

# **Join the Dots Feasibility study**

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## 1. Executive Summary

The vision of Join the Dots (JtD) was developed by Theatre Nemo from 2013. JtD aims to be a service which supports people leaving prison in a multi-agency, holistic and trauma-informed manner, with the goal of reducing reoffending and improving outcomes for people involved in the criminal justice system, their families and communities.

Between February and June 2018, a range of consultation exercises, a pilot study, primary research in the form of case studies and a literature were undertaken to assess the feasibility of Join the Dots as an ongoing project. This executive summary highlights the key evidence and recommendations which are described in the main report.

Annually, around 4,000 people are liberated from prison into the Glasgow area. Over 70% of these (2,800) were either on remand or had served short sentences of under 6 months. For people returning from prison, reoffending within one year is at an overall rate of 44%, with even higher rates for those on short sentences. The cost of reoffending in Scotland is £3 billion, and in Glasgow is £580M.

While there are excellent services available to support people leaving prison, many have strict criteria for accessing them and there are simply too few for the numbers needing help.

People leaving prison often need a broad range of support to re-integrate into their communities, including, but not limited to: housing and homelessness support; help with money and benefits; addictions support; support with their physical and mental health; employability support; opportunities for personal development; and relationships support. Their need is great and yet they experience multiple and severe difficulties (both real and perceived) in accessing the help they need.

Some of the barriers they experience include:

- Not having basic things that will allow them to access services, such as bank accounts, mobile phones, ID, money to take transport to appointments, etc.
- The fact that they need to access multiple services, which are often geographically distant, and not working in a joined up way.
- Waiting times.
- Their own distrust of services through previous poor experiences.
- The fact that their lives can be chaotic and this makes it difficult for them to make and keep appointments.
- Literacy issues or learning disabilities which both make it hard to engage with services and which people may wish to hide from services.
- Their own traumatic experiences, which means that they can exhibit negative behaviours which will result in exclusion by some services.

As the last bullet point suggests, a key factor for many people who are in prison is that their own past life traumas affect their health, behaviour and ability to cope. One way to quantify trauma is through the framework of Adverse Childhood Experiences (or ACEs). ACEs are measured by self-report on a ten-item questionnaire which covers traumatic events experienced before the age of 18, including physical and psychological abuse, neglect and household dysfunction. Evidence from this shows that people who have experienced four or more ACEs are far more likely than those without to engage in behaviour which is harmful or risky including high-risk drinking, taking hard drugs, committing and being a victim of violence, and being imprisoned. Indeed, research suggests that people with 4 or more ACE's are between 11 and 10 times more likely to have been in prison than those without. Recent survey data from the Scottish Prison Service suggests that a high proportion of the prison population have experienced ACE's.

It is easy to see why without vital support, returning citizens are at high risk of reoffending and, importantly, of continuing to experience poor outcomes in their lives.

The three key delivery elements that will set JtD apart from existing services are:

- A multi-agency approach where a range of services are co-located under one roof
- A trauma-informed approach to service provision which is adopted by all partners
- The provision of arts and other recreational activities alongside other more practical services, which will contribute to personal development, routine and development of self-esteem.

Evidence collected from key stakeholders, the pilot and from academic research (as summarised in the appended literature review), suggests that the combination of these three things may be particularly effective. Currently there is no service available to returning citizens in Glasgow (and probably further afield) which offers this unique, combined approach.

Broadly, stakeholders of all types agreed that JtD would be both a new and welcome addition to the services available to returning citizens in the Glasgow area. Objectively, there is nothing like this very promising service currently offered, and the target population is large and under-served.

While the pilot was a success overall and the concept of JtD is generally welcomed by potential service users and professional stakeholders, a number of issues around delivery must be considered. These fall into the following categories: Target population; Recruitment of service users; Marketing and messaging; Services offered; Staffing; Joint working; Location and premises; Referrals; Finance and budgets; Funding; Board membership and governance; and Evaluation.

Each of these topics is explored in detail throughout the report, with recommendations for action at the end of each section, which are summarised in full in section 10 at the end of the report.

## **2. Note on this document**

As described in section 4.3, a number of consultation and evaluative processes have been undertaken so far to contribute to the feasibility study. All contribute to the picture painted in this report and are referred to throughout in the appropriate sections, rather than being described separately. Where appropriate, the full documents have been appended to this report.

