

# Further submissions to the Commission on Justice in Wales from Hafal, CAIS and the Morgan Academy

*The following submissions have been put together for the Commission on Justice:*

- A joint response by Cais, Hafal and the Morgan Academy to the 'Mental health in policing and police custody' inquiry by the Health, Social Care and Sport Committee
- "Nothing to See Here" - Hafal briefing on the long-term plan for health and social services in Wales
- Final report on Hafal's Big Lottery-funded Criminal Justice Link Service
- Hafal briefing on its Out of the Blue service
- "Jo's Action Plan" - a report and Action Plan following Hafal's 2017 Reducing Risk – Achieving Recovery Action Research Project on mental health and criminal justice.

## **Mental health in policing and police custody – inquiry by the Health, Social Care and Sport Committee**

### **A joint response by Cais, Hafal and the Morgan Academy**

#### **About us**

**Cais** aims to empower positive changes in the lives of people affected by addiction, adverse mental health, unemployment, offending and other life challenges, through a range of services and support delivered by skilled and experienced staff and volunteers.

**Hafal** supports people with mental health problems - with a special emphasis on those with a serious mental illness - and their carers and families; we also support others with a range of disabilities and their carers and families.

**The Morgan Academy** is a research-based think tank created to deal with the pressing 'wicked issues' of public policy in Wales and the wider world; as well as promoting critical thinking, we work collaboratively to promote innovative evidence-based policy.

The three organisations have drawn on their distinctive experience and perspectives to develop this response.

#### **Comments on the inquiry's areas of consideration**

*Whether there are sufficient services (i.e. health and social care services) available to support police officers in Wales to divert people with mental health problems away from police custody.*

- Our direct experience, both as providers of general services and as specialist providers of Appropriate Adult services, is that there are insufficient services in terms of location, availability, and capacity
- There is a specific problem in not having sanctuary facilities in Wales, the nearest being in Bristol. One attempt to develop this service in Cardiff had wide support but could not obtain commitment from one agency; other initiatives are now in hand in Swansea and Llanelli
- Lack of sanctuary or similar services means that some individuals, having no alternative out-of-hours service to turn to, repeatedly come into contact with police but are not assessed as being in crisis
- There is an additional problem of police services not having consistent and up-to-date information about what services are available; a new App has been developed in South Wales which may provide a solution

*The number of people arrested under section 136 of the Mental Health Act 1983, and the extent to which police custody is being used as a place of safety for people in mental health crisis.*

- We have observed considerable progress in reducing use of police custody for those arrested under section 136 from a poor start three years ago
- A challenge remains to ensure this practice is fully implemented and maintained

*Whether local authorities and health services are meeting their duties and complying fully with legislative requirements to provide appropriate places of safety to which the police may take people detained under section 136 of the Mental Health Act 1983.*

- As above we observe progress in compliance but progress is patchy and we know that access to health-based places of safety has been compromised by a lack of available beds in acute care. This means that unless suitable accommodation is found for those taken to a health-based place of safety, that unit quickly turns into another acute admission ward and the place of safety is unavailable for further admissions
- The legal duty is a limited lever for change: we are concerned that legal compliance is not a substitute for good practice within places of safety wherever located

*Adherence to the Code of Practice to the Mental Health Act 1983 which requires that people detained under that Act should always be conveyed to hospital in the manner most likely to protect their dignity and privacy – taking account of any risks (i.e. by ambulance which should be made available in a timely way, as opposed to police transport).*

- We do not know enough about current practice to assess the extent to which the Code is being adhered to but anecdotally we are aware that availability of ambulances is frequently an issue
- We believe this is an area where the Code should be revisited and more flexibility considered. Our experience suggests that patients and families are most concerned about speed of response - and dignity can be compromised as much by delay as by the mode of transport: but any change should be led by the views of patients and families
- Use of other vehicles and (where unavoidably police vehicles are used) unmarked cars (and perhaps police officers in plain clothes), might form part of a more flexible approach

*How effectively police forces in Wales work with partners (such as health or social care services) to safeguard vulnerable people in police custody, and how well the police themselves identify and respond to vulnerable people detained in custody, specifically those arrested under section 136 of the Mental Health Act 1983.*

- Our experience in providing Appropriate Adult services suggests that there have been improvements in police management of vulnerable people in custody, including more routine call-out of an Appropriate Adult

- However, there remain inconsistencies: it is not uncommon to find people in custody with obvious mental health problems who have not had an Appropriate Adult requested by custody staff nor had engagement with mental health and other services

*The effectiveness of multi-agency care planning for people with mental health problems when leaving custody, specifically for those detained in police custody under section 136 of the Mental Health Act 1983 to help to prevent repeat detentions.*

- Wales' Mental Health Measure, alongside the distinctive Welsh Code of Practice for the Mental Health Act, prescribes holistic Care and Treatment Plans for people with a serious mental illness. This requirement forms a basis in law for care planning which is unique in the UK
- However, current practice falls short. In July 2018 the NHS Wales Delivery Unit published its *National Report on The Quality of Care and Treatment Planning - Assurance Review of Adult Mental Health & Learning Disability Services*. The report found that, although Care and Treatment Plans were widely now in place, "the quality of CTPs is generally poor. CTP outcomes are not routinely: specific, measurable, attainable, realistic and time-bound (SMART). As such CTPs outcomes are frequently not measurable...Importantly the Measure is not being used as the central document to coordinate and review treatment and care, nor are service users or carers being routinely engaged in the formulation of their CTP as the Measure intended. This is leading to frustration by staff and service users alike"
- Our own experience reflects this: we see some good examples of care planning but many people who have been detained do not have meaningful Plans and often receive minimal support
- We have observed particular problems with "revolving door" repeat detentions of individuals which requires special attention on a multi-agency basis

*Whether effective joint working arrangements are in place, with a specific focus on implementation of the Mental Health Crisis Care Concordat, including whether the Welsh Government is providing sufficient oversight and leadership.*

- In our experience effective joint working has depended on local relationships and on local initiative and good will more than on national leadership. The result is great inconsistency and in many instances police and health staff still effectively work in isolation
- The Crisis Care Concordat Assurance Group is tasked with leading implementation of the Concordat but we question whether the Group has the authority and capacity to drive improvement and hold organisations to account
- The Concordat does not have "high status" in mainstream targets for health and social care agencies or for the police
- We understand that the leadership for the Assurance Group is shortly to change to a health lead role. While we welcomed the involvement of the Third Sector in leading the original group it was clear that without statutory authority this was unable to properly exercise an assurance function.

