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**L I N C**  
  
**18-25**

Project Evaluation: Summer 2015

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**Hafal's Expert Leadership Panel** undertakes regular research and evaluations. The Panel was established in 2012 to develop a strong service user and carer voice. Hafal has considerable recent involvement in activities and projects that have sought to use the experience of service users and carers positively, whether to influence public perceptions of mental illness, to change strategies and mental health law, or to improve services. Some examples are:

- campaigns around the revision of the Mental Health Act and Code of Practice, and
- around the Mental Health Measure
- the Expert Patient/Making A Difference Projects
- the Time to Change Wales Programme
- encouraging service users and carers to lead/take part in mental health research through the NISCHR funded Mental Health Research Network Cymru.

The Hafal Expert Leadership Panel (HELP) takes forward the learning and experience from these initiatives, and seeks to provide further opportunities for people who have direct experience of mental health services, and who share Hafal's mission and ambitions, to positively harness that experience in speaking on behalf of Hafal.

The **overall aim** of HELP is to build the capacity within Hafal to further the "patient" leadership agenda through a panel of talented, knowledgeable and credible service users and carers, ready to use their direct experience to help with Hafal campaigning to improve understanding of mental health issues and the delivery of mental health services. This is in line with the Welsh Assembly Government's commitment to encouraging service user involvement in planning, design and delivery of all public services, including mental health and criminal justice services.

**Report prepared on behalf of HELP by: Christine Wilson, Frank Kitt, Dave Smith and Helen Rees.**

Hafal's Expert Patient Panel (HELP) is a group of knowledgeable, creative and talented people, including service users and carers, who are ready to use their direct experience to help with Hafal's campaigning and its development and delivery of services.



Hafal is a Member-led organisation managed by the people it supports. The charity is founded on the belief that people who have direct experience of mental illness know best how services can be delivered. The Hafal Expert Leadership Panel (HELP) takes forward this learning and experience and seeks to provide further opportunities for people who have direct experience of mental health services, and who share Hafal's mission and ambitions, to positively harness that experience in speaking on behalf of Hafal.

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## **Acknowledgements**

We would like to thank all of those who helped to shape this report by contributing their time and sharing their experiences.

We would particularly like to thank those individuals who agreed to participate in the evaluation study and shared their often harrowing experiences of the journey into and out of the Criminal Justice System. This has allowed the evaluation to capture the full extent of the service outcomes and to share this with the Police and Crime Commissioner for South Wales, the Rt Hon. Alun Michael and all those parties interested in improving outcomes for young people aged between 18-25 in the South Wales Police Force area.

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## Executive Summary

### Background

This report covers an evaluation of project undertaken during the first half of 2015. The Linc 18-25 Project aimed to reduce offending/reoffending of people aged between 18 and 25 who came into contact with the Criminal Justice System in the South Wales Police Force area. The project ran from January to April 2015. The primary purpose of the evaluation, undertaken by Hafal's Expert Leadership Panel (HELP), was to gauge the value of the '18-25 Linc Service' in terms of outcomes and outputs.

The evaluation gathered information from people who used the service, and the members of staff who provided the service. In-depth, face to face interviews were conducted, alongside telephone interviews. Interviews were transcribed verbatim and a number of case-study examples were provided to support the evaluation findings.

Currently, England and Wales have the highest rates of youth custody in Western Europe. We already know that young offenders who do not receive proper support run the risk of going on to become long-term adult offenders. By the time they are 28, people with continuing high levels of antisocial behaviour have cost society up to ten times more than those with no problems.

In an attempt to reduce offending and reoffending in the 18 to 25 age group, Hafal received funding from the **Police and Crime Commissioner for South Wales, the Rt Hon. Alun Michael**, to undertake a pilot project to deliver a Court/Bail Support service to vulnerable 18-25 year olds. This service was delivered by Hafal, a third-sector voluntary organisation, and ran from January 2015 to April 2015. The idea being that if successful, further funding would be made available to launch the project across the entire South Wales Force area for at least a further year.

The 4 month pilot project, called the '18-25 Linc Pilot', was established in three main geographical areas:

- Bridgend
- Cardiff
- Merthyr Tydfil

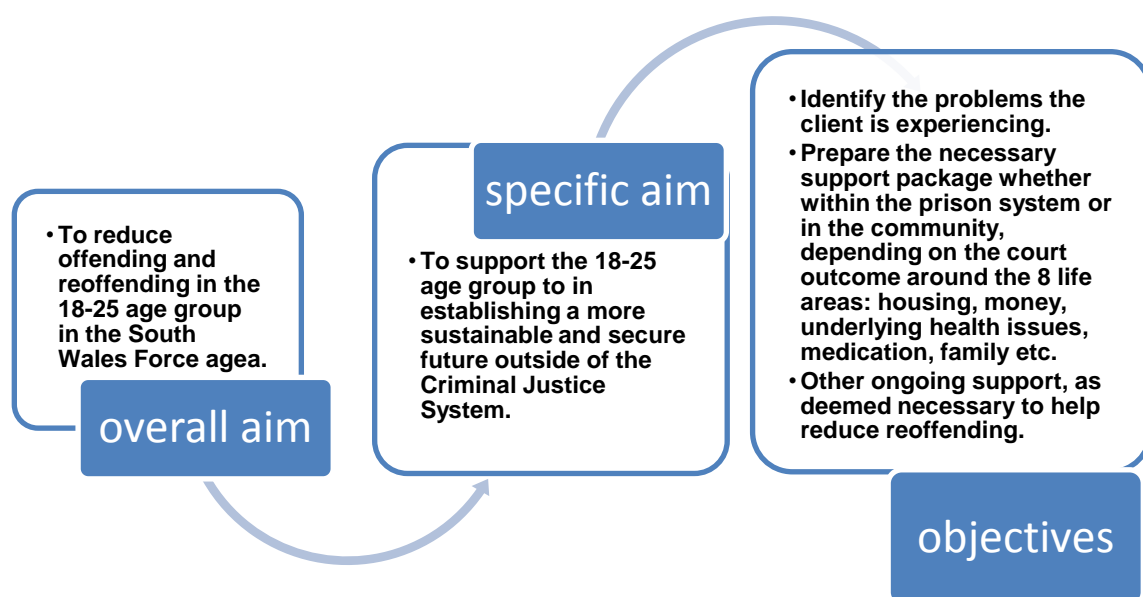
### Linc 18-25 Project

The pilot project was delivered by two linc 18-25 Linc Support Officers responsible for the day-to-day running of the project. The support officers were recruited because of their experience of working in the Criminal Justice System and their proven ability to support people (particularly with a mental health problem), in times of crisis. They worked in partnership with other agencies including the police, courts, prison and probation services to support people aged 18 to 25 who had come into contact with the Criminal Justice Systems, and typically those who were or had recently been in police custody. The project aim was to reduce offending and reoffending in the 18-25 age group in the South Wales force area by supporting the 18-25 age group throughout their involvement with the Criminal Justice System, including addressing any issue that made them vulnerable e.g. poor mental health, learning disabilities,

drug and alcohol problems, financial hardship, family difficulties, homelessness, and mental illness and other forms of impairment.

**This community-based pilot initiative, provide tailored solutions** to those in the Criminal Justice System including those presenting with mental health problems. The Linc 18-25 team were specialist practitioners trained to deliver and/or secure interventions for a full range of problems, as well as other holistic support needs, (e.g. general health screening). This integrated service offered clients a more joined up and integrated journey through the CJS. The overarching objective was to support young people in establishing a more sustainable and secure future outside of the Criminal Justice System.

### Linc 18-25 Project aims and main objectives



### Project Participants

A total of 35 people were supported directly by the Linc service. 27 of these were male and 8 were female. The mean age of the group was 21.2 years, ages ranged from 18 to 25 years. Offences under investigation ranged from: Murder, Threat to Kill; Aggravated Assault and possession of an offensive weapon, to shoplifting, Breach of community order.

