposting to health and social care services when appropriate (Clapper, 2012). This is an approach aimed at achieving integrated service delivery to offenders who cross mental health service/criminal justice system boundaries.

The growing liaison and diversion agenda has many implications, not least for workforce planning that must now take into account the training needs of professionals already in the criminal justice and mental health systems as well as those of new professionals entering these in the future. There will be an increased requirement for mental health staff in particular to work more closely with the criminal justice agencies, particularly police, courts and probation and they will need to have knowledge about the liaison and diversion agenda and partnership agencies to be able to make an informed choice to apply for future posts that include explicitly working with offenders.

Without adequate interagency training, professionals in different agencies duplicate efforts and waste time trying to obtain information on a detainee, defendant or offender. By not knowing how each other's systems work professionals from both agencies spend excessive amounts of time phoning various parts of different agencies to obtain information. Inter and intra-agency pathways and sources of information need to be clarified to reduce the amount of time trying to find information and appropriate services.

If information is shared as early on in the criminal justice system as possible and throughout the pathway, and agencies work well together, the service user should get better treatment opportunities and better mental health outcomes. This could lead to a reduction in re-

offending and improved public protection. Further there needs to be a better understanding, particularly in professionals within the criminal justice system, of the accountability of the offender with a mental health issue: Risk to the public and the offender through self-harm or suicide are potentially reduced if agencies share their risk assessments and strategies for reducing that risk. All of the above requires professionals within each agency to have good interagency collaborative competencies. An Interagency training package is required to develop these skills in the workforce, a package endorsed by the Department of Health, Ministry of Justice and Home Office.(Byng *et al.*, 2012; Clapper, 2012).

The Bradley report partially recognised this requirement in the 82 recommendations made, many of which relate to a deficit in training. This confirmed local research that showed that nearly 80% of those working in the criminal justice system had never received training on how to deal with defendants with mental health issues, and nearly 70% of those in mental health services had never received training on how to support service users in contact with the criminal justice system (Hean, Warr, & Stadon, 2009). Bradley's recommendations include that:
Where appropriate, training should be undertaken jointly with other services to encourage shared understanding and partnership working. Development of training should take place in conjunction with local liaison and diversion services.(p111; Bradley, 2009).

The form this joint training should take remains unexplored although Hean *et al.* (2011) propose that this joint training should be training that prepares different agencies and professionals to collaborate, bringing them together from across the mental health and criminal justice system to learn with, from and about each other.

JOINT TRAINING

Joint training in the form of interprofessional and interagency education is a common component of health and social care education but absent in that received by legal and related professionals. The UK Centre for the Advancement of Interprofessional education (http://www.caipe.org.uk/news/) stated that:

'The quality of service delivery in health and social care, plus patient, client and service user safety, depends upon an effective workforce practising collaboratively.'

And

'Interprofessional education can bring about the changes needed for the development of such a workforce. Practitioners need to learn together in order to be able to work across professional, organisational, and agency boundaries. Quality education that enables interprofessional learning in classroom and practice contexts is key to efficient and effective workforce development.'

International drivers for interprofessional education such as the Framework for Action on Interprofessional Education and Collaborative Practice (World Health Organisation-WHO, 2010) defines interprofessional education as occurring:

'when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes' (WHO, 2010, p.13).

Interprofessional training should be distinguished from multiagency training where different professionals are brought together for reasons of economy of scale to learn about a common content (mental health awareness for example) and where learning on a joint endeavor with, from and about each other is only serendipitous rather than directed.

National drivers in health and social care come from central government (e.g. In the UK: (Department of Health, 2000a; (Department of Health, 2000b; Department of Health, 2001;Department of Health, 2002) or national regulatory bodies such as the General Medical Council, the Nursing and Midwifery Council and the General Social Care Council (General Social Care Council, 2002; General Medical Council, 2009); Nursing and Midwifery Council, 2004) that insist on the incorporation of interprofessional education into professional training. There is no equivalent agenda in the legal domain from the Solicitors Regulation Authority (SRA), the Bar Standards Board (BSB) or ILEX Professional Services (IPS), although brief mention is made of a gap in multidisciplinary skills in a recent and ongoing review of legal education and training (Legal Education and Training Review, 2012).

Key competencies required for interagency/interprofessional working within the health and social care realm are numerous and include

- Knowledge and understanding of the different roles, responsibilities and expertise of other professionals
- The ability to communicate effectively with other professionals
- Self-questioning of personal prejudice and stereotyped views
- Understanding of the service user's perspective (and family/carers)

- Acknowledge views and ideas of other professionals
- Whistle blowing (Thistlethwaite & Moran, 2010)

It is proposed that similar competencies are required by professionals from both the legal and mental health realms if they are to collaborate with each other effectively and if the needs of mentally ill offenders and defendants are to be appropriately met.

AIM OF REPORT

This report describes the content and theoretical framework underpinning a workshop developed as a unique response to the Bradley call for joint training for professionals from the mental health and criminal justice systems. Whereas there has been a tendency to place an emphasis on mental health awareness training for individual services as a response (Cummings & Jones, 2010) this workshop focused on enhancing interagency working between the different agencies. The report describes participants' expectations of this kind of activity, their readiness to learn in this way, and their perceptions of what these programmes should contain and how this should be delivered in the context of the new liaison and diversion agenda.

Throughout this report we use the term 'offender' as an umbrella term to include a range of individuals including 'detainees' 'defendants' and 'service users' in contact with the criminal justice system. Similarly although we focus on mental health, the report also has relevance for offenders with learning disabilities and learning difficulties.

AN INTERAGENCY WORKSHOP

Although interprofessional training is a statutory requirement in the undergraduate and post registration training of health and social care professionals, there is no published evidence of interprofessional or interagency training that prepares legal and mental health professionals to work together, improving the cross boundary working that takes place at the interface of these agencies and eventually the continuous care for offenders with mental health issues (Hean *et al.*, 2011). In response to this shortfall, a partnership was formed between Andican

Consultancy, the School of Health and Social Care, Bournemouth University and Offender Health South of England with the aim of exploring the potential for developing interagency training, placed within the context of the liaison and diversion agenda in which the need for interagency working is key. An interactive event with participants from criminal justice and mental health services was run with the overall aim of show casing interagency training activity with professionals from relevant agencies for whom cross boundary working is essential. This was a one day workshop where potential training material was used to test participant responses.

The workshop (n=52 participants) was targeted at professionals working in two counties in the South of England (county h and county d) who were managers and practitioners in the following agencies: Appropriate Adults; Assertive Outreach Teams; Court Staff; Crown Prosecution Service; Community Mental Health Teams; Crisis and Home Treatment Teams; Court and Custody liaison and diversion schemes; Forensic Medical Examiners and Police Custody Nurses; Forensic Mental Health; the Judiciary and Magistrates; Learning Disability Services; Police; Probation and Substance Misuse Services. Although attempts were made to recruit equal numbers of participants by county and by organisation, it is acknowledged that the sample was self -selecting where views are likely to be biased towards those in favour of interagency working and interagency learning. The workshop was free of charge to promote attendance. The degree to which attendance was voluntary or whether respondents had been obliged to attend by their line managers is unknown.

A fictional case study of Kevin, a mentally ill defendant detailing his family and offence history and interaction with agencies from mental and criminal justice was presented to participants as a mirror of interagency person centred working in practice. Work on the case study was undertaken in small working groups over two sessions. In the first session, the groups comprised participants from like professions, i.e. either criminal justice or health and social care. In the second session the participants were mixed so the groups contained professionals from both settings. The purpose was to identify the challenges to collaborative working in the case study context and subsequently a solution to these challenges.

Theoretical Underpinning of Workshop

Interagency working and learning is complex and, as such, is difficult to manage. A framework that has proved useful in making sense of this is that of the Activity System (Engeström, 2001; Hean *et al.*, 2009). The activity system framework is an evolution of socio

cultural learning theory (Vygotsky, 1978) the basic tenet being the meaning we make of an activity, or the learning that takes place during this activity, is a function not only of the individual's own cognition, ability or dedication. It is also mediated and influenced by factors external to the individual within the social world. Activity theory (systems) and the crossing boundary workshop format that operationalises this theory (Engeström, 2001), were used to underpin this workshop.

Professionals in the legal system (e.g. lawyers, judges, and probation officers) (Figure 1) and those in the mental health and related services (e.g. psychiatrists, community psychiatric nurses, psychologists) (Figure 2) in practice represent two separate activity systems. The subject is the person within an agency undertaking a particular activity. The objective is the purpose of this activity. In the legal system (Figure 1), the subject is illustrated by a magistrate dealing with a defendant such as Kevin, who has been identified as having potential mental health issue. In the interest of the defendant, and to inform sentencing (the object), the magistrate requests an assessment and a report on the mental health of the defendant (the activity). In order to achieve this, the magistrate may complete a written assessment request or negotiate with legal advisors or liaison workers in court to make these requests. The latter are tools that mediate the activity. Surrounding this mediated activity is a range of other variables that may have influence. These include both the unwritten social norms and formal rules that govern the way in which the legal system function, e.g., government imposed targets that specify the times in which court cases need to be completed. Also surrounding the activity are members of the wider legal community who include defence lawyers, probation officers, court ushers, other magistrates, and security personnel. Each of these members may fulfill a particular role within the criminal justice system that will dictate how the activity under focus can be achieved (division of labour). There may be a range of contradictions within the activity system. For example, there is a contradiction in the activity system (Figure 1) between the need to request a report (object) and governing rules that stipulate that court cases need to be completed in a set time frame. These time targets, and conflict with the time it takes for a report to be produced by the mental health services, means that the magistrate may decide it is not worth asking for a report as it delays proceedings. In the workshop, participants from each activity system were kept separate in the first part of the event to discuss the Kevin case study. It is these contradictions that participants within the criminal justice system might discuss within their individual activity system groups in the first half of the workshop.
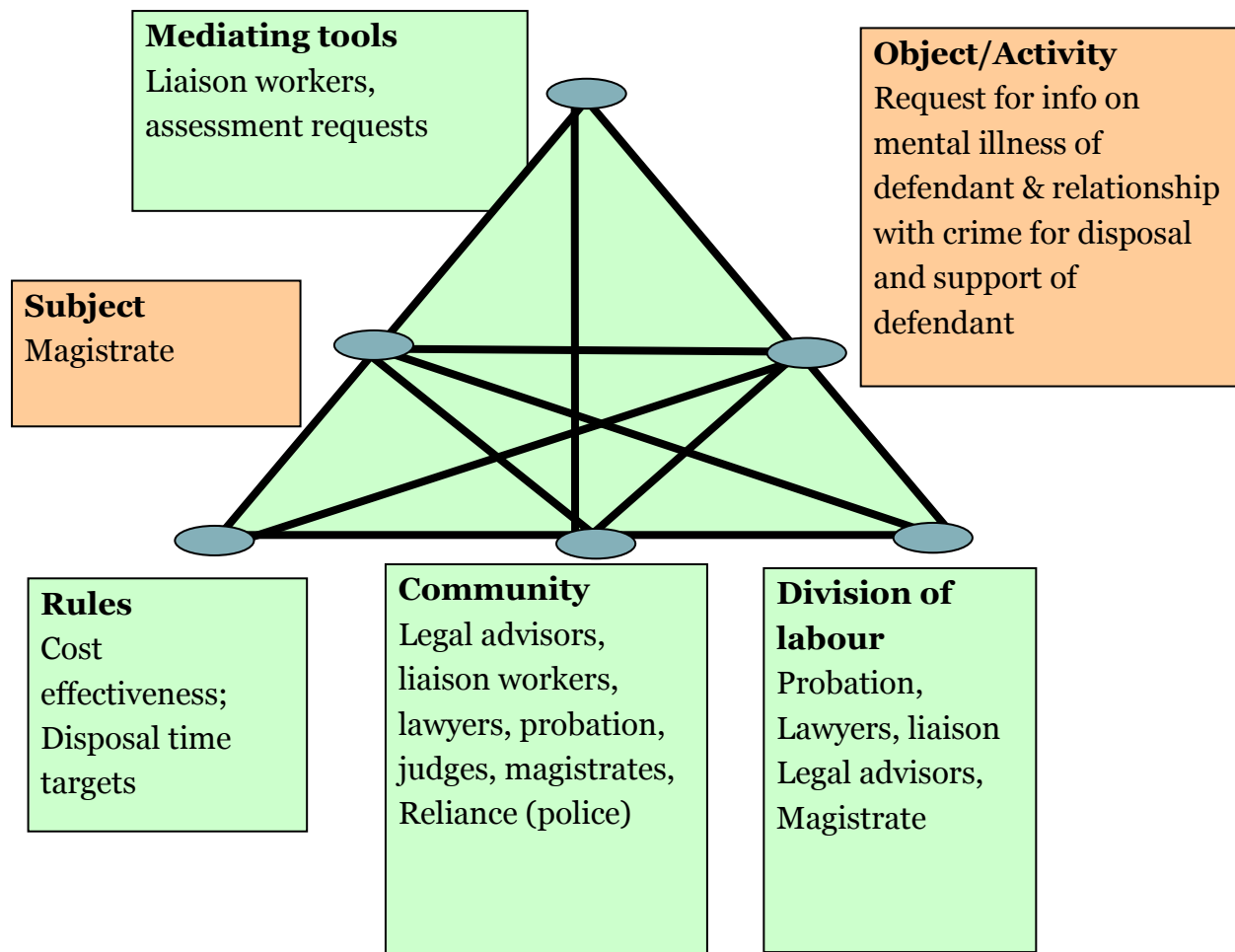
Figure 1: An activity system surrounding the requests for psychiatric reports made by the Criminal Justice system