## **Other issues**

- We have noted wide variation in consistency and quality across Wales in respect of both police and mental health services in relation to this issue
- We know that helping people with complex problems – especially co-occurring mental health and substance misuse problems – increases the challenge for effective joint working because this requires cooperation between professionals *within* health and social care as well as with the police. We are concerned that this client group may be disproportionately represented among those whose treatment falls short of best practice
- The special vulnerability of people with autism spectrum disorder (ASD) requires specific attention, including training of first responders. Stress reactions of people with ASD may be misinterpreted as acute mental illness, setting in train damaging consequences and inappropriate treatment. Consideration should be given to this in the context of wider policy on ASD as well as general health and well-being
- We recognise that the risks for staff as well as of patients must be a key consideration in decisions about places of safety, transport and other matters *in addition* to the availability of services
- We believe that imaginative use of technology – including people safe devices, mobile phone alerts, and monitoring live interventions - could offer the means of reducing risks and improving flexibility
- Improved staff training could also enhance safety and increase flexibility
- There should be recognition and a focus on the best practice which already exists: where agencies are cooperating effectively and resources are deployed efficiently clients *are now* receiving excellent support which keeps them safe, protects their dignity, and puts them on a pathway to recovery
- There is a need to evaluate mental health triage pilot services in police control rooms and the availability of services for onward referral: this may indicate a need for a new approach to commissioning including greater use of non-statutory providers

## **Suggested actions**

- Welsh Government should make full implementation of the Concordat an overall priority (that is, not just in mental health) for Health Boards and Local Authorities, requiring them to report progress on explicit targets to the Minister of Health and Social Services whose sustained leadership and engagement is needed
- Police and Crime Commissioners should similarly make the Concordat a priority for their forces, collectively agreeing targets and deadlines for full implementation
- A formal bench-marking project could identify existing best practice within Wales and use this systematically to improve all services. The project could identify and benchmark best practice in joint working arrangements but also in co-occurring needs, “revolving door” clients, people with ASD, training, safety, and use of technology
- A fresh and *continuing* dialogue should be established with service-users and carers with *direct experience* (general experience of mental health services is not sufficient) of contact

with the police, custody, and the use of the relevant sections of the Mental Health Act: this should focus on their priorities – which may not always be as traditionally assumed - as well as their ideas for improving services

- A review of commissioning arrangements should be undertaken, including both consideration of pooled resources across police, local authority, and health services and also greater use of non-statutory providers which in many instances could be more cost-effective
- Consideration should be given to ensuring consistency of practice and approaches to improvement in the context of the broader health and well-being laws and policies in Wales, which emphasise human rights obligations and the underpinning values of autonomy, dignity and equality. This might be taken forward in the context of the current review of the Mental health Act itself

### **Further information and resources**

- Our web-sites: <http://www.cais.co.uk/> <http://www.hafal.org/>  
<https://www.swansea.ac.uk/morganacademy/>
- *Reducing Risk - Achieving Recovery: An action plan for people with severe mental illness who come into contact with the Criminal Justice System* sets out a broader range of short and long-term actions identified by service-users and carers with direct experience:  
<http://www.hafal.org/wp-content/uploads/2017/12/Reducing-Risk.pdf>
- *Jo's Criminal Justice Survival Guide* provides practical advice for service-users and carers:  
<http://survivalguide.hafal.org/>

### **Availability to provide further evidence**

The three organisations are available to give further evidence including evidence in person; we also have service-users and carers with direct experience available to give evidence in person.

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from serious  
mental illness*



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## **Hafal Briefing**

# **“Nothing to See Here”**

***So what is the long-term plan for health and social services in Wales?***

### **Briefing Purpose**

Hafal routinely engages with key strategic initiatives of the Welsh Government and (on undeveloped matters) the UK Government. So at present we are working hard to make the most out of the Welsh Government’s “Together for Mental Health” strategy; we are also keen to influence the UK Government’s new review of the Mental Health Act.

Such activity stretches our limited resources for public affairs work but is clearly important in our mission to improve the lives of people affected by serious mental illness and (taking on board our wider remit agreed a year ago) others with disabilities and social care needs and their carers.

However, this activity occurs in the wider context of long-term Welsh Government policy for health and social services which is arguably of greater significance than, for example, mental health or carer-specific initiatives.

The purpose of this briefing is to explore what we understand about long-term Welsh Government policy and consider its implications for our mission.

The briefing is timely for two reasons:

- The Welsh Government has recently published “A Healthier Wales: our Plan for Health and Social Care” which presents a new, long-term vision
- A new First Minister will be appointed this autumn: in the context of Welsh politics this may well mark a more significant change of direction than that which results from a National Assembly election (so far in the history of Welsh devolution no First Minister has been replaced as a result of an election)

### **Is this Hafal’s Business?**

Our clients clearly have an interest in how health and social care is delivered, and not just in the detail of mental and carer-specific services. Although we must continue to focus much of our work on the Welsh Government’s short-to-medium term and client-specific strategies we should not lose sight of the big picture.

This begs the question of whether we can *influence* that big picture: if we cannot then we should not deploy our resources where they have little prospect of getting results. This remains a good question and we must be realistic.

However, in fact Hafal has a track record of exercising some influence at this level. Having opposed the creation of 22 Local Health Boards in 2003 we campaigned (with scant support from others) for reform which was achieved in 2009. Our influence on that occasion was evidenced by the then Health Minister's pre-announcement of abolition of the LHBs in our own house journal *Mental Health Wales*. If we have concerns today about multiple levels of governance and bureaucracy in the Welsh NHS it is worth remembering how much more there was before this key reform.

We can and should influence these matters.

## **An analysis of "A Healthier Wales"**

### ***Where it came from...***

The Welsh Government commissioned a Parliamentary Review of the Long Term Future of Health and Social Care: *A Healthier Wales* is the Welsh Government's response to that Review.

It sets out a plan for improving integration between health and social services; it also aims to move the focus of services more towards prevention, although at the same time it reiterates the philosophy of "prudent healthcare" which focuses on caring for those with the greatest health need first and not doing more than is necessary.

A £100m Transformation Fund has been created by the Welsh Government to support the plan's implementation.

### ***Key principles...***

The report adopts a "Quadruple Aim" comprising:

1. Improved population health and wellbeing
2. Better quality and more accessible health and social care services
3. Higher value health and social care
4. A motivated and sustainable health and social care workforce

The report also sets out ten "design principles":

- Safety
- Seamless
- Higher value
- Evidence driven
- Scalable
- Transformative
- Prevention and early intervention
- Independence
- Voice
- Personalised



### ***A shift in emphasis...***

*A Healthier Wales* proposes a “wellness system which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health”.

Specifically it is proposed that there is a substantial shift is required away from inpatient and high level services towards lower level and preventive services. It is not clear how this squares with the principle of prudent healthcare (see above).

In practice it is proposed that “new models of seamless local health and social care” are developed, making particular use of good examples which are developed locally and can be used elsewhere.

No examples of such models are given in *A Healthier Wales* aside from the creation of “Clusters” of GP practices (and no examples of how this has improved the experience of consumers are given).