### Findings

Of the 35 people who were supported by the project, only 2 went on to receive a Custodial Sentence and 1 person was detained in a secure mental health unit under section 35.

In respect of the remaining 33 people, Hafal assisted in the following ways: **2 people were re-housed, 5 people went back to work, 18 people had their medication changed or reviewed, 14 people were supported to in their access to debt crisis teams, 11 were supported to obtain the correct form of work related benefit, 5 were helped to resolve neighbour issues, 9 were helped to resolve long-standing family issues, 8 people were referred to community mental**

**health crisis team and 12 needed ongoing medical needs such as requiring psychological therapy or anger management courses, and 10 people were supported with their drug and/or alcohol addiction. 2 safeguarding issues were also successfully addressed by the project.**

As well as supporting people with mental illness, learning disabilities, drug and alcohol addiction, a number of other vulnerability factors were encountered including Aspergers Syndrome, Diagnosed and undiagnosed Mental health problems (including hearing voices, blackouts and mental confusion), Physical illness (e.g. back injury from car accident), Debt problems (including Bankruptcy), Ongoing money worries/Housing issues/Homelessness/Relationship problems/Family breakdown, Little knowledge about how to access food-banks/food vouchers, Close family bereavement, Long-term life instability issues including looked after children, family breakdowns and pregnancy/violent outbursts in the home environment.

### **Evaluation Summary**

The evaluation found that Project Outcomes were met, in that it delivered:

1. The development of a service that met the needs of this vulnerable client group throughout their contact with the Courts, Bail and other relevant CJS processes.
2. A demonstrable reduction in the re-offending rates of the 18-25 client group participating in the project – as per the pre and post assessment scores.
3. Effective partnership engagement in the Court Support Scheme was evidenced and,
4. A a service user led evaluation report provided by Hafal's Expert Leadership Panel was delivered on time and within budget.

### **In light of the evaluation findings the following recommendations are made:**

- to refund the 'Linc' project so that support can be offered to the 18-25 age group in the South Wales Police Force area to reduce offending and reoffending in this age group;
- the refunded service should continue to monitor and evaluate service provision including, the short, medium and long-term outcomes for the young people supported by the project;
- the refunded service should establish and remain in contact with individuals aged 18-25, at risk of offending/reoffending, (and their families) to provide ongoing, tailored support.



## **Background 18-25 Linc Pilot Project**

Globally, people in authority, politicians, the Criminal Justice System (CJS), health and social care professionals, educationalists and the researcher community are unable to stem the flow of 18-25 year olds from entering the Criminal Justice Service (CJS). The social and economic costs of young men and women offending have been estimated at anything up to **£19 billion a year, including over £1 billion on imposing and enforcing custodial and community sentences.**

Certainly, young adults are disproportionately represented in the prison population in England and Wales with the highest rates of youth custody in Western Europe. **It is widely recognised that young offenders in the 18-25 age group who do not receive proper support are likely to go on to become long-term adult offenders.** 58% of young people released from custody reoffended within a year and up to two thirds within two years. By the time they are 28, people with continuing high levels of antisocial behaviour have cost society up to ten times more than those with no problems.

Data suggest that 18-25 year-olds make up one in ten of the population in England and Wales as a whole but they account for:

- a third of those sent to prison each year;
- a third of the probation caseload and,
- a third of the total social and economic cost of crime.

Preventing offending and reoffending is not always clear cut; we must be aware of the many complexities that lay behind criminal behaviour, and just as importantly, how they can be overcome. **Stopping a young person from being caught up in the CJS is rarely straightforward.** For example, difficult family background, anti-social friendship groups, poor educational attainment and truancy and exclusion from school, lack of employment opportunities, drug and alcohol abuse and poor mental health can all lead a young person into crime – and these are often the things that keep them there. Young people who offend are often from the most troubled backgrounds. Many have grown up in local authority care, or have experienced physical or psychological abuse.

The impact of youth offending is considerable. Victims can be traumatised, families can break down, and communities can become fearful. Offenders are likely to face a bleak future, including becoming victims of crime themselves. Some commentators argue that contact with the CJS is itself a 'risk factor'. **The Audit Commission has estimated that preventing just one in ten young offenders from ending up in custody in the UK would save society over £100m a year.** Given the enormous and wide-reaching costs of youth offending, the case for funders and charities to intervene is compelling (van Poortvliet et al 2010).

Sentencing and custody are said to play a 'limited role as deterrents' for young people. On the other hand, prevention needs to target risks and lead young people into finding alternative situations - solutions to a better life outside of the Criminal Justice System.

## ***Cutting offending and reoffending in South Wales***

With this in mind, in his Police and Crime Plan 2014-2017 (PCP 2014) **the Police and Crime Commissioners for South Wales, the Rt Hon. Alun Michael, set out his aims in that he wants to ‘cut offending in the age group which now harbours the most prolific criminal activity - the 18 to 25 age -** while each local authority in South Wales has stated an ambition to cut the number of NEETs (young people not in employment, education or training) and to give better support to young people leaving care while different agencies are trying to reduce the impact of substance misuse, alcohol, mental health problems, homelessness. It is manifestly obvious that we can do more together than we can do alone - especially in tough times - and our success in applications to the Police Improvement Fund means we can bring some new resources to the table.’

On the theme of Criminal Justice the Commissioner suggested that ‘new initiatives is tough at a time of cuts, but the benefit could be the creation of headroom for several agencies – including the police and local authorities as well as Probation and the courts – by reducing demand. It may prove to be the case of “invest to save”. And, indeed, there is considerable overlap with the priorities of several local authorities to reach out to NEETs and to those who have complex needs, involving a call on several agencies, as they make the transition from youth to adulthood. This is seen as a key part of the preventative agenda and the aim is to promote a collective approach to address the needs of these young people to help strengthen understanding and relationships between agencies’.

In support of this work, the Chief Constable and the Commissioner have been successful in receiving Home Office Innovation Funding for four initiatives including: the reduction in offending and re-offending amongst 18-25 year olds, in partnership with others. ‘Working with external organisations, mental health is part of the continued focus in this area. Mental health, and the way individuals with mental health problems enter the Criminal Justice System, is an issue that has an impact for all agencies and I will be working with partners to develop a better understanding of this area. **What has become clear is that only in the most exceptional cases would a police cell be the appropriate place to detain people with mental health problems.** We must find more suitable, dignified, alternatives. Too often police cells turn out to be the only immediate available accommodation.’

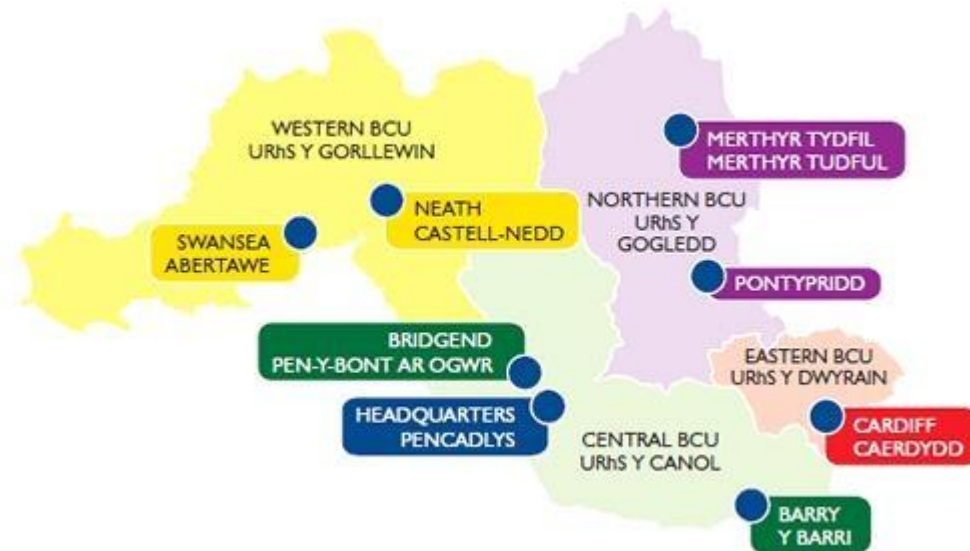
The overall responsibility of the South Wales Police and Crime Commissioner is to maintaining an effective and efficient police service and to play a leading role in crime reduction and community safety in South Wales.