As described in section 6.3 and discussed with members of the steering group, it is critical that at this early stage, JtD, closely defines which population it will support. The recommendation is that the provision initially targets returning citizens in Glasgow, whether from a custodial sentence or remand. The feasibility study has therefore examined this population and its needs throughout, though data as described above has also been drawn from people who have experienced other facets of the criminal justice system.

Throughout the report Join the Dots is abbreviated to JtD.

## **3. Description**

The vision for JtD was developed in 2013 by Theatre Nemo. Their long experience of working with people involved in the criminal justice system both in prisons and in the community made them increasingly aware of the issues this group faced. JtD is intended to be a place where people involved in the criminal justice system can receive personalised support from a range of services under one roof. As well as services that people need to access to meet their basic needs, JtD also seeks to provide opportunities to participate in creative, sporting, recreational and social activities. These will support personal development alongside creating structure, routine and filling time.

## 4. Goals and objectives (mission, vision, aims)

This will be developed and refined by the steering group/board during the next stage of Join the Dots.

### 4.1 Progress to date

Considerable preparation and development work has already taken place on the JtD progress. These can be categorised as consulting on, researching and testing the concept, alongside taking steps to create the structure itself.

#### Consultation and research

- Literature review on the impact and extent of Adverse Childhood Experiences (or ACEs) and childhood trauma for those in the prison system and what might support their desistence with particular reference to the arts
- Preliminary consultation with 11 groups of service users
- 12 week pilot programme which was evaluated by:
  - Evaluation forms completed by 16 participants
  - Written informal feedback from facilitators and volunteers
  - Qualitative evaluation including 9 case studies
- Semi-structured interviews with 14 professional stakeholders
- Awareness raising event and consultation with 64 stakeholders

#### Operational and governance

- Formation of steering group and creation of partnerships
- Successful application to the Scottish Government Social Innovation Fund Stage 1 to undertake a pilot and feasibility study
- Application to constitute JtD as a SCIO

### 4.2 Description and methodology of consultation and research to date

The various elements of the consultation and research are outlined below.

#### 4.2.1 Literature review

A comprehensive literature review was created. This considered the impact of early life trauma (as measured by Adverse Childhood Experiences or ACEs) on future behaviour, including offending. It also considered how ACEs could be tackled in later life, including the role of the arts both in working with people who have experienced trauma and how the arts can support people involved in the criminal justice system. The full literature review can be read in Appendix 1.

#### 4.2.2 Preliminary consultation

The preliminary consultation took place during February. It aimed to find out more about what potential participants thought about the concept of JtD overall, what their main challenges were in accessing services, what their key practical considerations about delivery of JtD were, and what sort of programme they would be interested in participating in. These consultations took place with a total of 76 participants who may or may not have had experience with the criminal justice system, and who were already engaged with different support agencies<sup>1</sup>. The consultations were primarily creative in format, with a range of different creative games and exercises being used alongside traditional focus group style interactions to engage with the participants.

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<sup>1</sup> The Venture Trust, Elevate, Tomorrow's Women Glasgow, Elder Street, Clyde Place, GESH, Chara Assessment

The preliminary consultation formed a first point of engagement for many agencies, some of whom would become the referring agencies for the pilot programme, and also provided vital information to shape the pilot programme. The findings are referred to throughout this report.

### 4.2.3 Pilot programme

The pilot for JtD took the form of a 12 week programme, split into a two week “Easter Holiday Programme” followed by a ten week main programme. Participants were recruited from a range of partner organisations<sup>2</sup> and who may or may not have had previous involvement in the criminal justice system. In response to serious safeguarding concerns from the women’s agencies, in the two week Easter programme only women were invited to attend. In the main programme each of three groups (a female only group, a male only group and a mixed group) attended one day a week each. Attendance was patchy with the female group ranging from 3 to 8 participants, the male group from 2 to 10 participants and the mixed group from 4 to 9 participants. It should be noted that the male group were all involved with GESH and on CPOs, so their attendance at the group was not entirely voluntary and contributed to their CPO (though they chose to attend over other activities they could have participated in at GESH).

Each day was split into two halves. In the morning participants worked with Theatre Nemo using different art forms to explore the issues they faced and work towards and end “product” which would be showcased at an event after the final week. In the afternoon different agencies were invited to offer inputs to the group, ranging from short presentations about what they could offer to one-to-one sessions where people could explore their own issues in detail.