### ***How it will be delivered...***

There is no proposal to reform the current infrastructure of statutory organisations legally responsible for health and social care in Wales, which comprises:

- **7 NHS Local Health Boards**
- **22 Local Authorities**

But additionally other structures have been or will be developed to help implement the plan:

- **NHS Wales Executive function:** a strengthened NHS management reporting directly to the Chief Executive of NHS Wales.
- **National Transformation Board:** senior health and social care leaders and other key partners and stakeholders
- **64 “Clusters”** : sixty-four groups of neighbouring GP practices and partner organisations across Wales which provide services for their local populations of between 30,000 and 50,000 people
- **7 Regional Partnership Boards:** statutory partnerships between local government, the third sector and the NHS. Their purpose is to drive the strategic regional delivery of social services in close collaboration with health.

Implementation will also be supported by:

- A **Transformation Programme**, led by the Director General of Health & Social Services, with matching plans at RPB level
- A technological/digital programme leading to creation of a **national data resource** allowing large scale information to be shared securely and appropriately
- A range of **Quality Statements** which set out the outcomes and standards in NHS services.
- Implementation of a single **National Outcomes Framework** for health and social care aligned to the Quadruple Aim.
- A **Funding Structures Review** leading to better targeting of resources
- A new **Workforce Strategy for Health and Social Care in Wales** – this is a response to aim 4 of the Quadruple Aim

## **So what difference will “A Healthier Wales” make?**

Underlying the detail described above it is evident that “A Healthier Wales” is a declaration of “no change” in strategic terms. Specifically:

- No change in the structure and governance of the NHS and of Local Authorities in their social care function – aside from the overlay of further bureaucracy intended to encourage or drive progress
- No change in the vision – the Quadruple Aim and the design principles are nothing which any modern health and social care service would not sign up to.
- No change in the underlying approach – the “wellness system” is a restatement of the founding aim of the NHS to create a healthy population and thereby reduce calls on higher level healthcare
- No change in accountability – this remains with Health Boards (reporting up to the Minister) and Councils for social care

And above all:

- No change in the passive role of the consumer – meaning no formal role in choosing their treatment and care and who delivers it (aside from existing, limited opportunities in social care)

## **Our Reflections**

Of course it is not necessarily a mistake *not* to change direction. It is a common criticism of governments that they change structures and strategies too often rather than concentrate on getting things right under the current arrangements – although such criticism is usually led by the providers of services rather than by consumers.

It is important for consumers and their representatives to see announcements for what they are. There is nothing particularly misleading about “A Healthier Wales” but it does not offer much that is new: it certainly fails a test of indicating how things might actually change for individual consumers as opposed to providers.

“A Healthier Wales” is an example of policy made by providers for providers: it even celebrates this, describing its ideas incongruously as “a revolution from within”; and it explicitly looks to insiders to lead the way in finding new approaches to delivery – not a bad idea as far as it goes but not a substitute for listening to consumers and definitely not a “revolution”.

We believe that successive governments in Wales have depended too much on the provider viewpoint, failing to see beyond the vested interest and natural defensiveness of non-executive and executive management and of the wider staff group (and of their respective representative organisations - the NHS Confederation and Trade Unions). A rare exception was the abolition of the LHBs which was widely recognised as the decision of a forthright Minister who did not take the views of providers at face value. The provider viewpoint should be respected but it is just one perspective and *should be wholly subsidiary to that of consumers*.

We are also concerned that policy has been influenced too much by an urge to differentiate from policy in England rather than to learn from both their mistakes and from their successes – and indeed from other countries. The relatively small scale of Wales offers an opportunity to do things differently in a pragmatic and non-doctrinaire way.

Above all successive governments have sometimes listened to consumers but have not acted on what they hear. Policy and delivery is not driven with the individual consumer at the forefront of consideration.

### **Next Steps**

In the absence of any substantive new initiative by the current Welsh Government Hafal will aim to engage with the new First Minister's incoming administration (in effect the nearest thing in Wales to a new Government) to promote a consumer focus for health and social care. We will also respond to any announcements of substantive new policy.

Watch this space...

# Big Lottery Fund



## Project monitoring form

For office use only:

### What's this form for?

- ✓ **Use this form** to describe what you've achieved through your project. By your project we mean the activities, services or facilities we are funding, as described in our original offer letter, together with any changes we've agreed with you since then.
- ✗ **Don't use this form** to inform us about changes to your contact, organisation, bank account or project details. We expect you to discuss these changes with us before they happen and submit the relevant forms, which you can get from your funding officer.

### How to fill in this form

- Make sure you've saved this form to your own computer and are using **Adobe Reader version 10.0** or above.
- You need to answer all the questions marked with an asterisk \*. When you've finished, select **Check my form is complete** at the bottom of the page.

Form reference	984BE163FD6C1EE3A2DE74BC19BCF44D
Project ID	10133659
Organisation name	HAFAL
Project name	Criminal Justice Link Service
Project year	Year five
Reporting period	01.04.2013 to 31.03.2014

## Part one - Looking back

### 1.1 What progress have you made?\*

Describe the main activities you've started, continued or finished during this reporting period. You can write up to 2,000 characters (about 300 words).

Hafal's Criminal Justice Link Service which came to an end on 31st March 2014 became extremely well established at the heart of the criminal justice system and is acknowledged as a single point of contact for all professionals in the criminal justice system seeking advice and information about supporting and managing offenders with serious mental illness. This proactive service has made some major achievements in respect of reducing re-offending and risk of harm. The advice, support and signposting provided by the Link Service has enhanced the skills and knowledge of professionals working in the criminal justice system and given them the confidence to support their clients more effectively. Link Officers assisted offenders in addressing not only their mental health problems but also previously unmet needs in other areas of their lives, for example, providing valuable support and assistance to offenders who are experiencing difficulty with accessing a GP, or whose needs are not being addressed by their GP. the Link Service exceeded the initial forecast of supporting 200 clients over 5 years, having supported 659 clients. This was due to the proactive nature of their engagement with services and their diligence in pursuing satisfactory outcomes for clients whose needs had previously been unmet. The Big Lottery funding also enabled Hafal to expand its services in the criminal justice system and in April 2011 was awarded a 4 year contract by South Wales Police to deliver an Appropriate Adult Service to South Wales Police. This service, which supports vulnerable adult offenders during police detention and questioning, has already achieved considerable success – supporting 2,846 vulnerable detainees to date. We have spoken on radio and appeared on television with regard to various mental health and criminal justice issues, in an effort to reduce sensationalism of mental illness in the media, and we have produced a short film involving clients and carers.

Character count: 1989

## 1.2 How much change has happened?\*

Explain how much progress you've made towards achieving your project outcomes. You can write up to 300 characters in each box (about 50 words).