In Figure 2 the subject is illustrated by a psychiatrist undertaking an assessment and making a report on a service user in contact with the criminal justice system. The psychiatrist does this using the assessment tools available to her/him as part of their normal practice. The way in which the report is written may be underpinned by several norms and rules, e.g.:

- psychiatrist's view that their first responsibility is to the defendant and his/her treatment (and not punishment)
- Patient confidentiality.
- In most places psychiatrists choose to complete reports for the court on a private consultancy basis over and above their current workload.

The community, which surrounds the report writing activity undertaken by the psychiatrist, includes other psychiatrists, community psychiatric nurses and social workers. A clear cut

division of labour arises in report writing with psychiatrists being responsible for the full assessment and psychiatric reports required on the more seriously mentally ill or more serious offenders, (although, abbreviated health and social circumstance or screening reports are conducted by other health professionals in some areas). The outcomes of this activity can be challenging for the court in that information from the mental health service on a patient is not easily accessible and expectations of report content and timeframes are not clearly communicated (Hean, Warr, & Staddon, 2009).

Mediating tools
Assessment tools

Object/Activity:
Assessment/report writing; Defendants referred to mental health services by criminal justice system. Make requests of criminal justice system for information on patient

Subject
Psychiatrist

Division of labour
Psychiatrist, Community psychiatric nurses, liaison workers, probation

Community
Patient, liaison workers, other health & social care professionals in mental health services

Rules
Confidentiality

Figure 2: An activity system surrounding the provision of psychiatric reports by the Mental Health Services.
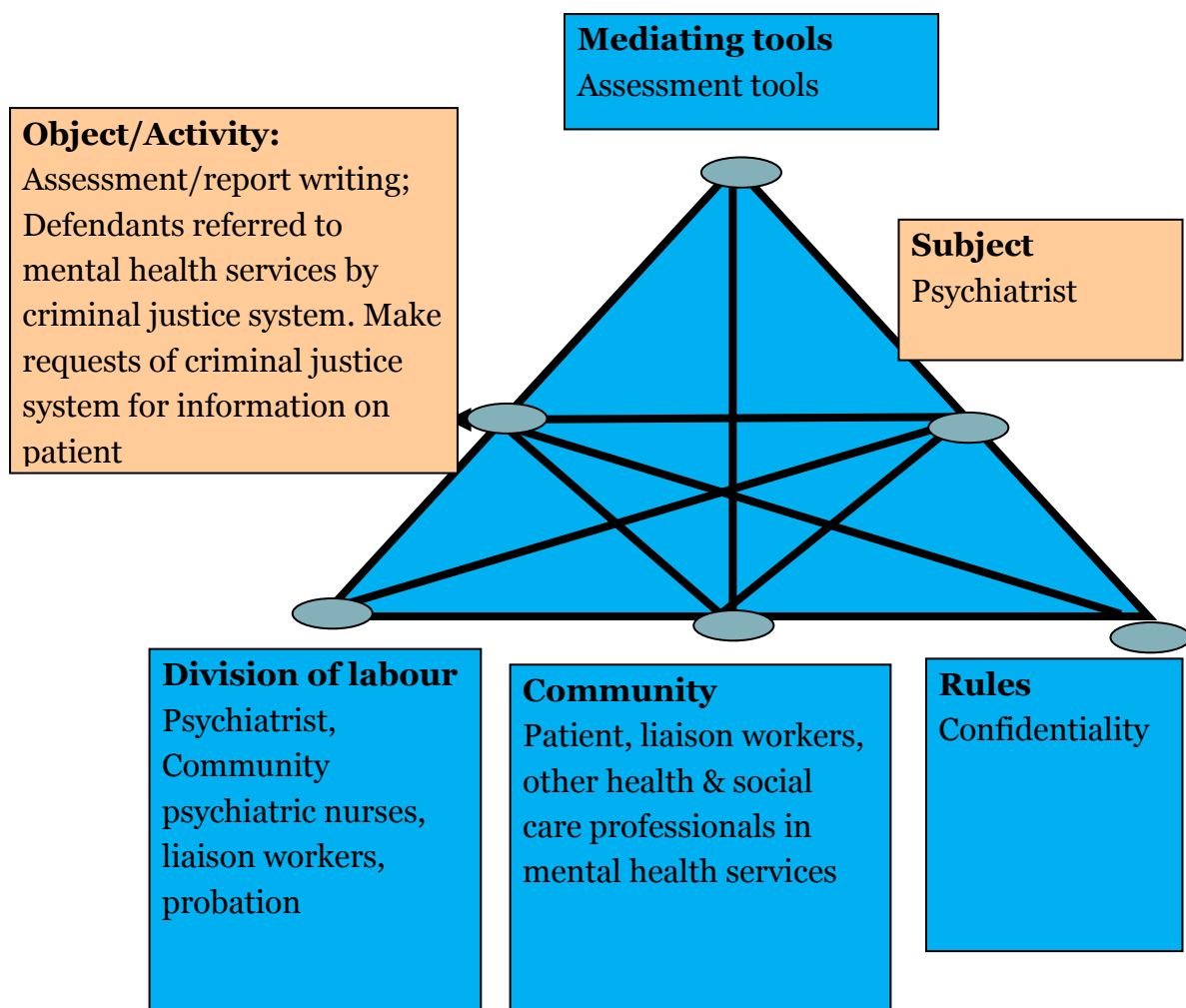
In considering inter agency working, we need to look beyond the two separate activity systems in isolation and review them in parallel, identifying how the objects of each activity may be synchronized.

In a crossing boundary workshop, individuals within each activity system are brought together in a facilitated environment (Figure 3). Together they are presented with a stimulus that mirrors dimensions of their collaborative practice. In this workshop the case study of Kevin served as this mirror. Agencies came together to co-observe the case study, identify challenges of working together within this collaborative context, discuss a potential solution to this problem and develop a model whereby as a cross agency partnership they might be able to address this. Participants from the two systems work together in partnership during the workshop sharing the contradictions within their systems and discussing how they might work together and develop strategies to overcome these. Participants are encouraged to articulate new joint shared outcomes of the two agencies working together (Figure 3). To optimize this joint outcome, the tensions or contradictions between the components of the each system need to be identified and resolved to achieve improved joint agency outcomes.

As this was a day-long workshop, the activity stopped at the point at which contradictions within activity systems were discussed. This was stopped because the aim of the workshop was not to provide training but to discuss content of any future training. The content of potential future workshops was discussed with participants outlining how criminal justice system and mental health service professionals would subsequently develop a model of collaborative working to address these challenges and design a solution specific to their locale. Participants would then re-enter practice and test the model they have jointly developed, reconvening in subsequent workshops for an evaluation of how the co constructed model is working. Knowledge of new ways of working collaboratively is developed during these interactions. It is co-constructed and is contextually specific to the agencies involved in the cross boundary activity. Learning takes place in these environments is termed expansive learning (Engeström, 2001).

Green triangle (left):

Mediating tools
Liaison workers, assessment requests

Subject
Magistrate

Object/Activity
Request for info on mental illness of defendant & relationship with crime for disposal and support of defendant

Rules
Cost effectiveness; disposal time targets

Community
Legal advisors, liaison workers, lawyers, probation, judges, magistrates, Reliance (police)

Division of labour
Probation, Lawyers, liaison Legal advisors, Magistrate

Blue triangle (right):

Object/Activity:
Report writing; Defendants referred to mental health services by Criminal justice system; Make requests of criminal justice system for information on patient