The agencies that provided sessions in the afternoon were: The Links Worker Programme (a Scottish Government funded programme run by the Health and Social Care Alliance which links people and their communities through their GP Practice), the DWP, The Violence Reduction Unit, Re-attach (a social enterprise that aims to raise awareness of attachment and why it matters), a mindfulness practitioner, a stress management and employability specialist, a silent disco, and Kelvin College who provided a Beauty presentation taster session. All practitioners and agencies offered their time free of charge.

In addition, through Kelvin College, all attendees had the opportunity to work towards a level 4 Community Achievement Award (attained by 8 participants, while two volunteers attained level 5).

In setting up the pilot, several further agencies were engaged, who did not contribute to the programme but were positive about doing so if time had allowed. This included the Citizens Advice Bureau, Kelvin College Adult Literacy and Numeracy Service, Kelvin College Wider Access Service, and the North East Glasgow Adult Learning Forum.

Initial plans were to hold the pilot in the East End, and work did begin in the Reidvale Centre in Dennistoun. After three weeks, however, the programme moved to the Theatre Nemo studio. This was mainly due to the comparative ease of accessing the service in a city centre location, and secondarily to the cost of venue hire (which Theatre Nemo could provide in kind). Participants were supported to travel to the venue either by their own organisation or through the provision of transport costs. Lunch was provided each day.

Alongside the qualitative evaluation described below, 16 participants (out of a total of 27 attendees) completed a simple quantitative questionnaire. Additionally, the facilitators provided a report on their key observations of the process and informal feedback they had gathered. These findings are referred to throughout this report.

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<sup>2</sup> These were: Chara Assessment Centre, Elder Street, Clyde Place, GESH, GAMH, Elevate and the Wise Group

#### 4.2.4 Qualitative evaluation and case studies

Over the course of the pilot, 12 in-depth interviews were conducted by an independent researcher. The participants in these had mostly had experience of the criminal justice system or recent experience with addiction services. The results are presented as a summative Executive Summary alongside nine case studies. A separate report on this evaluation has been created and can be read in Appendix 2.

#### 4.2.5 Semi-structured interviews with professionals

A total of 14 semi-structured interviews were conducted with professional stakeholders including potential collaborators, partners and comparators<sup>3</sup>. They were asked a series of questions about their views on the challenges facing people leaving prison, the services available for them currently and the proposed JtD project. The results of this research are presented throughout this report.

#### 4.2.6 Awareness raising event and consultation

On the 26<sup>th</sup> June 2018, 64 people attended an event at the Merchant's House to hear preliminary findings about the JtD pilot, see a performance created by the participants, and take part in a consultation aimed at gathering further views on the development of the project.

## 5. Background

### 5.1 The social and political context and drivers

People in the criminal justice system face a range of challenges in engaging with services and this increases the rates of reoffending, with associated personal and societal costs. It is increasingly recognised that childhood trauma and ACEs impact people's behaviour, making high risk behaviours more likely. People who commit offences are likely to score highly when their ACEs are measured.

As described in the literature review, the Scottish Government are beginning to recognise the importance of tackling ACEs across the population, pledging that they will 'embed a focus on preventing ACEs and supporting the resilience of children and adults in overcoming early life adversity across all areas of public service, including education, health, justice and social work'. Strategies to help prevent ACEs through a public health approach are recognised as a critical step in public health provision across the agencies. NHS Education for Scotland (NES) have developed a knowledge and skills framework for psychological trauma as part of the Scottish Government Survivor Scotland strategic outcomes and priorities (2015-2017). A multi-disciplinary team called the 'Scottish Adverse Experiences Hub' (SAEH) has also been put in place to tackle ACEs in Scotland.

Alongside the new focus on ACEs outlined above, there are a range of local and national policy drivers which impact on the delivery of criminal justice and which has influenced the development of JtD. A full list can be seen on p6 of Glasgow's Community Justice Outcomes Improvement Plan (2018 – 2023).<sup>4</sup>

### 5.2 Evidence of need

Reconviction rates in Scotland are high, with 28.2% of offenders reconvicted within a year. In 2014/15 Glasgow City had the fourth highest reconviction rate of 29.8%. For people returning from

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<sup>3</sup> The interviewees included representatives from: Clyde Place (Glasgow City Council), Elder Street (Glasgow City Council), 218 Project (Turning Point), Low Moss PSP (Turning Point), GESH, New Routes PSP (The Wise Group), Tomorrows Women (Glasgow City Council), Prolific Offenders Project (Glasgow City Council), SACRO, The Simon Community, Violence Reduction Unit, One Glasgow, Community Justice Glasgow, the NHS.