Reducing offending and reoffending amongst the 18-25 age group is a key consideration and Penny Cram is the Commissioners dedicated project lead in this area. She has responsibility for the overall planning, management and implementation of the all work undertaken to reduce offending and reoffending in this age group, 18-25 years, on behalf of the Police and Crime Commissioner.

### ***South Wales Force***

Although geographically small, the South Wales Force area has responsibility for 42% of the Welsh population. Their area also attracts an estimated 25 million visitors each year and stages nearly 200 major events. A total of 47% of the crime in Wales

occurs in the South Wales Force area and they cover the seven local authority areas e.g. Bridgend/Cardiff/Merthyr Tydfil/Neath Port Talbot/ Rhondda Cynon Taf/Swansea/Vale of Glamorgan (see Figure 1 below).



South Wales is a diverse area, boasting urban, rural and coastal areas. Within their borders they have two large cities – Swansea, and the Capital of Wales, Cardiff. In Swansea there is a ferry port, Premiership Football Team, Swansea City, and the Ospreys Regional Rugby Team. In addition, Cardiff is one of the fastest growing cities in Europe, and is the home of the National Assembly of Wales, world-renowned Millennium Stadium, Premiership Football Team, Cardiff City, and the Cardiff Blues Regional Rugby team. The industrial heart of the city has been rejuvenated following the building of the Cardiff Bay Barrage, Cardiff Internal Airport is located within the Vale of Glamorgan. There are these two expanding cities the force area also includes the famous Rhondda, Cynon, Taff, Neath, Dulais, Afan, Llynfi, Garw, and Ogmore valleys, which have undergone rapid change in the last three decades. The Southern Border is all coastal, and includes the ports of Barry, Port Talbot and Swansea, and the popular tourist destinations of Porthcawl, the Mumbles and the Gower Peninsula, the Glamorgan Heritage coast and other seaside towns such as Penarth and Llantwit Major.

The scale and complexity of the incidents routinely dealt with by South Wales Police make the Force unique within Wales. In a recent benchmarking exercise, Her Majesty's Inspectorate of Constabulary (HMIC) reported in 2014 that South Wales Police have the 5<sup>th</sup> highest demand for policing services in England and Wales. Each year, they deal with around 430,00 incidents, receive over 200,00 emergency 999 calls, make over 38,000 arrests and deal with over 87,000 crimes.

Against this backdrop, HMIC reported that 'South Wales police puts victims at the centre of how the force works, and this includes working with partners to safeguard vulnerable victims. Force leaders set and drive clear strategic priorities to reduce crime and prevent reoffending. The most vulnerable victims are protected effectively. Victim satisfaction with policing services is improving in South Wales. The police

work well with partners to prevent crime and reduce re-offending. Early intervention and problem solving are strengths for the force. The continuity of staffing within neighbourhood policing teams reinforces the approach to crime reduction and the prevention of offending and means that the force understands local community concerns and priorities. Tackling anti-social behaviour is outstanding in South Wales. This is a priority for the police and crime commissioner and for the force. Partnership working is strong, both strategically and locally. The force's work on neighbourhood problem solving achieves the objective of improving quality of life for local communities', (HMIC 2014).

### ***About Hafal***

Established in 2003, Hafal is Wales' leading charity for people with serious mental illness, their families and carers. Hafal now supports over 1500 people every day, and has 1442 members. They provide a variety of services across Wales including housing services, employment training, befriending, resource centres, inpatient advocacy, family support and carers' respite services, and criminal justice services. They campaign vigorously through research, publications and media work to improve services for clients and families and to remove the stigma associated with mental illness. Hafal was already working in partnership with South Wales Police to deliver an Appropriate Adult service to vulnerable adults across the force area, with attendances at the following stations:- • Cardiff Bay • Pontypridd • Merthyr • Ton Pentre • Bridgend • Neath • Swansea Central This is a 24 hour service, 7 days a week and provides reliable, trustworthy individuals that are prepared to be available for 5-10 hour periods at a time to attend when called upon. They use a team of both volunteers and staff to deliver this service. All Appropriate Adults are vetted by South Wales Police.

Hafal found that many vulnerable detainees receiving support from our Appropriate Adult Service fall into the 18-25 year old bracket and any vulnerability issues identified within the police custody suite would therefore continue to be an overriding issue in any subsequent Court appearances and/or compliance with bail-back and other criminal justice procedures. Undoubtedly, vulnerable adults need on-going and continues professional support right throughout their journey through the Criminal Justice System (CJS).

The level of involvement of Appropriate Adults in PACE (1984) interviews does not appear to co-relate with the increased contact between the Police and people with mental health problems and the levels of mental illness in the general population (Cummins 2006).

**The 18-24 Linc pilot project set out to ensure that 18-24 year olds who came into contact with the CJS understand the process, and that a clear plan was developed to provide continuing support for these individuals. In so doing, the project sought to prevent non-attendance at court, reduce reoffending rates and associated costs, and forge important links with both key stakeholders in the court processes and relevant wrap around services.**

Certainly, tackling inequalities faced by offenders with mental vulnerability and ensuring continued care along the offender care pathway has a positive impact on reducing social exclusion and re-offending. Reoffending rates are estimated to cost

£10billion annually in the UK; 61% prisoners reoffend within one year; 60% of the prison population suffer from 2 or more mental disorders; 15% of defendants fail to attend court hearings and 96% of mentally disordered prisoners are freed without the community support they need.

People with mental vulnerability are known to be revolving through the CJS with no support networks in place which in turn leaves **vulnerable adults aged 18-24, often with complex lives, far more likely to fall back into crime – continuing the revolving door – offending cycle.**

### ***The Linc 18-25 Pilot Project***

In late 2014 Hafal received funding from the Police and Crime Commissioner for South Wales, the Rt Hon. Alun Michael, to undertake a pilot project to deliver a Court/Bail Support service to vulnerable 18-25 year olds living in South Wales. This pilot project ran from January 2015 to April 2015.

The project, called the '18-25 Linc Pilot', was established in three main areas:

- Bridgend
- Cardiff
- Merthyr Tydfil

The project was delivered by two linc 18-25 Linc Support Officers responsible for the day-to-day running of the project. The two Linc support officers were recruited because of their experience of working in the Criminal Justice System and their proven ability to support people (particularly with a mental health problem), in times of crisis. The aim was to reduce offending and reoffending in the 18-25 age group in the South Wales force area by support them throughout their involvement with the Criminal Justice System, including addressing any issue that made them vulnerable e.g. drug and alcohol problems, financial hardship, family difficulties, homelessness and in so doing

Hafal had previously identified gaps in service provision, in that during police investigations vulnerable detainees (held in police custody) are supported by an Appropriate Adult service, but this service did not extend to include any ensuing court proceedings. Furthermore, there was also a lack of support for these vulnerable young people between police disposal and court appearances, during which time unmet needs should and could be addressed to prevent further offending or relapse with a high number of reported cases of suicide after police arrest.