Mediating tools
Assessment tools

Subject
Psychiatrist

Division of labour
Psychiatrist, Community psychiatric nurses, liaison workers,

Community
Patient, liaison workers, other health & social care professionals in mental health services
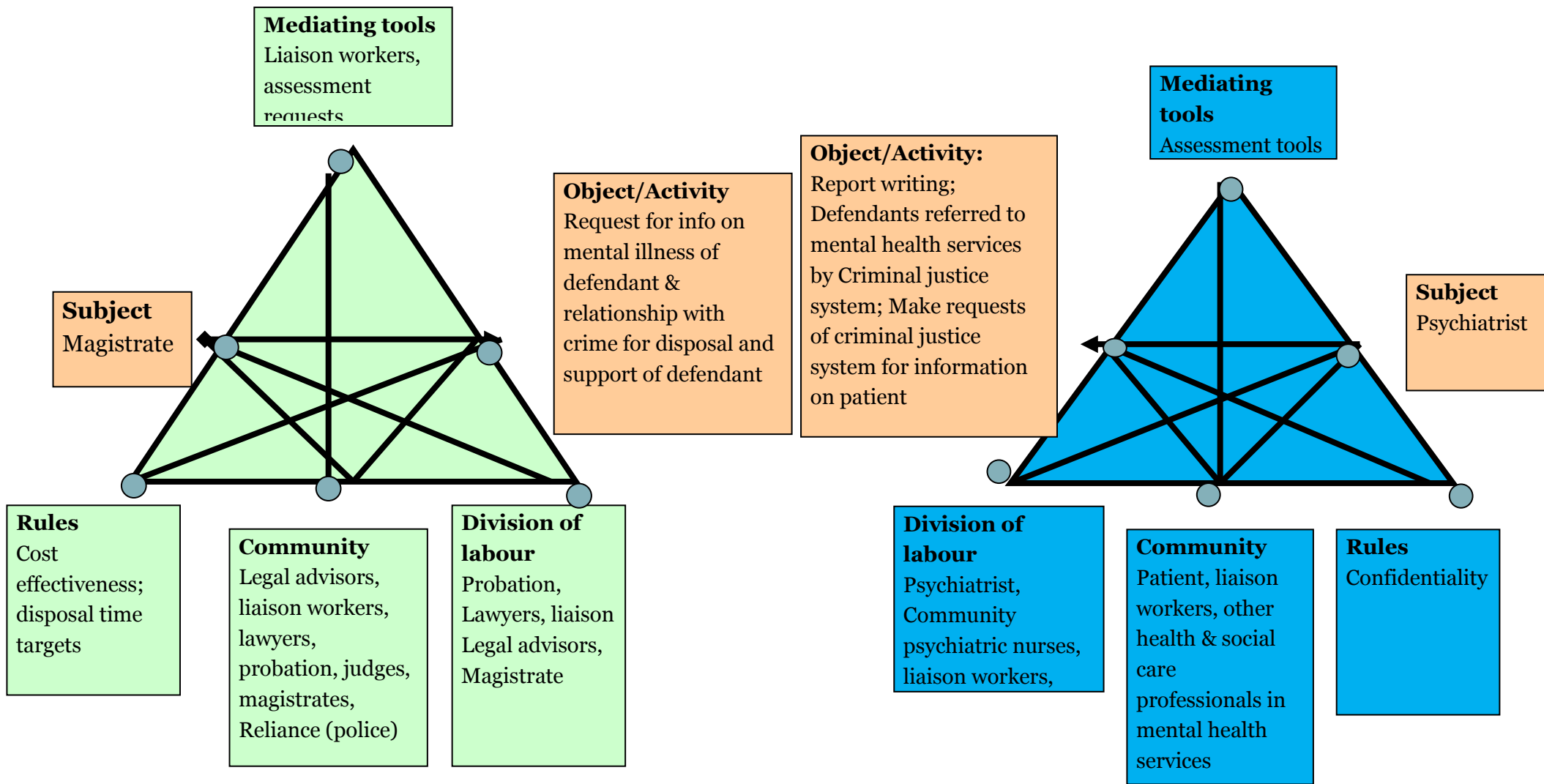
Rules
Confidentiality

Figure 3: The two activity systems of mental health and court services interacting as defendants with mental issues overlap between the two.

RECEPTIVENESS TO SHARED LEARNING BETWEEN AGENCIES

The workshop served as a taster of the format and outcome of a cross boundary workshop as a form of joint training. The success of any interagency/interprofessional training programme, this workshop included, is dependent on the attitudes of participants towards this type of activity before the event, not only because this will dictate whether professionals in each agency engage in the activity in the first place, but because it will mediate their willingness to collaborate and learn with, from and about other professionals from other agencies during the activity itself. With this in mind the following were explored:

- Their readiness to engage in interprofessional training (and any demographic differences in this readiness to engage in interprofessional training)
- Participants' expectations of the workshop designed to enhance interagency working
- Their perceptions on the required content of these training events
- Their perceptions of the constraints placed upon this type of training in terms of their mode of delivery

Attitudes Towards Shared Learning: A Survey

The attitudes of professionals in the mental health and criminal justice systems to interagency training are important as these guide participants' subsequent behaviour during the interagency training, as well as enhancing the likelihood that professionals register for these opportunities in the first place. Attitudes towards shared learning prior to attending the workshop were therefore explored, as were their perceptions of the uniqueness of their own profession or evidence of a degree of a negative professional identity that may act against their willingness to engage in joint learning. Finally the patient or client centredness of these groups was measured. This is a basis with which to explore the similarity or dissimilarity in values and priorities of the different groups of respondents. An understanding of the latter is a factor important in future developments of these kinds of activities.

To measure attitudes toward interprofessional learning an adaptation of the Readiness for Interprofessional Learning Questionnaire (RIPLS) was used. A list of questions can be seen in Table 1. The questionnaires were administered to all workshop participants (n=52).

The specific RIPLS items and scale structure developed by (Reid, Bruce, Allstaff, & McLernon, 2006) was employed. There is a variety of scale scores utilised elsewhere in the literature but the latter was chosen as this version of the questionnaire was administered and developed with qualified professionals as opposed to other versions that had been designed for undergraduate students (Mattick & Bligh, 2009).

Reid *et al.* (2005) recommend a three overall scale structure that arises from the single items:

- *Attitudes towards shared learning to develop collaborative and team working skills.*
  These items measure the participants' openness to working and learning together and the influence this has on enhanced team working and patient/client care.
- *Perceived uniqueness of their own profession/insularity.*
  These items measure the individuals' perceptions of the uniqueness of their own profession. Some of these items have been described as illustrating a form of negative professional identity. These to a degree measure a professionals' lack of readiness for learning with professionals from other agencies
- *Person centredness:* These items measure the focus of the professional on the patient/client and the desire to empathise, understand or build relationship with them.

Responses on single items were on a Likert scale ranging from Strongly agree (score 2) to Strongly disagree (score-2), with participants being given a neutral option of Neither Agree or Disagree (score 0).

Data was also collected in the questionnaire on the age of participants, the type of organisation they worked within, whether they held a managerial role, their gender and the county of origin.

Table 1: The three underlying scales of the Readiness for Interprofessional Learning Survey

| Attitudes towards shared learning to develop collaborative and team working skills | 1.Learning with professionals from other services will help me become a more effective member of a team
2. Mentally ill offenders will ultimately benefit if professionals from different services work together to solve offenders' problems
3. Shared learning with professionals from other services will increase my ability to understand mentally ill offenders' problems
4.Learning together with professionals from other services will improve relationships in practice
5.Learning communication skills is best achieved alongside professionals from other services
6.Shared learning will help me think positively about professionals in other services
7.For group learning to work, participants must trust and respect each other
8.Team working skills are essential for professionals from all services to learn
9.Shared learning will help me to understand my own limitations
13. Shared learning with professionals from other services will help me to communicate better with offenders with mental health issues
14. I would welcome the opportunity to work on small group projects with professional from other services
15.Shared learning would help to clarify the nature of the offender's mental health problems
16. Shared learning during their training would help professionals become better team workers
30.Shared learning with professionals from other services will help me to communicate better with other professionals | Possible range 28/-28 |
| Perceived uniqueness | 12. Problem solving skills should only be learned with professionals from my own service
17. The function of mental health professionals working with mentally ill offenders is to provide support for those | Possible range |

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of their own profession/ insularity	professionals working in the criminal justice system	10/-10
	19.My profession has to acquire much more knowledge and skills than professionals in other services	
	20.There is little overlap between my professional role and that of professionals in other services	
	21. I would feel uncomfortable if a professional from another service knew more about a topic than I did	
Person centredness	25.I like to understand the mentally ill offender's side of the problem	Possible range 10/-10
	26. Establishing trust with the offender is important to me	
	27. I try to communicate with compassion to the mentally ill offender	
	28.Thinking about the mentally ill offender as a person is important in getting treatment/disposal right	
	29. In my profession, one needs skills in interacting and cooperating with offenders with mental health issues	

The median and mode for each individual item in the questionnaire were utilised as a measure of central tendency for each frequency distribution (see Appendix 1). Overall scale scores were calculated through an unweighted[1] sum of all items making up the scale (Table 1), as the scores are more easily interpreted, and the mean calculated as a measure of central tendency (Table 2).

Responses to each item were cross-tabulated against the independent variables of gender (male/female), age (<40/40 and above); (County h/County d), managerial role (yes/no) and organisational type (health/non-health). As cells, after cross tabulations, often did not contain sufficient numbers to meet test criteria, cells were collapsed to produce two by two contingency tables and a Fisher Exact Probability Test was used to assess the significance of the relationship between the responses to each item and the above variables.

Findings

Sample description:

A total of 52 people attended the workshop and of these 44 returned a questionnaire (a 84.6% response rate).   The organisations represented at the workshop fell into non-health professionals associated with criminal justice system (probation, police and courts) (52.3%; n=44) versus those from the mental health system or health domain (learning disability, substance misuse and mental health services) (45.5%; n=44).   The vast majority of participants worked within the public sector (88.6%; n=44) and those representing managerial (40.9%; n=44) and non-managerial roles (45.5%; n=44) were roughly equally represented. There were more participants from county h (45.5%) than county d (29.5%) but 25% of the sample chose not to answer this question.   The majority of the sample was between 41 and 60 years old (72.8%n=44). The majority of the sample was female (68.2%; n=44).

Item and scale scores

Attitudes towards shared learning with other agencies were very positive as reflected in the overall scale score (mean overall scale score 17.81; n=43) and the positive responses to all items individually in this scale (Appendix 1). Respondents were most positive about the fact

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[1] Where group differences in these overall scores were analysed, where the Fischer test proved significant or closely approached significance, the finding was checked against the weighted scores calculated from the factor loadings presented by Reid et al (2005). There was no case where the significance of a result changed as a result of using the weighted factor scores or unweighted scores.

that mentally ill offenders would ultimately benefit if professionals from different services worked together to solve offenders' problems (75% of the sample strongly agreed with this statement), that learning together with professionals from other services would improve relationships in practice (61.45 % strongly agreed) and that shared learning with professionals from other services would increase their ability to understand mentally ill offenders' problems (56.8% strongly agreed).

Respondents did not see their service as being insular entities; neither did they see value in not learning with other professionals (mean overall scale score-4.02; n=44). They disagreed most with the statement that problem solving skills should only be learned with professionals from their own service (59.1%; strongly disagreed with this statement) and disagreed that there was little overlap between their professional role and that of professionals in other services or that they would feel uncomfortable if a professional from another service knew more about a topic than they did (59.1% and 47.7% disagreed respectively).

Participants reported a strong person centredness in their attitudes (mean overall score 6.07; n=43). They strongly agreed most with the statement that thinking about the mentally ill offender as a person is important in getting treatment/disposal correct (61.4% strongly agreed). They also strongly agreed that, in their professions, skills in interacting and cooperating with offenders were required (45.5% strongly agree). They agree that understanding the mentally ill offenders' side of the problem was important (59.1% agree).

There were no significant differences between participants divided by gender, organisation, county, age or managerial position held by the participant on any of the three overall scale scores (Table 3) and there were few differences on individual items either. The few exceptions were in significant relationships observed between responses to three statements: a significant relationship was observed between the type of organisation from which respondents originated and whether they had strongly agreed or not with the statement that mentally ill offenders would ultimately benefit if professionals from different services work together to solve offenders' problems. Professionals from the criminal justice system tended to agree with this more than their health colleagues ($p<0.05$; d.f.=1; n=44). Similarly a significant relationship was observed between responses from professionals from different counties on the statement that groups learning to work, must trust and respect each other. County h was more likely to strongly agree with this statement than county d, although both counties saw this fact as important ($p<0.050$, d.f.=1; n=44). The third and final significant relationship was observed between the gender of the respondent and whether they liked to

understand the mentally ill offender's side of the problem. Although both men and women see this as important (all but one of the men in the sample had agreed with this item), it was more likely that women saw this as particularly important (p<=0.05; d.f.1; n=44).