### Your project outcome

Mental Health Liaison Officer service established in all four probation areas of Wales linking people in the criminal justice system with a mental health need with appropriate mainstream services and ensuring that they maintain engagement with those services

Change indicators	By when?	How much change has happened so far?*
		Link Officers established and recognised throughout Wales as a single point of contact for specialist advice and guidance on managing and supporting mentally disordered offenders. Positive client feedback received through exit surveys demonstrate a model of best practice has been achieved.
		Effective referral pathways were agreed with all agencies and a Joint Working Protocol, including information sharing agreement established with the Wales Probation Trust. Regular reporting to Probation chief Officers regarding clients outcomes ensured continuity of good practice.
		Clients supported in accessing mainstream services and maintaining engagement with mainstream services, resulting in their gaining more confidence to deal with GPs and mental health services, which has resulted in continued engagement and promoted better opportunities for recovery
		Link Service expanded through other funding opportunities, directly influenced by Big Lottery funding to include intensive support services for women in prisons in England, support for vulnerable adults in police custody and vulnerable victims and witnesses

**If you've achieved more or less change than you planned, explain why you think this is.**

We have achieved more change than planned due to the historical situation of unmet need and lack of skills and knowledge in the criminal justice system

## Your project outcome

By the end of the project, we will ensure that 95% of people referred are registered with a GP so that they have access to primary services

### Change indicators

#### By when?

#### How much change has happened so far?\*

This target has been exceeded. 100% of clients were registered with a GP at point of access to Hafal's Link Service. Hafal's Link Officers made holistic needs assessment of every offender and registration with a GP is given the most priority, along with housing and benefits.

Link officers supported clients who were not registered with a GP to become registered and supported clients to broker a service where relationships had previously broken down.

Link Officers actively encouraged prison healthcare to communicate with GPs. This involved arranging for healthcare staff to forward details of prisoners prescribed medication to their GP prior to their release; thus avoiding prescribing delays and reducing the risk of community safety issues.

Link Officers supported clients during GP appointments if the client was not confident, or felt that their needs were not being addressed or they were experiencing other difficulties.

### If you've achieved more or less change than you planned, explain why you think this is.

Having access to GP services is fundamental to recovery of mental illness and the reduction of re-offending. Hafal has a proven track record of delivery in this environment which we were able to bring to this project.

## Your project outcome

By the end of the project we will have supported 200 people with serious mental illness to access mainstream services, greatly improving their opportunities for recovery

### Change indicators

#### By when?

#### How much change has happened so far?\*

This target has been exceeded. Hafal's Link Service has supported 659 clients to take control of their lives and work towards recovery

Confidential exit questionnaires were completed with all clients who agreed to participate. The majority of feedback received was positive in terms of levels of support and engagement with the Link Service. The overall feeling was that clients felt more able to take control of their lives.

### If you've achieved more or less change than you planned, explain why you think this is.

It is widely acknowledged that the majority of offenders have 1 or more mental health problems. The demand for support and referral highlights an ongoing area of unmet need in the criminal justice system



## Your project outcome

By the end of the project we will have reduced reoffending among people with a serious mental illness by 8%

Change indicators	By when?	How much change has happened so far?*
		Link Service interventions demonstrated significant increase in periods of time that offenders spent back in the community therefore reducing the number of custodial sentences. Focus upon this element of the service throughout year 5 demonstrated the reduction in re-offending.
		A survey of clients revealed a 91% cessation in offending in our client group. The current re-offending rate nationally among all offenders is 26%
		Exit survey found that 69% of respondents said that the Link Service had supported them sufficiently to avoiding re-offending
		This evidence has significantly enhanced Hafal's profile in the criminal justice system and contributed to us becoming a strategic partner for service development in the government's Transforming Rehabilitation agenda in Wales.

## If you've achieved more or less change than you planned, explain why you think this is.

It was expected that continued engagement would be difficult with this complex and challenging client group however a substantial sample maintained contact in order to carry out an evaluation of re-offending rates.

## Your project outcome

Awareness of mental health issues within the criminal justice system significantly raised

Change indicators	By when?	How much change has happened so far?*
		A survey of criminal justice professionals during Year 5 demonstrated a % increased awareness of mental health related issues
		Link Officers disseminated mental health information packs for professionals that were aimed at raising the knowledge and understanding of the issues faced by individuals with serious mental illness who are caught up in the criminal justice system. this information is also available on-line
		Link Officers produced personalised recovery plans for each client engaged with the service. Besides giving advice based upon specific needs the advice plan gave information about opportunities available in their home communities and how to negotiate their journey through the criminal justice system
		Awareness of the specialist help that is available from Hafal's Link Service has increased over the 5 years of the grant. This is apparent by the referral sources which represent a wide range of agencies in both statutory and voluntary sector and also self referrals from clients and their families.
		Link Officers delivered mental health awareness training to a wide range of criminal justice agencies, including police, probation and court staff. 100% of police officers receiving training said that they had gained insight and understanding about the issues faced by people with mental illness.

**If you've achieved more or less change than you planned, explain why you think this is.**

The on-going face to face contact, interaction and introduction of concepts of specialist mental health engagement with criminal justice agencies has clearly enhanced skills and knowledge of practitioners and increased confidence in managing this client group.

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Your project outcome				
The stigma of mental illness reduced significantly within the criminal justice system among offenders and criminal justice staff				
Change indicators	By when?	How much change has happened so far?*		
		A survey found that 78% of offenders said that they were more likely to talk about their mental illness following support from the Link Service, and 90% of professional practitioners felt better equipped to support their clients		
If you've achieved more or less change than you planned, explain why you think this is.				

### 1.3 What have you learned?\*

Give details of:

- any achievements or unexpected outcomes you'd like to share with us
- any problems you've faced and how you've tackled them
- how you'll use or share what you've learned from your own monitoring or evaluation
- any changes you'll make to your project because of what you've learned.

You can write up to 2,000 characters (about 300 words).

Funding received from Big Lottery enabled Hafal to be awarded an Appropriate Adult contract with South Wales Police, resulting in a further 2,846 mentally vulnerable adults also receiving support in the criminal justice system. Hafal is also seeking further Big Lottery funding through the People and Places Fund to develop a Court Support Scheme which will enable Hafal to deliver mental health related interventions to offenders receiving a Community Supervision Order at Court. Hafal has also forged valuable and effective partnerships with the Law Schools of Swansea, Glamorgan and Cardiff and are developing Appropriate Adult pro-bono schemes concentrating on mental illness and vulnerability in the criminal justice system. The steady stream of high quality referrals, success in awarded contracts and requests for training demonstrates the demand upon the Link Service and the respect we have gained among professionals in the criminal justice agencies. Link Officers have become a single point of contact for all professionals, especially police, probation and health when community safety and risk has become an issue as we are able to draw on our many years of experience supporting this client group and give practical, unbiased advice and guidance which is based upon achieving the best outcomes for the client and their families and communities. Hafal is currently working alongside the prime bidders for the Ministry of Justice Community Rehabilitation Contracts in Wales with a view to potentially delivering recovery focused interventions to offenders. Our reputation for delivering high quality, proactive and effective services has ensured that we have been consulted with on matters relating to offending and mental illness by the National Offender Management Service in Wales and the Welsh Government Offender Health Strategic Lead for mental Health and Vulnerable Groups. We will use what we have learned from delivering the Link Service to inform rehabilitative services

Character count: 1,994

**1.4 What did you spend the money on?\***

Give a breakdown of your expenditure for this reporting period. Don't include any VAT you can recover from HM Revenue and Customs. Only enter whole numbers.