This community-based initiative, provide tailored solutions to those in the criminal justice system (who met the age criteria) including those presenting with mental health problems. The Linc 18-25 team was made up of specialist practitioners trained to deliver and/or secure interventions for a full range of problems, as well as other holistic support needs, (e.g. general health screening). This integrated service offered clients a more joined up and integrated journey through the CJS.

## **Aims and objectives**

### **The 18-25 Linc project Aim**

**The overall aim was to reduce offending and reoffending in the 18-25 age group in the South Wales Force area, with the specific aim to support them in establishing a more sustainable and secure future outside of the Criminal Justice System.**

### **Objectives**

**The 18-25 Linc project objectives were to:**

- Establish the Linc 18-25 team who could undertake this work, and once in place, develop a model of reducing offending and reoffending in the 18-25 age group by working in partnership with other agencies including the police, courts, prison and probation services to support people aged 18 to 25 who had come into contact with the Criminal Justice Systems (in the South Wales Force area); typically those who were or had recently been in police custody.
- To meet with the defendant prior to the court case to advise them of the practicalities of the process and provide practical and emotional support.
- Support the defendant to ensure they have appropriate legal representation and have engaged with their advocate.
- To encourage and motivate the defendant to attend the court hearing.
- Arrange to meet with the defendant, at a suitable venue prior to proceedings, outside the court.
- Help the defendant complete and understand paperwork.
- Identify the problems the client is experiencing outside the court case in order to prepare the necessary support package whether that be within the prison system or in the community depending on the court outcome – housing, money, underlying health issues, medication, family, and other ongoing support, as deemed necessary to help reduce reoffending, etc.
- Liaise with Court staff and other professionals such as Liaison and Diversion Teams, Probation Officers and defence and prosecuting Solicitors.
- Provide emotional support within the court room and if questioned by the bench provide any relevant information.
- Help the client to understand the outcome and any conditions attached to their disposal.
- Provide courts with specialist advice about offending and mental illness and importantly be a single point of contact for those seeking advice and guidance.

The service gathered referrals from a wide range of places, including Hafal's existing Appropriate Adult service within custody suites plus visited custody suites to discuss the previous days detained persons with the custody officers to ensure no potential clients fall through the gaps.

Hafal have established good working relationships with Custody Officers and staff as well as other agencies supporting custody such as Integrated Offender Management, Gibran UK and the Women's Pathfinder Project. In addition we will establish a referral pathway in partnership with Youth Triage.

Over the last 6 years Hafal have successfully delivered a similar holistic support service to offenders that demonstrated a recorded 91% cessation in re-offending among its client group.

### ***Evaluation Method***

The evaluation gathered information from people who used the service, and the members of staff who provided the service. In-depth, face to face interviews were conducted, alongside telephone interviews and a semi-structured questionnaire that supported this work. Interviews were transcribed verbatim and thematic analyse was carried out to identify relevant themes and sub-themes. A number of case studies were also collected to increase the overall reach of the evaluation.

### ***Design***

A quantitative and qualitative, mixed method design was considered to be most appropriate for this exploratory, pilot study. A grounded theory approach was used (Strauss & Corbin 1998).

### ***Procedure***

Project participants completed an evaluation questionnaire and were then asked to contact a member of the researcher team if they were willing to take part in an in-depth interview as part of the evaluation project. Once contact was made, a mutually convenient time was arranged when the research visited the participant in their own home to undertake the interview. Interviews were audio recorded.

### ***Ethical Considerations***

Participants were reassured that their care and future treatment by the both the CJS and NHS Wales would not be affected, and that confidentiality would be maintained at all times, furthermore, no information would be passed to either the CJS or their care providers and their data would be anonymised at all times.

### ***Questionnaire***

Participants were self-selecting and provided with a information sheet about the evaluation and completed a pre-evaluation questionnaire. Completion of the questionnaire was taken as consenting to take part in the study.

### ***Face to Face Interviews - Case Studies with project participants***

A self-selected sample of people took part in an in-depth, semi-structured, face-to-face or telephone interviews. Two weeks before the interviews, participants were

given an Information Sheet, which provided information about the aims of the evaluation. Informed consent was taken prior to the interviews. A semi-structured interview guide was developed and the interviews were audio recorded and transcribed. The theme of 'unable to accessing care and support' contained two main categories: negative impact on mental illness and how this impacted on the persons contact with the CJS, and 'life in the community'. These themes were explored to identify the context of accessing care and support, thus developing a relationship between categories.

The evaluation was mapped against the Linc Project Outcomes, as set out below:

**Project Outcomes:**

1. Development of a service which meets the needs of this vulnerable client group throughout their contact with the Courts, Bail and other relevant CJS processes.
2. Demonstrating a reduction in the re-offending rates of the 18-25 client group participating in the project.
3. Effective partnership engagement in the Court Support Scheme.
4. Production of a service user led evaluation report provided by Hafal's Expert Leadership Panel.

**Findings**

The project supported young people aged 18-25 who came into contact with the CJS suspected of offences which ranged from: Murder, Threat to Kill; Aggravated Assault and possession of an offensive weapon, to shoplifting, Breach of community order. A brief history of the interviewed participant was taken and these were used to compile the case studies set out in Appendix A (pages 21 to 33).

In addition, a scoring system was designed to by the evaluation team to give an overview of the project's impact at a case by case level. This impact data can be viewed alongside the case studies but is also set out below. Judgements were made on five cases and then validated by HELP panel member with 30 years experience of working in the Criminal Justice System. '*Chance of Reoffending Scores*' were provided as *pre and post intervention scores*. See page 34 for more information.

<b>Case Study - Details</b>	<b>Chance of Reoffending Score</b>	
	<b>Pre Linc Intervention</b>	<b>Post Linc Intervention</b>
<b>CS 1: AB Female Age 22</b>	<b>10</b>	<b>2</b>
<b>CS 2: LH Male Age 25</b>	<b>8/9</b>	<b>2</b>
<b>CS 3: SH Female Age 19</b>	<b>9</b>	<b>1</b>
<b>CS 4: DW Female Age 24</b>	<b>10</b>	<b>3</b>
<b>CS 5: LL Male Age 20</b>	<b>8/9</b>	<b>2</b>

*Table 1: Reoffending – pre and post judgement scores*



**Of the 35 people who were supported by the project, only 2 went on to receive a Custodial Sentence and 1 person was detained in a secure mental health unit under section 35.**

In respect of the remaining 33 people, Hafal assisted in the following ways: **2 people were re-housed, 5 people went back to work, 18 people had their medication changed or reviewed, 14 people were supported to in their access to debt crisis teams, 11 were supported to obtain the correct form of work related benefit, 5 were helped to resolve neighbour issues, 9 were helped to resolve long-standing family issues, 8 people were referred to community mental health crisis team and 12 needed ongoing medical needs such as requiring psychological therapy or anger management courses, and 10 people were supported with their drug and/or alcohol addiction. 2 safeguarding issues were also successfully addressed by the project.**

As well as supporting people with drug and alcohol addition, a number of other vulnerability factors were encountered including Aspergers Syndrome, Diagnosed and undiagnosed Mental health problems (including hearing voices, blackouts and mental confusion), Physical illness (e.g. back injury from car accident), Debt problems (including Bankruptcy), Ongoing money worries/Housing issues/Homelessness/Relationship problems/Family breakdown, Little knowledge about how to access food-banks/food vouchers, Close family bereavement, Long-term life instability issues including looked after children, family breakdowns and pregnancy/violent outbursts in the home environment.

Referrals were found to have come from a variety of sources including South Wales Police, Custody Sergeant's, Court and Probation Services, Appropriate Adult support workers, Solicitors and pathfinder organisations.