Table 3: Range and Mean overall scores of three RIPLS subscales

SCALE	ITEMS/MEAN SCORE	RANGE
Attitudes towards shared learning to develop collaborative and team working skills	Mean: 17.81; n=43	Possible range28/-28
		Actual range:9 to28
Perceived uniqueness of their own profession/insularity	Mean: -4.03; n=44	Possible range 10/-10
		Actual range:-8 to3
Person centredness	Mean: 6.07; n=43	Possible range 10/-10
		Actual range:0 to 10

Key messages

Key findings of this part of the study are:

- Professionals across health and non-health services are very positive towards shared learning that would involve professionals from mental health and criminal justice systems learning together.
- There are limited feelings of insularity suggesting that agencies do not want to work or learn in isolation.
- Participants reported high person centredness in their practice.
- Absence of demographic difference on all the overall scale scores and most of the individual items suggests that all participants are receptive towards interagency training and the wellbeing of a mentally ill offender is of similar importance across participants irrespective of profession, geographic location, managerial status, age and gender.
- Although there are few demographic differences in responses, there are three exceptions. First, professionals from the criminal justice system services tended to agree more than their mental health services colleagues that mentally ill offenders would ultimately benefit if professionals from different services work together to solve offenders' problems. This may reflect the challenges mental illness poses currently for

the criminal justice system and their need for cross agency support. This is in contrast to their mental health colleagues for whom mental illness is their bread and butter but for whom the criminal background of the patient is less central.

- Secondly, professionals from county h more strongly agreed than county d with the statement that for groups learning to work, members must trust and respect each other. This may reflect different cultures of team working and collaboration that have built up across the two counties. We would need to explore in greater depth whether this meant trust and respect was lower in county d, and that agencies worked together despite this. It does suggest that training should take into account contextual differences between different locations and that trainers adjust its content accordingly.

- Finally, women more than men liked to understand the mentally ill offender's side of the problem. Both men and women agreed with this, but it suggests that women may find the need to sympathise or understand the perspective of the service user as more central to the way they deliver care

EXPECTATIONS OF THE WORKSHOP AND OBSTACLES TO INTERAGENCY WORKING

Before the workshop began, participants were asked at registration to write, on adhesive sheets, two expectations they had of the workshop before arrival. Participants placed these on flip charts displayed to all participants. Similarly, participants were asked to make a note of two obstacles they had experienced when working with other agencies and place these on a separate flip chart. The latter was a warm up exercise to the discussions in the workshop looking at contradictions within the mental health services and criminal justice system activity systems. They were encouraged to read the expectations and obstacles of other participants

Findings

Each expectation noted by the participants was treated as the unit of analysis for this exercise. Of the 52 participants attending, 75 expectations of the workshop were recorded on the expectations flip chart. A textual analysis of the adhesive sheets showed that participants' expectations of this kind of interagency workshop related to:

- Networking and building relationships
- Increasing knowledge that included:
    - an enhanced understanding of the perspectives of another agency
    - the role/ processes etc. of other agencies
    - Learning how to deal with a mentally ill offender
- Improving practice through:
    - Improving interagency working

Having opportunities to share good practice The obstacles identified could also be grouped in to the following categories:

- Problems with communication
- Lack of understanding of each others' roles
- Problems with sharing information/confidentiality
- Getting hold of the right person / service
- Different targets / timings/ delays in response
- Different priorities and values – care vs. control
- Difference of opinion about who is responsible (accountability)
- ·   Negative attitudes from other agencies

This exercise revealed a good degree of consensus around the main obstacles to effective interagency working at the mental health/criminal justice interface and some of the development needs required to address them.

THE CONTENT AND DELIVERY OF INTERAGENCY TRAINING

In the second half of the workshop, participants were divided into six focus groups (9-12 participants each), divided by agency to form a heterogeneous mix by profession in each group. Each group was facilitated by a single coordinator who followed a common interview schedule and set of prompts (see Appendix 2).

Participants were asked during these focus groups to reflect on two main themes:

- how to prepare the workforce to effectively respond to liaison/diversion agenda
- the constraints they worked under in terms of delivering training for professionals aiming to respond effectively to the diversion/liaison agenda.

Participants received an information sheet outlining the nature of data collection, and assuring confidentiality of data storage and anonymity in reporting. Written informed consent to digitally record and report focus group discussions was collected before focus group sessions began.

Recordings were transcribed and a descriptive textual analysis conducted. Three of the research team engaged in the analysis. A process of familiarisation took place for each researcher via data immersion through reading and re-reading the transcripts. As the questions of the framework were on the content of training and the mode of delivery, this dual structure was imposed on the data. Once achieved, key concepts were identified from the data itself to construct a framework for communicating the essence of what the data highlighted. To promote the dependability of the qualitative analysis, the research team met to agree the categories and emerging themes.

Findings

The responses of participants were categorised into three general themes: the content of any potential training, what the delivery method might be for the content and lastly how commissioning might occur.

CONTENT OF TRAINING

Participants discussed the knowledge and skills that they felt professionals required to respond to liaison and diversion agenda.

Awareness of Liaison and Diversion agenda and its Benefits

Many agencies – both criminal justice and mental health – were not aware of the argument for liaison and diversion services or what they could expect when these services are put in place. They identified that an important start to the training agenda would be an awareness of the Mental Health and Learning Disability Liaison and Diversion agenda and what the positives of such a service at the interface of their two systems might be.

[We] need to understand the purpose of it [the diversion agenda] in the first place and the issues behind the necessity for [it] so that you've got a group of staff working with…mental health problems…that understand what the issues are for those offenders in the first place.

An Understanding of Mental Health and Criminal Justice System: What Do Others Do?

There was a need expressed for general training around how the other system (Mental Health or Criminal Justice) worked and an awareness of how the whole system – mental health and criminal justice – works together as a whole in order to achieve better results within it.

For me as a care co-ordinator I would have no knowledge of the criminal justice system and I think that's going to be key if you've got social workers or whoever in this court liaison service or nurses or, having that criminal justice training I think would be very important definitely.

There was an acknowledgement that different agencies had little understanding in three main areas: others' roles, others' targets and the legal responsibilities and policies of other agencies. All were seen as necessary to improve interagency working.

Understanding of each other's roles and responsibilities

It was identified that participants needed to know about what each agency did and who was involved in the offender health pathway.

what has always struck me is how little different agencies understand each other's roles and therefore for us all in the system to be effective,… there needs to be some awareness, education even in terms of what that system actually is and who's involved and all of the services.

it ought to be… included in their… programme of training that they learn about the criminal justice system and how all the different agencies interact with it and what their roles are and the key people that they might encounter, and an understanding of where somebody else is coming from and the sort of difficulties or the challenges that other people are faced with that might sort of conflict with their own agenda.

I would like to see officers at a training level equipped with a greater understanding of mental health problems and disorders. They are not experts, that's not their job, they're police officers, and I get that bit, but if they knew a little bit more, and vice versa, if we knew a little more about how the criminal justice system works and your expectations of us, I think the relationship would improve no end really. This agenda that we're talking about today might move on.

Understanding the targets and priorities of other agencies:

Participants felt it was important to understand what other agencies had to achieve, what was imposed on them in terms of targets and how this influenced their decision-making.

I think what was said this morning about magistrates have got their targets, police have got their targets, every agency, especially as you said with funding being cut and cut you are more and more expected to deliver to your targets and if those conflict with partners it's very difficult to work to the same agenda.

One of the issues that struck me was the differing priorities that differing agencies have like we're talking about the case of Kevin [the case study presented in the morning], if Kevin appeared before us in court, I'm a legal advisor sitting in a magistrates, the only information I have about him is on the charge sheet, his name, address, what he's charged with, I don't have any information about his whatever, mental health issues or history he may have. My priority is to get him done and dusted that day, essentially. I want a guilty plea out of him and I want him out the door with a sentence because that's my target.

It was a recurring theme that each agency had its own targets and understanding those targets helped people from other agencies understand why they operated in the way they did. There was a need to understand the culture of the other agency.

Actually if we could have a magic wand… if we could suddenly, not necessarily change your culture, but share an understanding of your culture… why your culture is this and this is your rules. That would facilitate working. But it's how would we do that considering the constraints

Legal responsibilities and policies of the other agency:

Many agencies, both in mental health, drugs and alcohol and criminal justice are underpinned by statutory duties and legal framework. Participants were keen to know more about these as they felt it impacted on their work with other agencies. There was also articulated a need to understand what pressures other agencies were under so that other agencies had realistic expectations.

I think that knowledge of how the criminal justice systems works is critical especially for crisis teams, the P.A.C.E pressures,[2] and the speed at which the criminal justice system must process people doesn't give time for crisis services… to respond in a way that they normally would.

Knowing the constraints that the other service are under because I'm aware of my own service's constraints and I'm very well aware that we're asking sometimes for things that can't possibly be given, but nevertheless I think things can be improved if the managers liaise more closely, but certainly on the ground I think witnessing each other's role I think is vital.

Especially when those agencies are dealing with different local authorities, different primary care trusts who all have their own policies and protocols so you cross a border and no policy is the same as where you were and so it's getting a standard across the board which is very difficult and you're dealing with so many different agencies.

Communication

Interagency training was seen as a means of enhancing communication skills and communication channels between professionals from different agencies especially between senior managers across agencies, thereby optimising a cultural change towards interagency working.

I think there's got to be a whole culture change..whereby…people at a strategic level start to look more across agencies. ..We probably see it as coal face workers what we need to do, but unless it's driven from a much higher level…

I think things can be improved if the managers liaise more closely

I think the way you do that initially would be to afford everybody with a clear idea about what we all do and how we will communicate with each other.

if you make a referral whether that's someone making a referral to the mental health team or any other service, a good rationale and a good description of why you're doing something and why you're not doing something. Otherwise a simple no, not our bag is just so unhelpful. So communication whatever way you do it.

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[2] Police and Criminal Evidence Act 1984.

Attitudinal change

There was a need for interagency training to effect positive attitudinal changes within participants, changing their potential prejudice against offenders, the mentally ill or other professional groups.

I think frankly sometimes there's some prejudice inside mental health services to people [who] offend.

Don't underestimate the attitudes or obstacles that could stop the interagency phase working….

I would actually say perhaps more general training for magistrates about stigma and discrimination…

MODES OF TRAINING DELIVERY

Having discussed the training needs to support the liaison and diversion agenda, the focus groups were then invited to consider the constraints which agencies might have in delivering training and what the most appropriate forms of training might be given these constraints.

Interagency training

It is not surprising, given the importance of inter-agency working to the liaison and diversion agenda, that there was a strong endorsement of interagency training as a mode of delivery. The event on 2 December 2012 was regarded as a model of good practice and the absence of such events ordinarily was noted as a shortfall.

I think we need to continue to have multi-agency training events like this and I think it's probably the most effective way to break down some of the prejudices and barriers and to share information.

I don't think it's any substitute for we've done here. I've met professionals that I didn't even know existed! You get a totally different perspective and you get to appreciate and understand where they're coming from, some of the difficulties they have in doing their job. I don't know what the solution to that is, but there has to be more networking like this. We have to make a conscious effort to get the different professionals together and sort of have a meeting of minds.

I'd certainly go back to my workplace and say, if further days like this come up, I think we should try and accommodate as many people as possible to come to it and certainly a wide spread of professionals from my workplace.

Wider area or Patch?

One participant cited the value of bringing people together from across a wide area so that different and examples of good practice could be compared.

It's been good today that we've actually had people from [county h] and [county d] because there is quite a lot of different practice .. so it's nice to hear what happens in other areas

There were a number of participants, however, who spoke of the advantages of holding the multi-agency training events on a smaller patch basis that would reflect local working relationships and support their further development.

It's fair enough to take me from Basingstoke to come to here and I've met people and I think it's great what everyone does but as soon as I go back I'm not going to have those contacts up there anymore. I can dig about but they might not even exist. So it's about I think using what's already there really; in the area where there are all those other organisations.

I think that it's quite nice having the multi-agency working. It's the training especially when it's with...the practitioners working in the same regional area as you because then you get to know the faces, you get to meet that person on networking so that's quite unofficial.