	Total costs £		Funding from BIG £		
Revenue	Planned	Actual	Received	Spent	Difference
Salaries, Recruitment & Rent	137,925	137,980	137,925	137,980	-55
Heat, light, phones, publicity	4,646	7,061	4,646	7,061	-2,415
Travel, subsistence, training,	22,685	24,572	22,685	24,572	-1,887
Profnl, legal, consultancy	11,597	12,078	11,597	12,078	-481
Other	987	620	987	620	367
<b>Revenue total</b>	<b>177,840</b>	<b>182,311</b>	<b>177,840</b>	<b>182,311</b>	<b>-4,471</b>
<b>Overheads</b>					
Line management	16,608	16,608	16,608	16,608	0
Office accommodation	920	920	920	920	0
<b>Overheads total</b>	<b>17,528</b>	<b>17,528</b>	<b>17,528</b>	<b>17,528</b>	<b>0</b>
<b>Capital</b>					
Office equipment	145	145	145	145	0
<b>Capital total</b>	<b>145</b>	<b>145</b>	<b>145</b>	<b>145</b>	<b>0</b>
<b>Total for reporting period</b>	<b>195,513</b>	<b>199,984</b>	<b>195,513</b>	<b>199,984</b>	<b>-4,471</b>
<b>Balance carried forward from previous reporting period</b>					
<b>Final total</b>	<b>195,513</b>	<b>199,984</b>	<b>195,513</b>	<b>199,984</b>	<b>-4,471</b>

Explain any significant differences between the amounts you've received and spent and how this may affect your project. If you're not sure whether the difference is significant please discuss this with your funding officer before you return the form to us. You can write up to 2,000 characters (about 300 words).

None

Character count: 4

## Part two - Equality information

### 2.1 Who has benefited from your project?\*

For each category give the percentage of people who have benefited from your project during this reporting period. You should only give details of the direct beneficiaries (the people who use the project), rather than any indirect beneficiaries (for example, their family).

The total for each table should always be 100 per cent.

Ethnic background	Percentage (%)
<b>White</b>	
English / Scottish / Welsh / Northern Irish / UK	93
Irish	0
Gypsy or Irish Traveller	0
Any other white background	0
<b>Mixed / Multiple ethnic groups</b>	
Mixed ethnic background	1
<b>Asian / Asian UK</b>	
Indian	0
Pakistani	0
Bangladeshi	0
Chinese	0
Any other Asian background	1
<b>Black / African / Caribbean / Black UK</b>	
African	0
Caribbean	0
Any other Black / African / Caribbean	1
<b>Other ethnic group</b>	
Arab	0
Other	4
<b>Total</b>	<b>100</b>

Gender	Percentage (%)
Male	65
Female	35
<b>Total</b>	<b>100</b>

Age	Percentage (%)
0 - 24 years	20
25 - 64 years	79
65+ years	1
<b>Total</b>	<b>100</b>

Disability	Percentage (%)
Disabled	100
Not disabled	0
<b>Total</b>	<b>100</b>

Religion or belief	Percentage (%)
No religion	34
Christian	58
Buddhist	0
Hindu	0
Jewish	0
Muslim	0
Sikh	0
Other religion	8
<b>Total</b>	<b>100</b>

Sexual orientation	Percentage (%)
Heterosexual	0
Lesbians, gay men or bisexual people	0
<b>Total</b>	<b>0</b>

Only complete the following table if your project is delivered in Wales:

Welsh language	Percentage (%)
People who speak Welsh	27
People who do not speak Welsh	73
<b>Total</b>	<b>100</b>

Only complete the following table if your project is delivered in Northern Ireland:

Community background	Percentage (%)
Protestant	0
Catholic	0
Other	0
<b>Total</b>	<b>0</b>

Detailed age breakdown	Percentage (%)
0 - 4 years	0
5 - 9 years	0
10 - 14 years	0
15 - 19 years	0
20 - 24 years	0
25 - 34 years	0
35 - 44 years	0
45 - 54 years	0
55 - 64 years	0
65 - 74 years	0
75 - 84 years	0
85+ years	0
<b>Total</b>	<b>0</b>



## 2.2 How have you arrived at these percentages?\*

Explain what your percentages are based on, for example, data you routinely collect, surveys or monitoring forms.

You can write up to 750 characters (about 100 words).

This information has been routinely collected as part of our ongoing monitoring of the Criminal Justice Link Service.

Character count: 117

## 2.3 How well did you reach everyone who could benefit from your project?\*

Describe what you've done to make sure everyone who could benefit from your project knew about it and was able to get involved. If your project hasn't been as effective as you'd have liked, explain what you'll do differently in the future.

You can write up to 2,000 characters (about 300 words).

Hafal's Link Service was publicly launched and widely publicised throughout the duration of the project, including contact details of all Link Officers on our website. Service leaflets and flyers were also widely distributed throughout all relevant agencies in Wales. We established a joint working protocol with the Wales probation Trust during year 1 of project. We also built upon existing long established and effective relationships with the NHS and Social Care in Wales. This enabled a proactive referral network that was over-subscribed however, we ensured that we remained true to our client group and only appropriate referrals were accepted in order that a quality service was delivered to the most vulnerable offenders. The steady stream of high quality referrals, success in awarded contracts and requests for training demonstrates the demand upon the Link Service and the respect we have gained among professionals in the criminal justice agencies. Link Officers have become a single point of contact for all professionals, especially police, probation and health when community safety and risk has become an issue as we are able to draw on our many years of experience supporting this client group and give practical, unbiased advice and guidance which is based upon achieving the best outcomes for the client and their families and communities. The Link Officers also maintained a presence at Hafal's 60+ projects across Wales and supported many clients, carers and families who were experiencing difficulties with the criminal justice system. they attended Carer's groups and Partnership meetings with a view to publicising the Link Service and adopted a 'surgery' style approach for giving advice and information to hafal's 200 staff members at all quarterly National Staff Learning Days.