This evaluation supported the work already undertaken by Hafal where previous evaluations such as the evaluation of Hafal's Vulnerable Adult service found that people aged between the age of 18-25 years were not receiving the help and support they needed in order to prevent them from entering and re-entering the CJS and prison in particular. This was reiterated during this evaluation; young people told us that they were not provided with adequate information about the Appropriate Adults service, and that the Pilot project supported them both to achieve proper outcomes in terms of the legal system and the NHS and those failings had been ongoing sometimes over a period of years. Project participants believed that the Linc 18-25 service was the first time that they had actually felt that they were being offered help and support to them to find a route out of the CJS and to put their life back on track.

**Sample statements collected by the evaluation are set out below:**

*"I didn't even know that Appropriate Adults existed. They didn't tell me nothing about that. Nothing, just my solicitor and the officers that interviewed me, it just happened that one of their AA's was in the station at the same time and saw me. They have been the only ones to help with all this."*

*"I have been helped by Hafal's pilot service. They have helped me get along with my Doctors because my Doctor weren't helping me at all with what's wrong with me and now I told him I've got a support worker for the first time and all that, its only now [the GP] is pulling her finger out to have my mental health assessed. But I've still not been assessed yet by the psychiatrist. But I know that [name of Hafal project worker] will help me to get that as well. I've had anxiety since the age of 14 when my mother died and all I've ever had was tablets."*

*"Nobody's helped me in the right way not for the last 3 and half years. Umm only [name of two Hafal project workers]. They are the first people who's come along when I was rearrested recently and who's correct and only now, only about 3½ years later, only now I'm getting the right help. They got the probation officer involved and the alcohol support lady. They have been very helpful."*

*"They've actually helped me [Hafal's Pilot Project]. They are not just helping me, they are helping my wife too. And it's all that and they tell me what options I've got which is more than what I thought I had, and how I can explain to the Doctor stuff and all that. And they support me, it's not that, **they actually care, that's the main thing. Everyone else, they just don't give a shit do they? The Police don't. Like the way they treated me when they arrested me, just threw me in the back of the van and then drove like an idiot and I was just bouncing around in the back of the van. Nuts man. But like I said [name of Hafal representative], they talk to you as if you're a normal person, they don't just look down on you, and they actually help you. Like I said, the police and the guards and all that, that's all they care about is their pay cheque at the end of the month. They don't care about what's wrong with you, they don't care if you've got a disability or mental health, as long as you've got your medication, there's nothing anyone can say then.**"*)

***The project Support Workers told the evaluation team that:***

***"I have supported these clients and I know that via this service their lives can be completely turned around just by having basic support and direction. I feel this service is a necessity to break the cycle of offending and reoffending."***

*"Our Appropriate Adult's are continually asked by police custody staff whether they can support vulnerable clients at Court, and the recent pilot project has proved that this service is much needed. It both ensures that these most vulnerable individuals are supported beyond the initial policy custody process, through the Courts and just as importantly, are fully informed and supported in seeking the most suitable interventions available. Indeed, there is strong evidence that the prison, policy custody, court process is highly unsuitable for the majority of offenders experiencing mental illness. Notably, Lord Bradley's Department of Health (2009) review highlights the vital need for 'diversion' schemes, taking people away from the CJS with continued support and care in the community."*

*Certainly, appropriate representation is vital at all stages of the Criminal Justice System although statutory provision of advocacy is often poor, with legal aid overstretched by a high volume of cases and, in these circumstances. Under these*

circumstances, charities can, and do, play a vital role in directing young people away from the CJS and into better life choices.

**The support workers encountered a number of problems including being unable to access Anger Management Courses (18-21 triage reported oversubscribed and cannot help. Unable to take anyone onto the waiting list. Voluntary sector services providing courses but limited funding also means there is a waiting list. Another major issue encountered by the project workers included gaining access to services for people who have learning difficulties, Mencap could only suggest a course of action but left the delivery of interventions to others. For example the project supported a young man who exposed himself on a train, the thinking was because of his learning difficulties he could not differentiate public from private. His dad had left home when he was young and his mum was having difficulty coping with him and simply didn't know where to turn.**

**The evaluation found that Project Outcomes were met, in that it delivered:**

1. The development of a service that met the needs of this vulnerable client group throughout their contact with the Courts, Bail and other relevant CJS processes.
2. A demonstratable reduction in the re-offending rates of the 18-25 client group participating in the project – as per the pre and post assessment scores.
3. Effective partnership engagement in the Court Support Scheme was evidenced and.
4. A service user led evaluation report provided by Hafal's Expert Leadership Panel was delivered on time and within budget.

**The evaluation also found that Hafal's involvement with clients produced a number of positive outcomes and examples are set out below:**

1. Released without charge, no further bail conditions and no further charges made.
2. Reduction in sentencing for example from 30 months to 20 months with 10 months custodial and 10 months with Hafal providing support role and offer a social care package. Using Hafal's recovery model.
3. Previous summons quashed and driving licence reinstated.
4. 8 month suspended sentence, referral to drug and alcohol unit and victim surcharge.
5. Change of address to remove person from violent or volatile situation.

**The evaluation found that the types of Linc 18-25 project Involvement included:**

1. Supporting person on remand (arranging family visiting)
2. Checking with court re listing of hearings and liaising with all concerned including Court Psychiatric Nurse
3. Liaising with legal team, including solicitor
4. Attending court with defendants

5. Delivering, where necessary, real changes in the 8 life areas: education and training, Work and occupation, housing, finance and money, medical and other forms of treatment including psychological interventions, parenting or caring relationships, personal care and physical well-being, social, cultural or spiritual e.g:
  - i. Assist person to return to work.
  - ii. Assisting person to write letters, complete forms and arrive at appointments on time with correct documentation.
  - iii. Supporting person, where appropriate, to obtain, and take medication.
  - iv. Arrange onward referrals (where appropriate).
  - v. Support person in Court (Magistrates and Crown).
  - vi. Supporting person in prison, including whilst on suicide watch.
  - vii. Where custodial sentence took place – provide ongoing support whilst in prison and continuing at and after discharge.
  - viii. Improve contact/relationships with relative(s).
  - ix. Attending Psychiatric appointments and obtaining access to psychological therapies (CBT).
  - x. Provide information and up-skill individual and the wider family members - relevant to their current situation.
  - xi. Providing information on third party threats of violence.
  - xii. Assisting with GP and other medical appointments/assessment.
  - xiii. Instigating and support person during appointments with PayPlay, Benefit advice, Job Centre Plus, Crisis loans, Council Tax, Bail requirements, Court appearances, Food Vouchers, Maternal Social Fund, Council Bailiffs, Debt Management Companies, Housing Solutions (RCT).

## **Recommendations**

### **In light of the evaluation findings the following recommendations are made:**

- to refund the 'Linc' project so that support can be offered to the 18-25 age group in the South Wales Police Force area to reduce offending and reoffending in this age group;
- the refunded service should continue to monitor and evaluate service provision including, the short, medium and long-term outcomes for the young people supported by the project;
- the refunded service should establish and remain in contact with individuals aged 18-25, at risk of offending/reoffending, (and their families) to provide ongoing, tailored support.

## References

Cummins, ID 2006, '[A path not taken? Mentally disordered offenders and the criminal justice system](#)' *Journal of Social Welfare and Family Law*, **28** (3) pp. 267-281.

HMIC (2014) *Inspecting Policing in the Public Interest; Crime Inspection 2014*, South Wales Police, HMIC. ISBN: 978-1-78246-645-1

Van Poortvliet, M. Joy, I., Nevill, C. (2010) *Trial and error, Children and young people in trouble with the law: A guide for charities and funders*, New Philanthropy Capital: London.

## Appendix A.

### CASE STUDIES

**Name:** AB/Female                      **Age:** 22

**Referral Route:** Probation Services – their initial assessment - Anger and hostile personality.

CJS Background: Serving suspended prison sentence (History of stealing food from local shops) and driving ban.