Real-issues Focus

Locality-based multi-agency training was viewed as a good medium for the consideration of case studies of relevance to the experience and interaction of the interested agencies. It was thought that this would provide training material which would both engage staff and lead to improved practice.

Even just meeting up and talking about a case study every month, that's all that is needed. It would have to be facilitated; it's just through that process that's when people get talking and you learn more about other people's roles

I think going through case studies like we've done today. I think if we could get agencies from the same area just to sit down together even if just for an hour and say right here's a case study what would you all do in this situation? I think that would probably be one of the best learning opportunities. We could do an area of that once a year.

Case studies were viewed as a useful way of learning, preferably conducted in small groups to facilitate learning. It was felt that real life case studies would further help understanding. Some felt these learning opportunities could be arranged monthly, others on an annual basis.

Involving service users

The involvement of service users in training events was commended by a number of participants as carrying great impact, and an insight into the issues of interagency relationships from a user perspective.

The service users that you have in are sometimes the most valuable source of information. They can only be there for an hour, you could be in for five hours that day and the only bit that you remember is talking to those people so I think that sort of knowledge and experience that you get from the people that are dealing with those issues are invaluable.

I think you've got to involve them (service users). When I did my ASW training which is the pre-cursor to the AMHP, we had a couple of service users come along who had been sectioned and had spent time in psychiatric hospital and we were able to hear it sort of first hand so I think in terms of this inter-agency liaison if you've someone that's gone ping-pong between different agencies it would be quite useful to get their sort of view on it.

Practitioners delivering training

One participant expressed the view that practising professionals were the best people to deliver the training as they would be the most knowledgeable on the subject.

And possibly that could be delivered by people attending. So if you've got a community psychiatric nurse, if you've got a social worker, if you've got someone from children and families, someone from substance misuse, maybe they have their ten minutes to train the group on their field of work, because they're the best people. We are the best people to raise awareness about what we're doing. I don't want to really be trained by a trainer who hasn't done the role.

Although the rationale of expertise was specifically given by this participant, the suggestion also links to one included within the commissioning section of this report which relates to different agencies sharing their training resources for reasons of economy. A potential problem was identified in response to this suggestion.

That [the professional having the knowledge] *doesn't always make the person there a trainer. We have a specific person in our organisation to do that and if I was put in a situation where I was there for training but expected to verbalise for ten, fifteen minutes, I'm not confident of my skill to do that*

A compromise between the two above positions was suggested by another participant.

How about using a clinical tutor to go round to every single agency and telling everybody what everybody does instead of doing the swapping over like I will go across to the substance abuse team and I go to every single service and say OK probation does this, this is how you can do the links and literally…

… you've got someone coming to your service and saying well actually for mental health you can do it this, this, this, this, this what you can do this is what you can't do. Is there anybody here who needs to go and sort and follow that up.

Using existing training events/sessions

Economic constraints may have been a factor in the suggestion that interagency training attach itself to existing training events.

It's developing relationships within your locality and between leads, the ones that are providing services say to the PCT or the local authority, and developing those links and then just hooking on to one of those training sessions and providing half an hour. I mean I know I've gone and done half an hour just chatting about INCA as part of the full day's training that mental health services may be providing.

It should be noted that this, and the previous suggestion that practitioner travel from one agency to another offering training, whilst perhaps cheaper, would not obtain the advantages of bringing staff from different agencies together for training, to learn about, from and with each other.

Technology supported learning

Technology supported learning was suggested as an alternative to course-based training.

It doesn't have to be workshop, I mean it could even be open learning or distance learning, in which case you've got videos that people could watch.

Some limitations of technology supported learning were identified however which included this medium not being taken seriously by some learners and that some forms of learning may not be suited for this kind of interaction.

E-learning's not taken all that seriously: it's almost like taken as a lip service to certain training subjects and to be honest people will rush through it without paying too much attention, I know…The secret is to do the questions first and if you pass don't do the reading

Well some things might not be best suited to online package.... Certainly the touchy feely stuff and actually maybe that's not best learnt online maybe that's best learnt interacting with other people

Others felt that with support e-technology could effectively enable networking and the sharing of information.

...to sort of have a networking group that could potentially have as many members as wanted to join it, and they could share information and case studies and perhaps have online sort of sessions to sort of discuss case studies and so forth. That would be something I think the University could potentially facilitate at least in the initial stages to get it off the ground and get people involved in it.

and it's probably going to be easier for me because I'm not a technophobe, but young people with Twitter and Facebook they do it all the time anyway don't they? So it will probably get easier as those people grow up, but for most of us we do have access to a computer so if there was a website you could just log on. I think GP's have a, like, Mr Fix-it where they can just put in their questions and then somebody answers it...

Participants in one group spoke enthusiastically about the way in which a website could work as part of a total training package rather than standalone, with an online forum being suggested as one potential tool.

I think people will use it (on-line forum) if they were to come to sessions like this and see the value of it, then I think they would use it and I think if you can get enough people to days like this and then say well they have this online forum that you can join and you can share your views you can ask different professionals questions and opinions obviously under confidentiality auspices, yeh I think people would use it

...yeh, I mean to get people initially interested have events like this and then say look, don't just go away and forget about it and not think about other professions anymore and how they might help you and how you can help them. Use this online forum, ask questions, make comments, discuss case examples.

Other participants said how useful a resource directory covering the mental health/criminal justice interface. This is something that could be established and maintained on-line, as was suggested.

It would be really useful to have almost like an idiot's guide..... a side of A4. The basic things: this is what you can do, can't do and just a very something quite small. Like you've got the mental health team, you've got the magistrates, the police, as I say all our different constraints just to say this bit we can do, this bit we can't do.

An online directory. In the olden days, you used to have your book and your little address book and everybody would have the old-fashioned book. That doesn't seemed to get filled in now. So it's moving on from that: where do you keep that information

Shadowing/Placements

Whilst the main discussion was of training by attending events or on-line, some participants extolled the benefits of learning by direct observation and experience gained through shadowing or placements. The resource constraints that might impede this were, however, acknowledged.

Shadow and see, because I can sit and talk to you all day about what a probation officer does, it won't have any meaning. You spend two days with an officer in a court team, or in the offender management team and you'll soon pick it up!

OK, well I go back to what I said earlier which is on the job, observation, watching and experiencing it for yourself I think that's, that's the best kind of training I think you can get

Visits

Visiting other agencies' operational settings was also suggested as a way of obtaining direct experience and learning in practice.

What's a custody cell like? What's it like to appear in a magistrates' court? What's prison like? You don't really know, you've sort of got this second hand accounts of things, but just having a visit or some sort of insight into that would help you understand better what that individual's gone through and what the processes are. And you know if someone's got a learning disability or a chronic mental illness it might give you a better understanding of how distressing and how much it might affect them going through that process if you've seen first-hand what those processes are actually like

I'm trying to get a consultant from XXX Hospital to actually come in to custody and see the medical facilities that are provided in there, so they get an understanding of that. And I think that's key as well then all these myths that are floating out there are dispelled quite quickly

and they think oh y'know I thought you had beds in custody and all the nurses look after all the detainees.

Whilst this would be a less intensive experience than shadowing or undertaking a placement, such visits could nevertheless provide a better understanding of the other agencies work and pressures and, perhaps as importantly, the experience of the offender.

Duration and content of interagency training sessions

One group's facilitator asked specifically how long would be needed for event-based training and it is interesting that the initial responses were couched in terms of how much time could be afforded rather than how much financial resource was required.

I think a day maximum. I think two-day training is the kind of thing that a manager… I know I look at I roll my eyes at two or three day training, especially if you need to send a couple of your team on, you just think well that's bods not going…

Maintaining continuity of awareness of how other agencies work within changing workforce

One participant identified a problem which would persist regardless of how well defined the training content required is; namely that staff turnover and organisational change means that the modes of delivery commissioned need to ensure that there is sustainable access to training and/or knowledge resources for staff new to the agenda.

We're quite meticulous in keeping a record of where we've done awareness sessions and training sessions and where we need to go back to but...you only need one person to.... be off sick or be on annual leave and then suddenly that momentum loses and, the teams are changing all the time at the moment. You might go and deliver a whole load of training to one team and then suddenly that team's dissolved, ... new team's come in and new workers that aren't going to have the knowledge that you've just delivered to them and I think that's the problem

A blended learning approach, for example between formal training events, case study sessions and on-line resources may assist in assessing the continuity issue.

COMMISSIONING

Whilst it had not been a primary intention of the focus groups to consider issues related to the commissioning of training, some discussion of the topic did occur. The key themes are set out below.

Pre-registration and Basic training

A number of participants expressed the view that awareness and understanding of the multi-agency context needed to be covered in pre-registration training for health and social care professionals and in basic training for the police.

I think it has to go right down to grass roots level when people start their social work training or their nurse training or police training whatever; it ought to be from day 1 that's included in their programme of training that they learn about the criminal justice system and how all the different agencies interact ...

I think also from the university's point of view they do need to.... look at their undergraduate programmes for nurses and social care and so forth and say have we got enough of this content about the criminal justice system in there; could we do more, could we widen their knowledge and experience of it?

Two Tier Training

There was a view that training interagency should happen in two stages: the first a foundation level internal to the single organisation and covering the knowledge requirements; the second conducted with other agencies and addressing the more practical aspects of inter-agency working.

I think again it's the difference between what's done in an inter-agency and what can be done within people's own agencies so the whole area of mental health from the links perhaps every agency needs to look at how it builds it in, either into its induction training or its basic training....and then perhaps it's after people have got that base level of information and knowledge, that's when actually local areas can think about how do the different agencies then come together to actually work... So the time together is very much focused on the joint working but you come already prepared with a certain level of information.

A two level approach like this would require collaboration between agencies concerning the contents of each stage to ensure that foundation training content specific to the multi-agency agenda were similar.

Targeting staff

It was acknowledged that not all staff need training in the inter-agency agenda or they do not need training to the same level. Resources, including costs and staff availability were also a constraint that influenced the approach. Cascading training by training a few and then these training their colleagues was one solution offered.

I don't think it needs every member of the workforce trained to the same level. If you've got someone that's done the networking and then comes back with names and telephone numbers and then a presentation to the teams and says look this is what we can do.

I suppose in a custody centre like Southampton which is pretty new there are potentially four or five custody sergeants on each shift. To have one particularly qualified with some sort of vocational qualification in mental health would clearly be an asset because of the sort of cross-peer learning...

I mean we tend to have … appointed lead for things. Like...myself and a few other people who have come today are the mental health leads so we go to all the training on mental health and then we feed back in the team meetings to everyone else who couldn't necessarily go for constraints in relation to time and workload.

Competency Requirements and Mandating

It was suggested that mandating training in interagency working could be introduced and that staff should be assessed in terms of their abilities to work effectively with other agencies. .

… what's the driver to training? Because there's usually some kind of a performance issue. You are required to do this training. In order for you to do this job we expect you to do this training and this will be monitored by your supervision. Do you have these skills? Have you booked on to this? Have you done that? If we're looking to improve the way we work and people's individual responsibility or organisational responsibilities which is an issue that a couple of people have raised this morning, then maybe one driver behind whatever type of training you do is that it's an expectation of that role. You need to do it. Um maybe that's one way of improving engagement and challenging attitudes in that it's not optional, you do it.

It needs to be something that goes through the organisations from top to bottom. I mean at the moment there's lots of talk about multi-agency working but the practicalities of that as you go down through the system; so from a police perspective, police officers have got lots of objectives

but for a police constable multi-agency working is not something that is measured, set as a target, but the organisation talks about multi-agency working so there's got to be some kind of way of creating a system where if we say we're going to be involved in multi-agency working we then assess people according to their ability to multi-agency, work with other agencies is a crucial factor.