Character count: 1,806

## Part three - End of project review

### 3.1 Has your project brought about the changes you expected it to?\*

Describe how successful your project was in bringing about the changes you wanted to achieve. If your project did not bring about some of the changes you expected explain why you think this was. You can write up to 2,000 characters (about 300 words).

The success of Hafal's Link Service is apparent in the survey results and in the continued demand for support from people with serious mental illness who remain unsupported since the end of the project. Link Officers have supported 659 offenders across Wales during the 5 years of the grant. Awareness of the specialist help that is available from Hafal's Link Officers has increased. This is apparent by the referral sources which represent a wide range of agencies: Probation, Police; including Public Protection and Neighbourhood Policing Teams, Integrated Offender Intervention Service, Prison; including Mental Health In-Reach Teams, CARAT Teams and Safer Custody Teams, Self referrals, Family & Carer referrals, Hafal local Services, Courts, Criminal Justice Liaison and Diversion Teams, Forensic Mental Health Teams, Criminal Law practitioners and local authority housing departments. Hafal is currently commissioned by the South Wales Police and Crime Commissioner to deliver an Appropriate Adult service across the force area. This is a result of the expertise we have developed through our experiences in delivering the Link Service. The Appropriate Adult provides assistance and support to vulnerable adults in police custody and facilitates communication between the detained vulnerable person and the police, and to ensure that the individual's rights whilst in police custody are safeguarded. This has allowed Hafal to deliver an end-to-end service to its clients, ensuring a solid network of support and on-going communication with Hafal at any point on the journey through the criminal justice system.

Character count: 1622

### 3.2 How much did you spend?\*

Provide a breakdown of your actual expenditure for the entire project. Only enter whole numbers. You'll need to return any money not spent to us so we can use it to fund other projects. Please discuss this with your funding officer before you return the form to us.

	Total project costs		Funding from BIG		
	Planned	Actual	Received	Spent	Difference
Revenue	826,824	835,085	826,824	826,824	0
Overheads	81,502	81,502	81,502	81,502	0
Capital	4,741	4,741	4,741	4,741	0
<b>Total</b>	<b>913,067</b>	<b>921,328</b>	<b>913,067</b>	<b>913,067</b>	<b>0</b>

### 3.3 What have you done in the last year to ensure the benefits of your project have a lasting impact after the funding from BIG ends?

This may include:

- adopting the approaches from your project more widely across your other work
- encouraging other organisations to respond to your achievements by changing what they do or how they do it
- continuing some or all of the project with other funding.

You can write up to 2,000 characters (about 300 words).

Hafal's trustees have long wished the organisation to work with those clients who come into contact with the criminal justice system and through this project and Hafal's Lloyds TSB and Comic Relief funded criminal justice projects; the experience of many clients has already improved. This is due to the improved information provided to clients and professionals, the increased awareness with police and other criminal justice agencies of the issues affecting clients following training and information provided by Hafal, and of course by the direct contact of staff with clients which results in a reduction in client desperation which often led to re-offending. We have already demonstrated the value of such a National service the Wales Probation Trust themselves and Welsh Government's Offender Health and Social Justice Departments. The success to date of the project is clear as can be seen from recent data. Hafal has already had further early success in attracting new funding for our criminal justice services from the Big Lottery People and Places Fund, Comic Relief Fairer Society Fund and the Waterloo Foundation Wales Fund. Hafal is currently working alongside the prime bidders for the Ministry of Justice Community Rehabilitation Contracts to develop services specifically for offenders who have mental health problems and we are confident that we will be commissioned as a preferred provider and strategic partner in the delivery of rehabilitation services.

the Waterloo Foundation Grant has enabled Hafal to continue to deliver a volunteer recovery focused support service to women from Wales who are returning home from prison in England and, we are working strategically alongside the Governor of HMP Eastwood Park to improve services for women in prison with mental health problems.

By working directly alongside criminal justice professionals we have instilled elements of recovery focused practice that encourages professionals to work more holistically with offenders.

Character count: 1,991

## Part four - Declaration

Check the box to confirm that:

- the information in this report is accurate and true and has been approved by the governing body of your organisation
- the money from BIG has been used exclusively for the project described in your original application, together with any changes you've agreed with us since then
- there haven't been any significant changes to your project or the governance of your organisation apart from any you've told us about and we've agreed to in writing
- you've told us about all other sources of funding for your project and you haven't received any duplicate funding for the activities, services or facilities BIG is paying for
- you have sought to achieve value for money for your project by securing goods and services at reasonable prices
- your organisation keeps full and proper accounts and records, including invoices and receipts, which show how the money from BIG has been used
- your organisation has an equal opportunities policy and, if working with children, young people or vulnerable adults, a safeguarding policy; these policies are carried out and regularly reviewed to ensure they adhere to current legislation and regulations.
- your organisation hasn't disposed of any BIG funded assets without getting permission from us in writing
- your organisation is following all current statutory requirements and other laws and regulations relating to the project and its work including: adherence to employers' liability insurance; the national minimum wage; the working time directive; health and safety; safeguarding of children, young people and vulnerable adults; data protection and intellectual property rights legislation.

☒ I agree\*

### Attachments

Please attach:

- examples of how you've acknowledged Big Lottery Fund support in your publicity
- copies of letters confirming any other funding you've secured for your project since your last monitoring report
- anything we've asked you to send us as part of our monitoring for this programme.

Please don't attach other files (particularly pictures). Instead, send anything else you'd like us to see by email or post directly to your funding officer.

You can attach files up to a total of 8MB. The total size of all your attachments is 3.08MB

Big Lottery CJ Service Uploads.pdf  
Case Studies - Final.pdf

[Add file](#)[Open file](#)[Remove file](#)[Check individual attachment sizes](#)

# Briefing: Hafal's Out of the Blue Service

Out of the Blue (OOTB) delivered direct support to individuals with mental health issues convicted of low-level, non-violent offences and those deemed suitable for a community sentence.

People with a mental illness are revolving through the Criminal Justice System with no suitable support networks in place, leaving vulnerable people with complex lives to fall back into crime.



Funded by Big Lottery Fund, this three year project covered the South Wales Police area. It provided a unique mental health intervention to individuals. Its aims were to break the cycle of re-offending and help offenders work towards recovery.

Aims were achieved by OOTB Link Officers providing one-to-one support to offenders. Link Officers and offenders jointly identify issues that may contribute to offending behaviour using the Hafal Recovery Model. A tailored package of support could then be offered to address these issues head on, re-establish positive relationships with families and engage offenders in meaningful activities to reduce the likelihood of reoffending.