***Chance of reoffending scores***

***Pre project intervention: 10***

***Post project intervention 2***

#### Case Summary - Input/Outcomes

*Criminal Justice System*

Project staff member attended [name of Crown Court] with AB, and as a direct result of Hafal's/project 18-25 Links support the Judge quashed previous sentence and removed driving ban /giving her driving license back.

*Health*

Obtained immediate assessment via appropriate medical team – diagnosed with both physical and mental health problems. Provided with necessary medication and treatment.

*Financial*

Established claim for ESA, and other financial grants – maternity and social fund to cover everyday cost of living, fix broken cooker and purchase maternity clothes. Also arranged for ongoing debt management support.

*Housing*

AB lives alone in a one bedroom flat, she is 3 months pregnant. She has no family or friends close by. She lives in a high crime area and has been plagued by an abusive neighbour who constantly dumps litter outside her front door. Situation confirmed by housing authority/local council and EB placed on housing transfer list.

*Social*

Assisted AB to re-established contact with family members living in North Wales, in particular her mother and her sister. The mother has ongoing mental health problems and information was given to help mother establish contact with Hafal's services in North Wales.

Summary of Case Report Interview with Project/Hafal Staff Member

AB lives alone in a one bedroom flat, she is 3 months pregnant. She has no family or friends close by. She finds it difficult to cope and she fills her day(s) by watches television. She displayed obvious signs of mental ill-health which she expressed primarily through her outbursts of anger.

She advised the member of project staff assigned to assist her, that previously she had a car accident which resulted in fractured vertebra in her back and this caused her to have prolonged bouts of pain. Initially, following the accident, she was able to claim ESA but she was assessed by the ESA medical board deemed her fit for work and payments were stopped. A direct consequence of the withdrawal of ESA benefit meant she did not have any income to support herself. She did attempt to find work via her local Job Centre employment office; despite here clear mental and physical difficulties they sent to work as a cleaner. However, with the cost of bus fares it was clear (post assessment via the project) that she had actually been left working for no money at all. Taken together, the back-pain, the lack of financial support and her detouring mental health meant that it was difficult to manage and she was forced to give up the job.

Consequently, she could not afford to eat or maintain her flat and she got into debt. She displayed clear avoidance behaviours as a maladaptive way of dealing with the ongoing physical, mental and financial problems. For example, she did not question the medical board's decision, and she hid from bailiffs and destroyed all debt letters that came through her door. In her own words, she believed that *'the only way I could survive was by stealing food.'*

Following on from the initial contact and assessment of needs, the case worker recorded the actions taken to support AB from reoffending. Her report reads as follows:

*"My first action was to support AB in seeking an assessment by her GP/doctors. She was immediately signed off as sick/unable to work because of her back pain and was diagnosed with a Personality Disorder.*

*She was provided with medication to support her physical and mental health needs. Following on from the visit to the GP, I was then able to complete the application on the telephone (provided by the project) for AB to claim ESA. This meant that she was no-longer destitute and I also arranged for her to be sent her a food voucher until the first payment arrived.*

*A few weeks later, AB advised me that because of the pregnancy she had no clothes that fitted her, she was panicking that the baby would be born and she would not be prepared. She also advised that her oven was broken and did not work.*

*I telephone the Social Fund Department of the DWP, and arranged for her to be sent a budget loan form for her to access £340.00 as a way to meet these needs. I also spoke to the Maternity Social Fund holders and they agreed to send AB a form for her to claim support for the baby.*

*The next to tackle for AB was the outstanding problem of the large amount of debt she had accumulated during the period she had not been receiving ESA. I contacted*

*Step Changes went through as much as the debts as possible. This was hampered because of AB's previous avoidance behaviours in terms of destroying the debt letters. We put arrangements in place to ascertain the full amounts outstanding along with payees details. I arrange for Step Changes to contact AB to consolidate all her outstanding debts so that she can make a manageable payment from the money she is now receiving. This will enable AB to stop worrying about bailiffs and final demand letters and this should improve her overall health and wellbeing.*

*In addition, AB is very unhappy because of where she lives. She lives in an area with a very high crime rate and her neighbour is constantly leaving her rubbish outside AB's door. Although AB confirmed that she has raised this with the council before I Spoke to [name of City Council] regarding AB's physical and mental health problems and supported the need for housing transfer. We arranged for a transfer form for AB to complete and in the short-term this will enable her to be put on the transfer list and move in the longer-term. The council confirmed that AB had lodged complaints on numerous occasions regarding the issue with the abusive neighbour."*



**Name: LH/Male**

**Age: 25**

**Referral Route: Hafal Appropriate Adult – independent referral (although no AA assistance deemed necessary by custody sergeant at time of arrest – AA already attending police station and noticed LH’s poor mental and physical condition).**

CJS Background: Remanded on bail for assault, waiting court date.

***Chance of receiving prison sentence scores***

***Pre project intervention: 8/9***

***Post project intervention 2***

Case Summary - Input/Outcomes

*Criminal Justice System*

Hafal will help to divert LH away from CJS entirely – in the short, medium and longer term. Ongoing medical input to deal with underlying psychological issues (responsible for initial CJS contact/offence) along with ongoing project support from Hafal. The court case regarding LH has been delayed as there is lack of information from the claimant. It is likely this charge will be dropped.

*Health*

Physical and mental health improved because long-term psychological issues are now being addressed by the medical profession e.g. improved GP medication management and monitoring, access to Counselling services for the first time (although need established in early childhood due to bereavement), psychiatric services now in regular contact with LH, and on the waiting list for an anger management course.

*Financial*

At an early age LH had his own business and own home from an early age. He lost this when he went to prison. In prison he set up and ran a course for inmates to learn painting and decorating skills. LH will be supported to contact Business Wales once his health improves to see what opportunities he might have of starting his own business again.

*Housing*

LH is currently living with his girl-friend in her home. Improvements in his mental health, input from counselling and other psychological services and fitness to work will help stabilise the relationship in the longer-term.

*Social*

Without input from the project LH was suffering from the early stages of agoraphobia. This has now been reversed and improvements in his mental health, input from counselling and other psychological services and fitness to work will help stabilise social relationships in the medium and longer-term.

## Summary of Case Report Interview with Project/Hafal Staff Member

LH stated at the time of first assessment that he was "suffering from anxiety and depression, panic attacks and there's a slight chance I may suffer from a mental disorder because I'm arguing with myself, I'm hearing voices all the time in my head. Upon assessment LH was extremely agitated and highly emotional. He explained that he had attempted suicide in the past; he had self harm markers and appeared to be suffering from severe anxiety and depression. LH had previously been in prison for 4 and half months. He now had court case pending for 'threat to kill' charge. LH lives with girlfriend at her 2 bedroom home and at the time of the initial assessment she was pregnant with their first child. She subsequently had a miscarriage 2 months after LH's arrest.

An immediate appointment was made by the project team member for LH to see his doctor to assess current medication levels for his uncontrolled raised levels of anxiety and depression.. A request was also made for LH to be referred to the Community Mental Health Team for a more in-depth psychiatric assessment.

The project team member supported LH during his first Mental Health assessment with a practitioner who went through the details with LH to see if his needs were serious enough for a psychiatric appointment, this was confirmed as necessary. Medication levels were reassessed and changes made to his medication for chronic anxiety and depression.

The team member also attended the psychiatric appointment with LH, he divulged that he had lost his mum when he was 5 years old, at that young age he used to feed her as she was so ill, he admitted that he has never got over her death and that no one has offered any help, when he went to prison he had not received help with this. He had never received any input from psychological services in terms of counselling or anger management courses. He had repeatedly tried to access 'cruise bereavement services around the age of 17' when he realised he had issues (presumably 'stuck grief' and maladaptive coping strategies) but they had not been able to provide any counselling or other forms of support.