It has got to be mandated as well because we've got mandatory training and that drives everything else out, and so you've got to superimpose

Mapping and Gapping Training

Mapping and gapping was raised in several groups as a way of systematically identifying which staff required what training and what training currently existed by agency to meet the need.

I suppose it's important to identify what the gap is to start with. What do we have at this point today in terms of the resources, the staffing, the training to, successfully manage court liaison and diversion

So I think this comes back to the mapping and gapping thing our workforce has to do mandatory training in mental capacity act, safeguarding, adults and children, that type of thing. In addition to that in their organisations who employ them they expect them to do certain induction. So what you need to do is like find out across the areas who's doing what in what areas and then look at what's missing there 'cos actually a lot of training is already being done...but something may be missing in terms of how to work with people, how to best support people.

Sharing of training resources

One of the outcomes of mapping and gapping could be the discovery that there is scope, and even advantage, in sharing training resources across agencies. Participants recommend using the existing skills and knowledge of professionals within the agencies themselves rather than commissioning externally. They considered piggybacking interagency training on the back of existing training events and suggested that agencies shared their existing training events by opening these up to other agencies to attend. This use of existing staff in agencies and providing reciprocal training were aimed at keeping costs down.

I think as well if you've got lots of agencies or areas of work signed up to it then the pool of resources you've got in terms of ability to train other, each other and inter-agency working that can be really good. ...so that could be one way of keeping, keeping costs down of training

But I suppose everyone's got budgets, haven't they, however constrained they are, can somebody facilitate training that they'd normally put on to their own workforce and open it out to other, other people just for example like lately we've been doing legal high's training but we can offer that out to, our own workforce, plus police, plus school workers, that kind of thing and they start sharing the pot a bit more, a bit wider than what we're used to

There are training days set into our (police) shift patterns. Some of them are done by the centre and some are done locally, so that would be the best way to input to the masses 'cos you pretty much cover all the front line that way and then you could have other agencies coming in and sitting in on those training days so you could make it multi-agency. It wouldn't have to be just the police

Everyone's got the knowledge here it's just putting all those pieces together, so if you just got representatives from each agency to come up with a package it could be delivered fairly easily I would imagine. You just need that liaison in the first place

Joint Commissioning of services, including training

The absence of a joint commissioning forum for liaison and diversion services, and the training required to deliver them, was expressed as a frustration.

one of the big problems is that there is no overarching commissioning body for what we're talking about today despite the fact that it feels like quite an important piece of work and it might be that that we have to go round a loop, which is to establish a body and some level of agreement that makes this a priority and then put some formality behind it.

Interagency champions

Pragmatic approaches to generate movement on the agenda were suggested that included the fostering of interagency champions

I think ideally you would look to have for want of a better word, a champion maybe from each discipline that's sort of represented here today, get them together, probably physically rather than electronically to begin with and then decide on what this forum's going to look like and what input each discipline might have and where the case study's going to come from and so

forth. That would be my approach to make sure you've got as wide a representation across all the disciplines as possible.

Targeting agencies

Whilst most of the discussion about targeting in the groups was about which staff needed to be targeted within agencies, a risk was also expressed concerning the need not to side-line whole agencies or sectors which might have an important role to play in the liaison and diversion agenda. The third sector was referenced in one focus group: reference was also made in the plenary session to the Crown Prosecution Service.

I would have liked today to have seen perhaps more from perhaps the voluntary services that are, are working at ground level as it were; a lot of what was done by professionals until recently has now been taken over by voluntary services and I think they very much need to be part of this. Independent, voluntary and private sector, 'cos that's where the growth industry is now, isn't it?

Evidence base for training content

The importance of ensuring there was a sound evidence base for the training was mentioned although there was concern about the overhead costs that the work involved in this might entail.

Your evidence base is always much more rigid, isn't it, if you connect it to an academic institution and there's a university involved but when you start laying in those layers of infrastructure and management and funding it all starts getting much more expensive and that's just an economic reality that we now live in.

CONSTRAINTS

There was a range of constraints anticipated relating to the delivery of interagency training. The two principal and interrelated constraints in delivering training identified in discussion were budgetary pressure and staff release.

Everybody's becoming busier because of cuts, case loads getting bigger... and I wonder whether there is going to be enough time to be able to facilitate what is in effect extra work, isn't it?

So you know if your funding's being cut then you're going to have less available staff hours to be able to put aside for doing something like this as well.

But there's got to be funding specifically for it, and I think you're right, there is no money for training from our organisation's point of view. It's mandatory training only. Anything else is a very nice to have but not on our list and I'm sure other organisations are in exactly the same situation. I think in the current economic climate if there isn't something in it for the agency they're not going to do it.

DISCUSSION

A range of data sources exploring dimensions of interagency training and working are presented in this report: Questionnaire (Q), Focus Group (F), Expectation (E) and Obstacle (O) exercises. An integration of these sources shows that participants demonstrated a high level of person centredness in their approach to interagency working and that they had positive attitude to interagency training and its benefits. They wish to build empathic relationships with professionals in other agencies and they see this as occurring through increasing their knowledge of other agencies and orchestrating formal facilitated contact between agencies. They suggest training events of various formats that offer a valid interagency learning experience. They acknowledge that training opportunities are under threat, working as they do together in an imperfect world and that sharing resources and economies of scale must be considered. These themes are discussed below in greater detail.

Person centredness

Participants see interagency training as having a central role to play in improved outcomes for the offender with mental health issues. They demonstrated a high level of person centredness (Q) and expected that interagency training would help them deal with offenders with mental health issues more effectively (E). They were interested in involving service users in interagency training to help professionals in all agencies understand the impact of discontinuity and poor interagency working on the user themselves (F). Whilst all participants see this need to understand the service user perspective, female participants view this as particularly important (Q).

It is important to stay focused on the underlying reasons for interagency training, which is at the heart of the liaison and diversion agenda: the development of effective pathways for offenders with mental health issues between the criminal justice and mental health systems. Our findings suggest that participants have this very much as their focus and see the relevance of interagency training as a means of achieving this.

This high level of person centredness amongst health professionals is reported elsewhere (Reid *et al.*, 2005) and professional differences have been found between disciplines that have more or less patient contact (nurses score higher on this scale than and pharmacists for example -Reid *et al.*, 2005). Although it might be anticipated that non-health professionals in the criminal justice system would have less of a client centred focus, based on competing agendas such as public safety, this assumption is not upheld in this sample where no differences in patient/client centred focus between the health and non-health professionals are observed. This similarity between the agencies should be emphasised in future training events.

Positive attitude to interagency training and its benefits across early training to continued professional development

Participants saw interagency training (F, E) as a means with which to network and build those relationships necessary to enhance interagency working (E), improve and share good practice (E) and thereby effectively implementing the liaison agenda (F). Their readiness for this type of training is confirmed by their positive attitude to shared learning and limited feelings of professional insularity (Q). In other words, they want to learn to work together to enhance their professional practice and ultimately the wellbeing of the offender with mental issues. The importance they place upon this form of training is reflected in their suggestion that interagency training be included in preregistration and mandatory basic training for professionals from both the criminal justice and mental health systems (F).

The inclusion of interprofessional/agency training as a mandatory and competency based (F) part of professional education is well rehearsed in the health and social care arena (Arredondo *et al.*, 2004; Interprofessional Education Collaborative, 2011). Arguments abound as to when to implement this training:

- early on to prevent or change the development of interprofessional stereotypes known to exist very early on even in newly appointed staff. (Hean *et al.*, 2006) versus
- promoting interagency training much later in a professional's development. When held later, as a form of career development, professionals are more secure in their own professional identity, are better able to share with others their roles and responsibilities and appreciate from real life experience the need to interact with other professions in other agencies (Carpenter *et al.*, 2006).

Increasing knowledge of other agency

Participants indicate that they would value training that gave them a greater knowledge of other agencies (E) especially that which helped them understand the roles and responsibilities of professionals in other agencies (F, E) and gave them an overall understanding of systems and how they fit together (F). This is important as they currently find it difficult getting hold of the right person/service they require in other agencies (O).

This sentiment is not unique to the criminal and mental health systems. The need for an increasing knowledge of the other agencies and interagency training has been at the forefront of many other service interfaces including those linked to the child safeguarding agendas for several decades although the impact of interagency training on practice change and patient/client wellbeing is notoriously difficult to establish (Charles & Horwath, 2009).

Building empathic relationships

Participants want to build empathic relationships with other agencies by understanding the legal and political environment they practice within (F). They recognize that other agencies have different priorities and values (O) and that understanding their alternative perspectives (E), targets and priorities (E, F) will facilitate the building of more effective interagency relationships. Without this interagency empathy, prejudice builds, communication channels and information sharing are blocked (O, F) and misunderstanding of where lines of accountability lie (O) occurs. These empathic relationships are important at all levels of the practice hierarchy but are particularly important horizontally between senior managers across agency boundaries (F).

In discussing the building of empathic relationships, participants touched on the concept of interprofessional/interagency empathy. This is recognised as a central component of interprofessional collaborative working (Adamson, 2011) and is known to enhance professionals' ability to empathise with the patient/client in turn (Reynolds, Scott and Austin 2000). This can be achieved by: understanding of roles; appreciating differences; and exploring the perspective of the other profession; recognising professionals from other agencies as "people first and co-workers second"; developing an intentionality around interagency engagements and how they are managed ; creating dialogic (rather than monologic) verbal communication channels; the development of collective spirit (e.g. through shared workload, being inclusive, accepting the expression of another's vulnerability) . Adamson (2011) suggests that an understanding of the roles and responsibilities of another

professional, their scope of practice, is not sufficient to build interprofessional relationships. Professionals must develop an understanding of the working context of the other agency professional and how they perform the roles they are tasked with. This means that there are drawbacks in limiting training to on line directory of the roles of other agency professionals. Similarly uniprofessional training on the roles of other agency professionals, if held in each agency's individual silo would be insufficient. These forms of training would not encourage an understanding of the context in which these roles are performed and hence not be conducive to building interagency empathy.

Contact required to build relationships

Participants indicated that actual contact between agencies is essential to build the necessary interagency relationships. The interagency workshop was commended by participants as a way in which this contact could be orchestrated. They suggest also complementary alternatives that could include interagency placements and shadowing opportunities or formal visits between agencies (F).

Although establishing contact between agencies is a recognized tool in building relationships and minimizing intergroup stereotypes and prejudice that participants report to exist between the criminal justice system and mental health services (O, F), contact alone will not be enough (Dickinson & Carpenter, 2009). Whilst interagency placements, visits and shadowing opportunities provide contact, a range of contact conditions must be present for these positive effects to occur. These conditions include: that agencies should be working on common goals; that there should be institutional buy-in from those in authority; that intergroup contact should be such that participants are on a level and equal footing and for similarities and differences between professions to be acknowledged (Dickinson & Carpenter, 2009). If these contact opportunities are left unmanaged however, and left open to serendipitous interagency learning, then the impact of contact may have quite the opposite effect, stereotypes being reinforced and interagency relationships harmed. Facilitation is key in these events. There needs to be careful management of the expansive learning through which knowledge is co-created by participants as they explore the activity systems of each others' agencies, the contradictions within them and the new models of interagency working they develop together (Engeström., 2001)

E-technology was proposed as a means to share interagency knowledge and building relationships (F). Whilst convenient, and a popular solution to common constraints faced in

delivering and commissioning training (such as budgetary and staff release limitations (F), their convenience in delivering knowledge about another agency and establishing wider cross-agency networks must be balanced against the challenge these technologies face in achieving the required contact conditions. It is these conditions that building meaningful interagency relationships and the verbal dialogic communication recommended by Adamson (2011) as essential to the development of interprofessional empathy. Several models of interprofessional training delivered electronically (Bluteau & Jackson, 2009; Social Care Institute for Excellence, 2009) are available, albeit focused predominantly on interprofessional training for undergraduate students rather than interagency training for practitioners.