## Key points:

- The Out Of The Blue service has been instrumental in helping many individuals to break their cycle of offending. 231 individuals received tailored interventions, against an original target of 200. Of these 91% of clients surveyed stated they did not re-offend.
- 67% of clients reported that the support they received from their individual link worker and organisation to which they were referred was extremely helpful.
- 74% of clients were found to have co-occurring mental illness and drug and alcohol issues.
- 29% of participants reported suicidal ideation prior to engagement with the service.
- 15% of participants had prior a criminal conviction.
- Hafal OOTB service delivered training to a wide range of services to raise awareness of the link between mental health and reoffending.

*"This is the first time since I was 16 that I have been free of the prison system. I would not have made it through my DRR and probation without Hafal. I am not out of the woods but I know where I am going."*

OOTB service user



***"Many of our service users suffer significant mental health and the ability to refer them to see a worker from Hafal within the Probation Establishment has proven exceptionally valuable."***

**Merthyr Probation Service**

## **OOTB Partnership Working**

The Out of the Blue Team developed strong partnerships with a wide range of organisations during this project. For example, the team became involved in the weekly multi agency "Market Place" event held by Methyr Probation Service. The Hafal Link worker was able to provide support to 24 clients. Hafal was able to provide a wider range of options and contributed to the Market Place becoming a more holistic service. From Methyr Probation Service perspective this reduced the likelihood of re-offending behaviour.



To mark the successful conclusion of the project, clients and staff climbed Pen Y Fan; a feat that would have been unthinkable for many before their engagement with Out of the Blue.

The strength of the working relationships was recognised by Probation Services through their request for Out of the Blue link workers led to provide support with Tier 4 and MAPPA listed offenders, because of the lack of support available due to the high risk element of the client.

To be effective the intervention period needed with clients is much longer than originally anticipated. A possible explanation for this was the time required to arrange appointments, assessments and access counselling services. Some cases indicate that support is required for the duration of a 12-month community order to ensure a client reaches their goals and/or stop their offending behaviour.

The changing environment of CRCs and the management of offenders required the service to become more adaptable. For example when the tiering system was modified more Tier 2 and 3 offenders were engaged. Although not anticipated, the service was able to successfully accommodate these changes.

***"I'm so glad that I had regular appointments, contact and support. Hafal have given me the strategies to cope with my mental health and life in general. Can't thank them enough, will miss it"***

**OOTB service user**



*The Hafal Out Of The Blue team 2015-2017*

## Further information

Below are links to several publications Hafal published over the course of the OOTB project, which provide more detail, information and insight into what we did plus other related features about mental health and criminal justice. Hafal launched the Jo's Survival Guide website and produced a publication called Jo's Action Plan.

A Criminal Justice special feature of the 'Mental Health Wales' journal (Winter 2015) included a two-page article about this project. This was well received across Wales and the journal was accessed over 1300 times online.

**Jo's Survival Guide** - [www.survivalguide.hafal.org](http://www.survivalguide.hafal.org)

**Jo's Action Plan** - [www.hafal.org/wp-content/uploads/2017/12/Reducing-Risk.pdf](http://www.hafal.org/wp-content/uploads/2017/12/Reducing-Risk.pdf)

**Mental Health Wales, Winter 2015** - [www.hafal.org/wp-content/uploads/2015/10/Eng-Winter.pdf](http://www.hafal.org/wp-content/uploads/2015/10/Eng-Winter.pdf)

**Mental Health Wales, Winter 2017** - [www.hafal.org/wp-content/uploads/2017/12/Winter-17-1.pdf](http://www.hafal.org/wp-content/uploads/2017/12/Winter-17-1.pdf)

*"The support was invaluable, never had support like this before, without it I'd probably have re-offended."*

OOTB service user

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RECOVERY

An Action Research  
Project on Mental Health  
and Criminal Justice

# Jo's Action Plan



**Jo Roberts** is the service user Champion for the Reducing Risk – Achieving Recovery Action Research Project. Jo, who was diagnosed with paranoid schizophrenia, has valuable personal experience of mental health services and the criminal justice system having been remanded in prison, spent time in the Caswell Clinic and Ashworth Hospital, and been under a Home Office Section 37/41 for many years.

## Hello everybody!

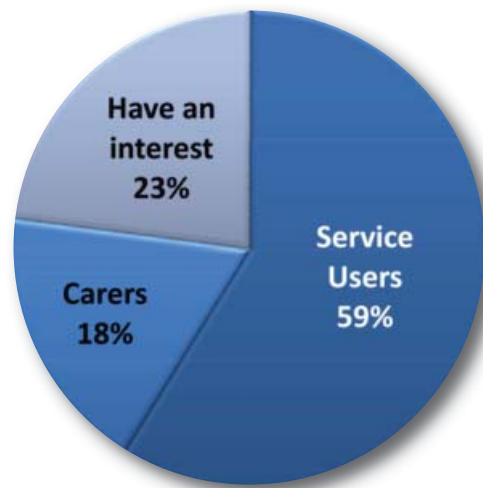
This is my report and Action Plan following our 2017 Reducing Risk – Achieving Recovery Action Research Project. We have talked to over 300 service users, carers and interested professionals and held an all-Wales Seminar to find out how we can improve the lives of people with a serious mental illness who get in trouble with the law - or just encounter criminal justice agencies when they become unwell. I want to share what we found out and to set out some key actions.



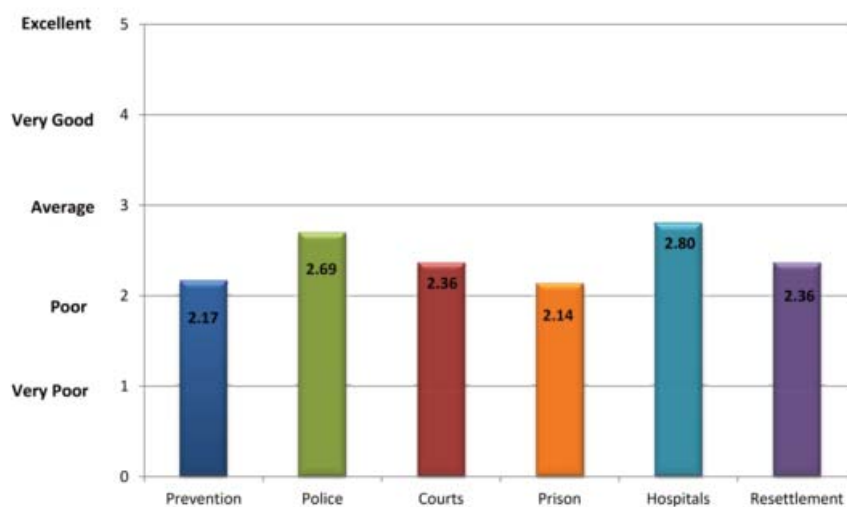
hafa).org



**Participants in our survey:** there were about equal numbers of men and women and 5% were from black or minority ethnic backgrounds



Our survey showed that users, carers, and professionals did not believe mental health and criminal justice agencies were supporting users effectively at any stage in the pathway.