Following support from the project, LH received a proper mental health diagnosis and received stronger medication to support him in the short term, and counselling/access to psychological therapies has been arranged to help him to deal successfully with his ongoing grief and anger issues in the future.

LH now has his mental health needs adequately addressed, counselling and court support. It was mentioned in the previous court case that LH is trying to rebuild his life with the support from Hafal. Speaking about the project and the support it has given him he said, *"Before the project team got involved my Doctor weren't helping me at all with what's wrong with me and now I told him I've got Hafal's support, now he is pulling his finger out to have my mental health assessed. It's the only help I've ever had. When I was about 7 my mother passed away from cancer. I just haven't got over it since that's all. But this is where most of my anger comes from, it only since I've been out of prison now that I've actually calmed down and now all this has*

*kicked off, the accusations against me, it's just... know what I mean, it's just building back up again inside me like. I lived with my father after my mother died, then he met my stepmother, me and her didn't get along so I moved out when I was about 13 and started living with Nan. I had my own house by the time I was 19 when I met my ex-partner. We had that for 2/3 years before I lost my job then I had to give the house up and that's when I went to prison. While I was up in Birmingham, in prison, they actually let me take a class on because in Cardiff Prison they don't let you do nothing. Its always that you gotta know somebody in Cardiff to get something but when I went to Birmingham I put an application in to start a painting and decorating course and done all that.*

*When I was arrested recently, they just chick you in the cell and leave you there. They took 18 hours to interview me and then after that it took them another 8 hours to tell me that I'm getting charged with common assault. Now they say this might change and be worse for me. They took 18 hours to tell me there's a nurse there and they've got to phone her to have her to turn up so I can have my medication. My partner was also phoning all the time, I asked them at reception when I was getting interviews, I said look, has my missus phoned, I'm getting worried about her as she's pregnant and they said she hasn't phone once. But she had phone lots of times and they didn't tell her nothing about me being there at all. At the police station they need to make your options more clear to you because I didn't even know I could have an Appropriate Adult, they didn't tell me nothing like that. I told them I needed medication for my anxiety but they just didn't care. They said you should have told us earlier, there is a nurse we can call but you will be released shortly so we won't bother with that now. They then kept me another 8 hours before I was released. The police and the prison guards and all that, that's all they care about, is their pay cheque at the end of the month. They don't care about what's wrong with you, they don't care if you've got a disability or mental health, and there is nothing you can say! The staff need to be trained and I'm not being funny whoever runs the prison needs training as well, they need to figure out a way in helping people out while they are in there. Figure out how to pick up on any signals whether somebody's really down on one day and that or body language or behaviour. It's not hard to spot when someone isn't right. If I can spot it in other people like when my missus is down, then anyone can. [Name of project worker], she spotted it straight away, she could tell I was ill and needed help. I don't know what would have happened to me without their help.*

**Name:** SH/Female

**Age:** 19

**Referral Route:** Pathfinder

CJS Background: Referred whilst on probation for drunken disorderly behaviour.

***Chance of reoffending scores***

***Pre project intervention: 9***

***Post project intervention 1***

Case Summary - Input/Outcomes

*Criminal Justice System*

*No further contact with CJS – Underlying work-related/self confidence issues resolved.*

*Health*

Immediate appointment made with GP. SH prescribed medication for her low mood/depression, and asked to return in two weeks so that her mental health could be probably monitored. Underlying work related/self confidence problems resolved – physical and mental health improvements noted by her GP and probation service.

*Work*

Returned to work – and was optimistic about her future. Helped to complete new CV, and look for alternative employment in other hotels. Project team member contacted previous employer (Head of the Hotel Group) and advised him re the gross mistreatment of SH and she was able to return to previous employer.

*Financial*

Finances on a more secure footing.

*Housing*

No-longer at risk.

*Social*

Self confidence returned and able to pick up normal social life without excessive use of alcohol.

Summary of Case Report

SH was referred to the project by Pathfinder. She was on probation having been taken into police custody for drunken disorderly behaviour. At the first interview with her, and once a good relationship had been established by the project worker, she confided that she began drinking heavily because she had recently lost her job and she was finding it difficult to come to terms with what had happened to her. She had very much enjoyed her work as a housekeeper for a well know hotel chain in Cardiff.

She explained that her works supervisor had made repeated sexual advances towards her. She believed that because she made it clear to the supervisor that she was not interested in him he had then set out to make it impossible for her to stay in

her work role and made her employment conditions very difficult. She explained how he began to ridicule and embarrass her in front of others, and this caused her to lose confidence in herself. She became very depressed, in her words '*she had a complete breakdown*', She could not leave the house, she stayed in bed clothes all day and drank heavily to avoid thinking about what had happened to her and because her self-worth was so low.

#### Background – Bulling and Harassment in the work place

In an attempt to cope with the situation with the supervisor at work SH requested a transfer to reception duties but she was told by the supervisor that she would not be able to have the position as she was not pretty enough. She found this particular insult difficult to handle. As a young person she took this very personally and she became even more threatened by the supervisor's behaviour towards her. She was also the only member of staff at work without a name badge. When she requested one she was told by the supervisor 'you won't need one'. She took this to mean that he would make sure she would not be working there in the future. Following on from this event, she was told to attend the office with the rest of the housekeeping staff. When everyone was assembled in the office, in front of her work colleagues, the supervisor announced that SH could not do her job and that her standard of work was unacceptable. He said that he repeatedly had to to around after her as she was not 'clean'. A colleague informed the supervisor that he was 'out of order' to embarrass SH in that way, in front of all the staff, but he ignored her comments and continued to radical SH in front of the whole team. After this particular incident SH asked to be transferred to work in the Car Park of the hotel for fear that she might lose her job completely. This transfer was agreed but subsequently she was told that there was no work available and that she would be called back as soon as something became available for her.

She was never called back again to work, although new staff members were employed to fill this and her previous role(s). One of the ways she coped with this was by drinking heavily which lead to her arrest by the police and her subsequent contact with the probation service.

Upon initial assessment, an immediate appointment was made with her GP. SH was prescribed medication for her low mood and asked to return in two weeks so that her mental health could be probably monitored.

Subsequently she was helped by the project team member to complete new CV, and look for alternative employment in other hotels. In addition to this, the project team member contacted her previous employer (Head of the Hotel Group) and advised him re the gross mistreatment of SH whilst a member of his staff.

A meeting was arranged between project team member, Head of the Hotel Group and their HR manager. A full history of the mistreatment was discussed and a subsequent meeting was arranged where SH could also attend. SH was asked to retell the story in her own words this was very emotional experience for her but the project team member was able to support her so that the full extent of the mistreatment was relayed to the head of the hotel group. He advised her that he was still investigating the matter but he recognised real failures in how the hotel was run but he assured her this was being addressed. He also advised SH that all the

members of staff involved would be reprimanded. He asked her if she would consider reapplying again to work at the hotel when she felt better and he would personally deal with her reapplication.

He was grateful to the issue had been brought to his attention and he believed that SH was not responsible for any of the acquisitions brought by her supervisor. SH did not want any tribunals involved but she felt she could now fully recognise that she had been mistreated.

She returned to work following having received the correct medication for her depression, caused by her mistreatment. Two months later she reported that she is *“very optimistic about life”* and that *‘I have received [via the project] everything I could have wanted to put my life back on track.’*

**Name: DW/Female**

**Age: 24**

**Referral Route: Probation Service**

***Chance of reoffending scores***

***Pre project intervention: 10***

***Post project intervention: 3***

Case Summary - Input/Outcomes

*Criminal Justice System*

DW was arrested for brandishing a knife at a neighbour in the street. She was awaiting a decision from the anti social behaviour team re: evicting her from her home. Correct assessment by the CMHT and GP have ensured that DW is receiving the correct medical treatment and her housing issues which contributed to her distress have been resolved, making it far less likely that she will suffer violent outbursts and come into contact with the CJS again.