A valid interagency learning experience

Reference to interagency placements, shadowing opportunities or formal visits between agencies (F) and participants' preference for the use of real life issues (F)(the case study within interagency workshop being an example of this) is indicative of participants' preference for practice based learning opportunities in future interagency training packages. A need for valid training steeped in practice experience also underpins some participants' support of training being delivered by fellow practitioners rather than outsiders who may be unaware of the localized and practice issues at hand.

With the above preferences in mind trainers should draw on the well established adult learning approaches including practice based, situated and experiential learning principles and focus on the development of reflective practitioners. In practice based and situated learning, teaching is fully integrated into the clinical or practice setting to improve participants' interagency knowledge, skills, attitudes and behaviour (Coomarasamy & Khan, 2004; Guest *et al.* 2002; Reeves & Freeth, 2002; Wakefield *et al.* 2006; Young *et al.*, 2007). Learning is achieved through the facilitation of participants' active participation in the practices of a community of professionals (those from both the mental health services and criminal justice system working with an offender with mental health issues). They may be peripheral or active members of this community. Shadowing, placements, visits, case conferences, service development projects are all relevant here. These events are congruent with experiential learning activities where participants learn whilst doing. In clinical conditions this may be achieved though simulated ward environments (Kolb, 1984.; Reeves & Freeth, 2002). In interagency training a combination of simulated and real life cases may be

introduced and are particularly valuable for practitioners less familiar with interagency working. For those practitioners more familiar with working at the interface of the mental health services and criminal justice system, training involves breaking established moulds of working, facilitating reflection and the forming new ways of working and developing into what Schön, (1987) describes as the reflective practitioner.

Interagency training in practice will need to be managed events targeted specifically at building interagency relationships and effecting positive patient/client outcomes. Although practice based facilitators familiar with the practice setting are essential to provide a valid learning experience, they may not have the time, motivation or skill to facilitate interagency training. This may be overcome firstly through the identification of an interagency training champion that may facilitate training activity and secondly the application of a train the trainer model. In this model university providers deliver the evidence base and conceptual framework behind training provision empowering practice based trainers to deliver the training in the context they are experienced within. The interagency champion monitors the roll-out of the training.

There is some inter county variation (Q) that suggest there is a need for a local focus and leadership in the training provided although there are some common themes.

The increased complexity of the way services are delivered means interagency working and the appeal of interagency training are highly desirable. However, interagency training is often under evaluated (Charles & Horwath, 2009). There would, therefore, be benefit in the university evaluating this work.

Working together in an imperfect world: sharing resources, economies of scale

Sharing training resources across agencies, piggy backing interagency training onto existing training programmes and joint commissioning of services including training (F) goes some way to counter the costs/budget costs (F) that heavily impinge on current training budgets. Economies of scale and learning from good practice further afield means that training could bring together a wider range of regions but more localised events are also required for localised interagency partnerships to be developed. Ironically, for all of these to be negotiated and implemented strong interagency relationships are required in the first place.

Working within the current economic and time constraints also led to suggestions that only those staff that are involved in cross agency working be targeted for training (F). A mapping

and gapping exercise (F) would be required to identify who these interagency staff are and to ascertain their training needs. Preliminary work on this shows interagency training to be virtually non-existent (Hean *et al.*, 2009). Alternatively a two tier system was recommended where one component of training be delivered internally to a wider range of professionals internally, to be followed by across agency training for the targeted few (F).

Interagency training, to ensure professionals are able to learn, with, from and about each other, cannot be effectively achieved within agency silos. It is a process of social and expansive learning that requires interaction between professionals from other agencies for success. However, in a world where budgets are tight and staff release a luxury afforded to the few, uni-agency training may be a practical necessity but it can still serve as preparation for later interagency events. This uni-professional tier might cover information on roles and responsibilities of other agencies and be delivered by a professional from the other agency.

LIMITATIONS AND NEED FOR FURTHER DEVELOPMENT

No project is without its limitations. We have reported very positive attitudes held by workshop participants towards interagency training but acknowledge that a major caveat to these findings is the self-selected nature of participants that attended this event. There is scope to explore the transferability of these attitudes to the wider population of professionals in the mental health and criminal justice systems. There is also a possibility that positive responses and lack of demographic differences amongst participants reflected a potential lack of sensitivity in the survey instrument. However, the focus groups, confirmed the enthusiasm and support for interagency learning within the sample.

A day long workshop is also not enough to develop the co-constructed model of collaborative working proposed in a crossing boundary workshop of this kind and to evaluate it. We propose that this interagency workshop be developed in greater detail, with participants moving from only identifying the challenges of working together as was currently achieved to more prolonged events in which models of working together are created and tested by participants in their practice over a more extended period of interaction between agencies. More work is also required in developing case studies as adequate mirror of practice for future crossing boundary workshops. The involvement of service users or managed visits and shadowing opportunities may provide this

RECOMMENDATIONS

Taking into account the recommendations of Lord Bradley, the findings of this report, the theoretical frameworks and interagency/interprofessional education evidence base discussed above, we propose that a training package now should be developed that offers a strong interagency component. This package should follow a continuum from the beginning of someone's entry into training, for a role in mental health or criminal justice agencies, as a trainee professional, through to continued contact with other agencies throughout their professional lives at varying different levels. A graduated approach is required in which different dimensions of the other agency are explained and skills of cross boundary working are slowly delivered and absorbed by the participants, step by step with the ultimate goal of preparing an effective and collaboratively ready workforce.

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<u>Stage one – Pre-registration or undergraduate training</u>

Pre-registration, undergraduate curricula or trainee programmes for professionals, from both the mental health services and criminal justice system, should include materials that introduce them to some of the issues they will encounter when entering the profession and working with the other agency. Bradley (2009), for example, recommends mental health and learning disability awareness for trainee police, probation and police officers.

Similarly, pre-registration mental health nursing degree programmes should, as a matter of course, include an introduction to criminal justice ensuring a basic understanding of how the criminal justice system works.

In addition, this report indicates that, as well as either mental health or criminal justice inputs, there should be an interagency dimension at this stage of training. This, for example, could involve bringing together trainee solicitors and mental health nurses at undergraduate stage, or arranging shadowing or observation placements for trainee police officers with mental health professionals.

Government or national regulatory bodies from police, the legal professions, health and so on should ensure that they incorporate this interagency training in criminal justice or mental health into the mandatory training requirements for each profession.

<u>Stage two – General Awareness</u>

Promoting interagency training does not underplay the importance of general awareness training that may be delivered separately within each agency. For those criminal justice staff, for example, already in post, training packages could be developed that cover mental health awareness. These might vary in content but could include awareness about: neurosis; psychosis; personality disorders; learning disability; the difference between primary and secondary care; part III of the mental health act and mental health treatment pathways. This training could be delivered by local mental health services and local criminal justice agencies, or be provided by local training agencies or universities.

On the other hand, mental health staff working in local Community Mental Health teams could receive training around how the criminal justice system works – what happens at the police station, courts, probation and prison and basic information on Police And Criminal Evidence (PACE) Act 1984 and sec 136 of the Mental Health Act (1983) (amended 2007) and so on.

All agencies should receive some basic input on the Mental Health and Learning Disability Liaison and Diversion agenda including the purpose of the agenda, what the benefits will be and how agencies might work together to achieve them.

Whilst the training could be provided to different agencies together (for example police, probation and prison officers) it is more likely to be delivered as part of the agency's continued professional training agenda. Whilst this training will not impart interagency collaborative skill, it provides a sound basis upon which these may be built and should strive to attain a person centred focus.

Stage three – Interagency Training as Continuing Professional Development

This part of the training continuum would be aimed at building interagency collaborative competencies and local empathic interagency working relationships in currently practising professionals. This training should be designed to develop positive interagency attitudinal change and an in depth understanding of the roles and responsibilities of other agencies. Crossing boundary workshops are one way of achieving this. Hereby, professionals from the mental health services and criminal justice system activity systems are brought together in a facilitated environment to explore a stimulus, such as a case study or simulated practice event that mirrors dimensions of their collaborative practice. Shadowing, placements, visits, case conferences and service development projects may serve as similar stimuli and strongly situated, context relevant learning environments. Whichever is chosen, it is essential that

these stimuli offer a highly practice relevant learning experience offering insight into both local and more generalised collaborative practice issues. Participants identify tensions or contradictions in the interagency stimuli they are exposed to, subsequently develop a model of collaborative working to address these challenges and design a solution specific to their locale. Participants would then re-enter their own agency and test the model they have jointly developed with cross agency partners, reconvening in subsequent workshops for an evaluation of how the co constructed model is working. Knowledge of new ways of working collaboratively is developed during these interactions. As identification of tensions and contradictions is potentially a threatening experience for participants if they are completely unfamiliar with each other's agency, training should focus first on the patient/client centredness of both agencies as a starting point to develop positive interagency relationships before exploring agency differences in legislation, constraints and priorities. It is important that these events are carefully facilitated and should take account of the range of contact conditions required for successful attitudinal change.

Stage four – Interagency Reflective Practice

The final part of the interagency package would be the setting up of real life clinical case studies. Bringing together practitioners from the different agencies, discussion based on real life cases would be about what worked well and what could be done better. These meetings should occur on a regular basis rather than just when an investigation takes place because something has gone wrong. The case studies would concentrate on the agencies working together to improve the outcomes for the service user and aim at developing reflective collaboratively able professionals. These sessions should initially be set up and facilitated by a designated practitioner and reviewed for continued effectiveness.

All of the above would be supported and supplemented by on-line resources which could span the continuum, including:

- local directories specific to the mental health and criminal justice interface giving information, including points of contact, for each agency
- information resources on topics relating to the mental health and criminal justice interface including links to national reference materials on policy and good practice
- administrative content relating to training courses and related events in the locality
- e-learning courses, case studies and other learning materials
- inter-professional forums for discussion and queries (not specific to named cases)

A model would need to be developed to combine the expertise of the university with the professional experience of local facilitators to progress the interagency programme. Modes of delivery will need to take into account practitioners' need to cope with change in the workforce due to turnover and organisational change. In addition interagency work should be competency based and should be regularly reviewed/assessed as part of professionals' job performance.

Ensuring training is well targeted is important given the need to engage staff and organisations who are essential to the liaison and diversion agenda, especially in a time of financial constraint. The continuum approach outlined, in conjunction with competency review, will contribute to this.

As already stated, interagency joint training must be underpinned by clear conceptual frameworks, an evidence base and be evaluated in terms of its organisational change and person centred outcomes (Freeth *et al.* , 2002). Agencies should form partnerships with Universities to bring this empirical and theoretical underpinning to these training programmes.

Finally, an interagency commissioning approach will be required to deliver the training package outlined above to support the liaison and diversion agenda, and especially if there is to be joint training and sharing of resources. Although several agencies may provide training either in-house or by buying in an external trainer to deliver similar training (especially at stage 2), costs could be reduced if the agencies share training which will be facilitated by the inter-agency working and subsequent improved partnerships.