How well are mental health and criminal justice agencies doing at each stage?

## Here are some of the problems we heard about...

On **prevention** people thought services were not supportive enough.

*"I was diagnosed while in care and had no intervention apart from medication. I had no counselling and no help."*

The main issue for the **police** concerned training.

*"I think the police do as well as they can but they haven't been given the correct training or resources."*

Lack of communication and information was a problem in **courts**.

*"I was treated okay in court but nobody asked whether I had a mental illness. If they had asked I would have told them."*

**Prisons** were not geared up to help people with a serious illness.

*"I've been to prison many times and I have had no treatment for mental health. I can get the drugs to 'zonk' me out but not any counselling or treatment."*

**Hospitals** did not always provide a safe and therapeutic environment.

*"There is too much violence in hospitals and staff use meds as coercion to make patients more submissive."*

Too many people received little support with **resettlement**.

*"We need better provision for people who need resettlement: this includes housing and ongoing support for a minimum of six months"*



# The big issues...



I know from my own experience that there are no quick fixes to the problems faced by people with a serious mental illness in the criminal justice system. They are among the most vulnerable people in our society and it is a matter of shame that they not only receive insufficient support but are also placed in unsuitable and unsafe environments for which the state is itself responsible.

It would be betrayal of those who took part in the project not to set out some of the fundamental reforms which are needed...



**A specialised pathway** is required for people with a serious mental illness who enter the criminal justice system. This pathway needs (1) to protect them from the damaging environments of detention, courts, and imprisonment and (2) wherever possible to divert them systematically to the most appropriate service at each opportunity along the pathway.



**Nobody with a serious mental illness should be in a police cell or prison:** sufficient hospital and other specialised provision should be available – with appropriate levels of security – in all circumstances, whether or not any offence was directly connected to a mental illness. While prison is still used the needs of women and young people need to be addressed, ensuring appropriate provision is available close to home - in Wales.



**Recovery and resettlement** should be foremost at all stages of the pathway, providing hope for users and families and a main focus for agencies and professionals. Care and Treatment Plans required under the Mental Health Measure provide a practical model for this focus.



**Inequalities must be addressed** in particular the continuing disproportionate representation of people from black and minority ethnic communities in the criminal justice system.



**Carers and families must be supported:** often providing the only consistent support for service users along the pathway, carers and families need information, training and support together with easy access to service users and to the professionals who are supporting them.

## These key issues will remain the focus of our work for long-term improvement.

On the next page we look at the immediate actions which could make a big difference...



# Immediate actions...



Wales' **Crisis Care Concordat** offers a practical means of improving prevention, promoting diversion, and providing a focus on recovery. Our concern is about *implementation* of the Concordat. *We will press the Welsh Government to make the Concordat an overall priority (that is not just in mental health) for Health Boards and Local Authorities*, requiring them to report progress to the Minister of Health and Social Services; *we will also urge criminal justice agencies to make the Concordat a priority; and we will press all agencies to make the Concordat work in practice by adopting and implementing efficient and unbureaucratic referral systems.*



Users' and carers' willingness to support professionals could be given a practical focus by the development of **user-led training** for professionals, especially those in criminal justice agencies. This could not only improve knowledge but also promote understanding and respect between users and professionals. *We will aim to develop a user-led, specialist training scheme in Wales.*




**Housing** plays a crucial role both in prevention and in the resettlement and recovery of users. *We will press Welsh Government and local authorities to raise the priority of users with a serious mental illness, and specifically those in the criminal justice system, in addressing homelessness and accessing suitable housing.*




Users and carers have noted the development of specialist **mental health courts**. We believe these courts can improve the court environment for users and carers, promote diversion, enable informed sentencing, and so produce better outcomes for users. *We will press for accelerated development of mental health courts in Wales.*




*Left: delegates discuss key actions at the Reducing Risk - Achieving Recovery Seminar which I hosted in November.*




High quality **Appropriate Adult** services need to be deployed consistently across Wales: *we will urge expansion of these services to ensure all people with a serious mental illness are supported.*



**Active interventions to promote resettlement and recovery** should be available to courts throughout Wales: *we will urge expansion of Out of the Blue and similar services.*



Opportunities for improvement in the use of **Places of Safety** (when the Policing and Crime Act 2017 is implemented) should be seized: *we will monitor implementation of the new rules and work with service users and professionals to identify how practice can be improved.*



As part of the Action Research Project we anticipated the need for improved information for users and carers. To this end we have already developed an interactive **Criminal Justice Survival Guide** – visit [survivalguide.hafal.org](https://survivalguide.hafal.org). *We will promote the Guide widely and also develop a portal for professionals so that they can use it in support of their clients.*



These are some immediate steps we can take but many other ideas were provided through our survey and the Seminar; *we will undertake further analysis of the Project's findings and make use of this in our continuing campaign for improvement.*

Thank you for taking an interest in our Plan! If you want more information or to get help and support please go to [hafal.org/reducing-risk-achieving-recovery](https://hafal.org/reducing-risk-achieving-recovery) or get in touch with us using the information overleaf...

Jo



**hafal.org**/reducing-risk-achieving-recovery



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Comic Relief funds Hafal's Access to Justice service which provides a single point of contact for criminal justice agencies, vulnerable individuals and their families. For more information email [hafal@hafal.org](mailto:hafal@hafal.org) or call 01792 816600.



Out of the Blue is Hafal's Big Lottery funded service which provides a mental health intervention for offenders receiving community sentences at court in the South Wales Police authority area. For more information email [hafal@hafal.org](mailto:hafal@hafal.org) or call 01792 816600.



Hafal provides an appropriate adult service in the South Wales Police, Dyfed Powys Police and Gwent Police areas. Appropriate adults support, advise and assist vulnerable people when they are in custody. For more information email [appropriateadult@hafal.org](mailto:appropriateadult@hafal.org) or call 01792 816600.



Hi, I'm Jo and I'm presenting this Guide for people with a mental illness who come into contact with criminal justice agencies.

I have had my own experiences of the police, courts, probation and prison services – and so I know how important it is to cooperate with them at the same time as knowing my rights, asking the right questions, and getting help along the way. You can see more about me here.

Many people with a serious mental illness have some contact with criminal justice agencies. That might be because you have got into trouble or just because the police are concerned about your safety.

You – or your family or professional carers – can use this Guide to understand better what is happening and what to do at each stage in your pathway through the system. We cover the whole pathway but note that most people who enter the system don't end up in prison, even if they are convicted of an offence.



## Jo's Criminal Justice Survival Guide

Jo Roberts' Survival Guide is an online resource for people with a mental illness who find themselves in trouble with the law or have contact with criminal justice agencies. It includes plenty of tips and advice on what to do at each stage in your pathway through the system. Visit the website at:

[survivalguide.hafal.org](http://survivalguide.hafal.org)