*Health*

DW disclosed that she has terrible urges to put a hammer through her son's head. The project worker supported DW to attend the GP appointment; medication was prescribed to treat the symptoms. Prior to the projects involvement DW had told her doctor about these urges but he had dismissed them. She also reported that she was self harming. A senior consultant from the CMHT assessed the risk and prescribed further medication and psychological therapies. DW's mental health is much improved

*Work*

In the longer-term DW will be supported to find work that fits around her child's needs. This will also help with her social isolation and long term finances.

*Housing*

DW lives lived in a one bedroom flat with her young son. Prior to the projects input she was at risk of losing her home and her housing issues/living in a one bedroom flat with her son, where adding to her existing mental health problems. She is now top of the housing list waiting transfer to a bigger property.

*Social*

DW has been introduced to Hafal's Gardening Project to help with her isolation and lack of a garden. She has enjoyed gardening in the pasted and this is why it was felt that this project might be best for her in the short-term.

Summary of Case Report

On initial assessment she explained to the project worker that she has severe anger issues that lead to her arrest for brandishing a knife at a neighbour in the street. She was also awaiting a decision from the anti social behaviour team regarding evicting her from her home. She felt that her living conditions were getting her down, her son slept on the settee in the lounge. She slept in the bedroom but from 7.00pm every

evening she had to stay in her room as her son was sleeping so she couldn't disturb him. This was very restrictive and was responsible for high levels of raised anxiety/

DW also disclosed that she has terrible urges to put a hammer through her son's head. An immediate discussion with DW's GP was made by the project worker and an appointment was made for DW. The project worker supported DW to attend the GP appointment and following the consultation she was given medication to treat the symptoms she was experiencing. Prior to the project's involvement DW had told her doctor about these urges but he had dismissed them. Following the first appointment with the GP DW reported that she was experiencing nightmares about hurting her son, ("doing something bad to him"). She also reported that she was now self-harming. At this point the project worker contacted the Community Mental Health Team (CMHT) and arranged for the support worker to accompany DW to be seen by the senior CMHT practitioner to assess whether her son was in danger.

The outcome of the assessment was DW was diagnosed with extreme depression and it was highlighted that there was a need for anger management/depression counselling. They confirmed that her housing problems and the worry regarding her anti-social behaviour meeting were also contributing to DW's nightmares and the negative thoughts about hurting her son. However, their decision was the child was safe and they did not feel he was in imminent danger.

Following this assessment with the senior consultation from the CMHT the team worker contacted the anti-social behaviour assessor at the housing authority/council. She explained that DW had been recognised as having mental health problems and that these were now being properly assessed and the correct monitoring and treatment were being made available to DW. The council then made a visit to DW and advised her they would not be taking action against her.

The project worker then filled in a housing transfer form which stressed the urgency of a housing transfer for DW and her son, highlighting the issue of the bedroom for her son and that this was causing distress, undue stress and anxiety. The project worker then contacted the housing authority directly and they advised that DW was now high priority and at the top of the list and here is no more that could speed the move along.

Contact was then made with DW and she was advised that the move was imminent. DW said she felt relieved and hopeful about the future. The project worker also advised DW that if she has any more feelings of harming her son that she needs to know immediately – regardless of the time of day or night.

DW is now on the right medication and has a correct mental health diagnosis. Her worries regarding her son were recognised and properly risk assessed for the first time. She is now receiving medication and psychological therapies to treat her mental illness. Similarly, her worries regarding potential homelessness and unsuitable home life were urgently addressed, with a transfer into a bigger property was imminent.



**Name: LL/Male**

**Age: 20**

**Referral Route: Hafal Appropriate Adult/Probation Service**

CJS Background: Has a restraining order against him by his family for assaulting them and has broken the restraining order several times and has been imprisoned for doing so.

***Chance of receiving prison sentence scores***

***Pre project intervention: 8/9***

***Post project intervention 2***

Case Summary - Input/Outcomes

*Criminal Justice System*

Has a restraining order against him by his family for assaulting them and has broken the restraining order several times and has been imprisoned for doing so. The correct medical assessments, coupled with anger management and social activities will decrease the likelihood of reoffending - as will the support and monitoring of LL's progress in these areas which will be provided by Hafal.

*Health*

Anger and loneliness issues were overwhelming LL. Contact with the proper services has enable both these issues to be addressed and his ongoing mental and physical health has improved as a consequence of the projects interventions.

*Financial*

LL financial circumstances should improve as he's communication and working with others skills will be enhanced due to his involvement with the various projects he has been introduced to.

*Housing*

This will be more secure as his anger management issues will be less likely to get him into trouble with his neighbours.

*Social*

His social skills and opportunities to build his social networks will increase in the short, medium and longer term as Hafal projects will monitor and support his progress in this area over time.

Summary of Case Report

LL has a restraining order against him by his family for assaulting them. He has broken the restraining order several times and has been imprisoned for doing so. At the initial assessment with LL he confirmed he had a serious anger issue. He told the project worker that he was very lonely and had no friends or family who will bother with him.

The project worker spoke to the community mental health team who confirmed LL should have had an appointment over a year ago but they have lost his notes, they arranged a new appointment immediately.

The project worker also arranged for an appointment with MIND so that they could assess LL for anger management counselling. The project worker attended the first session with LL and his name was put on the waiting list.

They offered LL a place on the men's group meeting which is held weekly, and he accepted the invitation to attend this group.

LL is now on the correct medication. The project worker also instigated and received a risk assessment from CMHT Mental Health so that LL could join the Hafal's St Fagans gardening project. This will enable LL to meet people his own age and give him an interest. The project worker advised LL that once his anger issues were controlled he would be able to look for more projects for him to join which will help him with his loneliness. LL is now receiving the right medication for his condition, his anger issues are being addressed and he will have contact with people his own age by attending Hafal project(s).

**Note:** in respect of pre and post intervention scores

#### **Statement by Frank Kitt**

*"I have been requested by Hafal's Senior Consultant Christine Wilson to review a series of predictive 'values' attributed to a group of individual case studies of persons included in the Linc 18-25 Project. Each person had come into contact with the Criminal Justice system within the South Wales Police Force area between January and April 2015. As a means of assessing the effectiveness of the project a numerical 'value' was given to each individual on entry into the project. The value representing factors of personal circumstances including known vulnerabilities; higher figures translating to a greater risk of behaviour likely to attract intervention via the Criminal Justice System. This 'value' has then been reappraised at the end of the project's intervention to indicate measurable changes in risk.*

*In assessing these figures I have been asked to call upon my experience of 29 years as a police officer and by considering the circumstances and antecedents of hundreds of individuals I have arrested and subjected to the Criminal Justice System. I also call upon my master's degree research findings in historical policing of the community, as well as my knowledge gained as a mental health advocate and campaigner providing advice and guidance via my participation on Hafal's Expert Leadership Panel (HELP).*

*I have read the personal circumstances of each case study. Having regard to each individual's historical experiences, poor mental health, and the then existing personal stress factors, I agree with these predictive values indicating a high probability of maladjusted and antisocial behaviour representing a higher risk of Criminal Justice*

*System intervention. Whilst it is difficult to quantify in terms of specific numerical reductions, I wholeheartedly agree that the holistic and reconstructive interventions made in each individual case by members of the Linc 18-25 Project Team would result in considerable and comparable reductions in the risk of behaviour that would warrant further Criminal Justice System intervention, not least due to the very positive effect that demonstrable actions of care and support would have upon reducing any unhelpful reactions caused by an individual's perceptions of social exclusion."*

Francis William Kitt M.A.