CONCLUSION

The mental health and criminal justice agenda is a complex one with two different sets of agencies operating very different systems each with its own ethos and culture. The liaison and diversion agenda offers an approach to optimising the way these agencies collaborate with one another in the interest of both public safety and the mentally ill offender themselves. The workforce in both agencies need to be prepared to implement this agenda. This report recommends interagency training as a means of achieving this and suggests that professionals are positively inclined to this approach. A potential four stage model for

training is presented that is grounded in the voice of the professionals from the mental health and criminal justice systems as well as the theory and evidence base supporting interagency working. It now remains for government to invest in the development and implementation of this training with the aim of creating a collaboratively ready workforce ready to move the liaison and diversion scheme forward and improve the mental health of offenders in the UK.

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APPENDIX 1: ANALYSIS OF INDIVIDUAL ITEMS IN READINESS FOR INTERPROFESSIONAL LEARNING SCALE (RIPLS)

Attitudes towards shared learning to develop collaborative and team working skills	Items 1,2,3,4,5,6,7,8,9,13,30,14,15,16	Possible range28/-28
	Mean:17.81; n=43	Actual range:9 to28
County	MW³U=119.000; n=32	n.s.
Managerial position	MWU=177.500; n=37	n.s.
Type of organisation	MWU=241.500; n=42	n.s.
Age (over and under 40)	MWU=141.000; n=43	n.s.
Gender	MWU=155.000; n=42	n.s.

Item		Median	Mode	Percentage of total sample (n=44)
2.	Mentally ill offenders will ultimately benefit if professionals from different services work together to solve offenders' problems	Strongly agree	Strongly agree	75.0
			County	p=1.000
			Managerial position	p=0.719;
	A significant difference between those that had strongly agreed on the one hand and those that had either only agreed, were neutral or had disagreed; professionals from the health professionals tended to agree with this statement less than their non-heath colleagues.		Type of organisation	p=0.039; d.f.=1; n=44
			Age (over and under 40)	p=0.241;
			Gender	P=0.709;
4.	Learning together with professionals from other services will improve relationships in practice	Strongly agree	Strongly agree	61.4
			County	p=0.485
			Managerial position	p=0.506
			Type of organisation	p=0.756

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³ Mann Whitney test was used to assess significance of group difference

			Age (over and under 40)	p=1.000
			Gender	p=0.736
3.	Shared learning with professionals from other services will increase my ability to understand mentally ill offenders' problems	Strongly agree	Strongly agree	56.8
			County	p=0.722
			Managerial position	p=0.745
			Type of organisation	p=0.125
			Age (over and under 40)	p=0.081
			Gender	p=0.105
9.	Shared learning will help me to understand my own limitations	Agree	Agree	65.9
			County	p=0.659
			Managerial position	p=0.238
			Type of organisation	p=1.000
			Age (over and under 40)	p=0.669
			Gender	p=0.237
14.	I would welcome the opportunity to work on small group projects with professional from other services	Agree	Agree	63.6
			County	p=0.213
			Managerial position	p=0.697
			Type of organisation	p=0.711
			Age (over and under 40)	p=0.669
			Gender	p=1.000
16.	Shared learning during their training would help professionals become better team workers	Agree	Agree	61.4
			County	p=0.107
			Managerial position	p=0.278
			Type of organisation	p=1.000

				Age (over and under 40)	p=1.000
				Gender	p=0.456
7.	For group learning to work, participants must trust and respect each other	Agree	Agree		56.8
	Hants are more likely to strongly agree with this statement than Dorset. Both counties see it as important -all of the sample agreed or strongly agreed with this item-but Hants tended to strongly agree with this if compared to Dorset who tended to only agree with this item.		County		p=0.030
			Managerial position		p=0.746
			Type of organisation		p=0.754
			Age (over and under 40)		p=0.480
			Gender		p=0.505
1	Learning with professionals from other services will help me become a more effective member of a team	Agree	Agree		54.5
			County		p=0.714; n.s.
			Managerial position		p=0.119; n.s.
			Type of organisation		p=0.547 n.s.
			Age (over and under 40)		p=0.509;n.s.
			Gender		p=1.000; n.s.
15.	Shared learning would help to clarify the nature of the offender's mental health problems	Agree	Agree		54.5
			County		p=1.000
			Managerial position		p=1.000
			Type of organisation		p=0.295
			Age (over and under 40)		p=0.457
			Gender		p=0.070

6.	Shared learning will help me think positively about professionals in other services	Agree	Agree	54.5
			County	p=0.509
			Managerial position	p=0.1.000
			Type of organisation	p=0.745
			Age (over and under 40)	p=0.256
			Gender	p=0.290
30.	Shared learning with professionals from other services will help me to communicate better with other professionals	Agree	Agree	54.5
			County	p=0.701
			Managerial position	p=0.734
			Type of organisation	p=0.515
			Age (over and under 40)	p=0.722
			Gender	p=1.000
8	Team working skills are essential for professionals from all services to learn	Agree	Agree and strongly agree	47.7 respectively
			County	p=0.472
			Managerial position	p=0.507
			Type of organisation	p=0.366
			Age (over and under 40)	p=0.732
			Gender	p=0.510
5	Learning communication skills is best achieved alongside professionals from other services	Agree	Agree	45.5
			County	p=0.461
			Managerial position	p=0.719
			Type of organisation	p=1.000
			Age (over and under 40)	p=1.000
			Gender	p=1.000
13.	Shared learning with professionals from other services will help	Agree	Agree	43.2

me to communicate better with offenders with mental health issues		County	p=1.000
		Managerial position	p=0.307
		Type of organisation	p=0.515
		Age (over and under 40)	p=0.468
		Gender	p=0.487

Perceived uniqueness of their own profession/insularity	Items 12,17,19,20,21	Possible range 10/-10
	Mean:-4.0227; n=44	Actual range:-8 to3
County	MWU=105.00; n=33	n.s.
Managerial position	MWU=183.500; n=38	n.s.
Type of organisation	MWU=222.000; n=42	n.s.
Age (over and under 40)	MWU=154.000; n=44	n.s.
Gender	MWU=265.500; n=43	n.s.

12	Problem solving skills should only be learned with professionals from my own service	Strongly disagree	Strongly disagree	59.1
			County	p=1.000
			Managerial position	p=0.320
			Type of organisation	p=0.763
			Age (over and under 40)	p=1.000
			Gender	p=0.310
20	There is little overlap between my professional role and that of professionals in other services	Disagree	Disagree	59.1
			County	p=0.676
			Managerial position	p=1.000
			Type of organisation	p=0.728
			Age (over and under 40)	p=0.237
			Gender	p=0.417

21	I would feel uncomfortable if a professional from another service knew more about a topic than I did	Disagree	Disagree	47.7
			County	p=0.722
			Managerial position	p=0.193
			Type of organisation	p=0.547
			Age (over and under 40)	p=0.301
			Gender	p=0.098
17.	The function of mental health professionals working with mentally ill offenders is to provide support for those professionals working in the criminal justice system	Neither agree nor disagree	Neither agree nor disagree; Agree	38.6
			County	p=1.000
			Managerial position	p=1.000
			Type of organisation	p=0.600
			Age (over and under 40)	p=0.482
			Gender	p=1.000
19	My profession has to acquire much more knowledge and skills than professionals in other services.	Neither agree nor disagree	Neither agree nor disagree	40.9
			County	p=0.157
			Managerial position	p=1.000
			Type of organisation	p=1.000
			Age (over and under 40)	p=1.000
			Gender	p=0.510

Person centredness	Items 25,26,27,28,29	Possible range 10/-10	
	Mean:6.0698; n=43	Actual range:0 to 10	
County	MWU=108.50; n=33	n.s.	
Managerial position	MWU=204.500; n=37	n.s.	

Type of organisation	MWU=189.000; n=42	n.s.
Age (over and under 40)	MWU=138.000; n=43	n.s.
Gender	MWU=149.500; n=42	n.s.

28	Thinking about the mentally ill offender as a person is important in getting treatment/disposal right	Strongly agree	Strongly agree	61.4
			County	p=1.000
			Managerial position	p=1.000
			Type of organisation	p=0.068
			Age (over and under 40)	p=0.289
			Gender	p=0.736
29	In my profession, one needs skills in interacting and cooperating with offenders with mental health issues	Strongly agree	Strongly agree	45.5
			County	p=1.000
			Managerial position	p=0.745
			Type of organisation	p=1.000
			Age (over and under 40)	p=0.456
			Gender	p=1.000
25	I like to understand the mentally ill offender's side of the problem	Agree	Agree	59.1%
			County	p=1.000
			Managerial position	p=0.454
			Type of organisation	p=0.327
			Age (over and under 40)	p=0.139
		All but one of the men in the sample had agreed with this	Gender	p=0.008

		item (the other neither agreeing nor disagreeing) which suggests that while men would like to understand a offenders side of the problem, it is more likely to be women that see this as particularly important.		
27	I try to communicate compassion to the mentally ill offender	Agree	Agree	45.5
			County	p=1.000
			Managerial position	p=0.09
			Type of organisation	p=0.515
			Age (over and under 40)	p=0.456
			Gender	p=1.000
26	Establishing trust with the offender is important to me	Agree	Agree	38.6
			County	p=1.000
			Managerial position	p=1.000
			Type of organisation	p=1.000
			Age (over and under 40)	0.492
			Gender	p=0.307

APPENDIX 2 FOCUS GROUP SCHEDULE

NOTE TO FACILITATORS

Your aim is to get the group to discuss interactively:

- the knowledge and skill participants and their organisations require to be able to successfully deliver the emerging liaison and diversion agenda
- How training may best be delivered within the current political, economic and logistical constraints facing practice.

LOGISTICS:

Place recorder and mike in centre of group; familiarise yourself with the equipment, make sure you have switched it on and it is recording. Make sure you have spare batteries.

BEGIN YOUR SESSION WITH THE FOLLOWING:

Welcome and thanks

- Please can we begin by introducing each other by first name
- Today's sessions will be about 45mins and it is recorded. Explain reasons for recording, ask if everyone if comfortable we will begin
- Topic we are discussing today's are **the knowledge and skills you or your workforce require to respond effectively to the diversion/liaison agenda.**
- Explain that we will begin by opening the discussion with a general open question followed up with some more specific open questions.

I will need to ensure that everyone gets a chance to say what they wish and to capture similar and different points of view so suggest some ground rules to help us

- At times I may ask for further clarification, or ask you why you think about your point in a certain way. There may be times when I ask for some people to wait for while and for others to come forward.
- As it is being recorded it is really important if we could just speak one person at a time.
- You are free as a group to discuss the question I raise in whatever way you wish. If the point you wish to make relates to a point already in discussion please go ahead in the way that any group of people have a discussion.

- If you wish to raise a new point or issue, please indicate to me by raising your finger and I will facilitate you to introduce your point at the appropriate time in the discussion.

Before we begin do you have any questions or need any clarification.

Opening Question (15 mins)

A. How do we prepare the workforce to effectively respond to liaison/diversion agenda?

PROMPTS

- What knowledge do you feel you need to be able to successfully deliver the emerging liaison and diversion agenda?
- What skills do you feel you need to be able to successfully deliver the emerging liaison and diversion agenda?
- What do professionals need to know?
- What do they need to be skilled to be able to do?

Follow up questions (15 mins)

B. What constraints are you working under in terms of delivering training for professionals aiming to respond effectively to the diversion/liaison agenda.?

PROMPTS

How should this training be delivered and why?

What is the most feasible way of receiving training

- in the work environment, at the university,
- part time, day programmes,
- delivered by the agency itself or by the university (think of train the trainer),
- e learning;

- accredited or not

Who else needs to attend this kind of workshop that isn't already represented here:?

Conclusion/debrief (5 mins)

Ask each participant if there is anything they wish to add. Thank participants; ask if they have any further questions.