<sup>4</sup> Community Justice Outcomes Improvement Plan (2018-2023), 2018, Community Justice Glasgow  
<https://www.glasgowcpp.org.uk/CHttpHandler.ashx?id=41787&p=0>



prison, rather than from a non-custodial sentence, reoffending within one year is at an overall rate of 44%, with even higher rates for those on short sentences. The cost of reoffending in Scotland is £3 billion, and in Glasgow is £580M<sup>5</sup>. The human cost is hard to estimate but is devastating for the individuals involved in offending, their families and the communities they come from.

The causes of reoffending are multi-factorial and include<sup>6</sup>:

- Homelessness (two thirds of people who are homeless after release go on to reoffend, which can be reduced by as much 20% if stable accommodation is provided)
- Mental illness and mental health problems (which are present at a much higher rate amongst the prison population)
- Alcohol and drug addiction (41% of prisoners were under the influence of alcohol at the time of the offence, and 40% under the influence of drugs. Help for either type of addiction within prison is limited).
- Lack of education, skills and employment opportunities can also contribute to reoffending
- Breakdown of relationships

As described in the literature review, related to and having a possible causal relationship with, many of these factors is the experience of trauma in early life. Increasingly we are using the concept of ACEs to quantify this trauma. ACEs are usually measured by self-report on a ten-item questionnaire which covers traumatic events experienced before the age of 18, including physical and psychological abuse, neglect and household dysfunction. Evidence from this shows that people who have experienced four or more ACEs are far more likely than those without to engage in behaviour which is harmful or risky including high-risk drinking, taking hard drugs, committing and being a victim of violence, and being imprisoned.

A large-scale study on ACEs has not taken place in Scotland, but drawing on evidence from a comparable Welsh population, researchers have estimated that people in Scotland with four or more ACEs (estimated at 750,000 people) are between 11 and 20 times more likely to have been imprisoned than those without. Within the Scottish Prison Estate recent survey data suggest a high proportion of the prison population have experienced ACEs. Recent research in the USA has also highlighted that those with high ACEs are more likely to reoffend than those with lower or no ACEs and while such research has not been conducted in the Scottish context, there is no reason to assume a different pattern here. Further information about the above can be accessed in the literature review in Appendix 1.

### **5.3 What sort of support is perceived as being required**

As this literature review highlights, ACEs in people involved in the criminal justice system can be tackled through preventative services at the tertiary level, which is where multi-agency support services are made available for adults who have high ACEs. These agencies then work together to try to treat and reduce the long-term consequences of an individual's traumatic childhood experiences. There is some evidence of success of this approach in justice settings in the USA but researchers stress this must go beyond a simple mentoring approach or modelling pro-social relationships. Success is only thought to be possible where agencies working with people who have offended work together in a coordinated effort, to provide trauma-informed interventions which is supportive, safe and where possible, relationship-based.

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<sup>5</sup> The Cost of the Criminal Justice System in Scotland, 2018, Scottish Government, <https://www.gov.scot/Topics/Statistics/Browse/Crime-Justice/Publications/costcrimjustscot>

<sup>6</sup> E.g. Community Justice Outcomes Improvement Plan (2018-2023), 2018, Community Justice Glasgow <https://www.glasgowcpp.org.uk/CHttpHandler.ashx?id=41787&p=0>

This published research chimes with what stakeholders told us they thought was needed, drawn from:

- Preliminary consultation
- Case studies (See Appendix 2)
- Professional interviews

Stakeholders said that people leaving prison often lack the basics required for human survival. Interviewees mentioned that they may have no money, nowhere to stay, and nothing to eat. Meeting these basic needs is the priority, and where this does not happen, the chances of reconviction are much higher. However, meeting these needs immediately requires the input of a range of agencies (e.g. DWP, Housing, Homelessness Services), and stakeholders mentioned several issues surrounding this - many have long waiting times, are located in several disparate locations (when a person may lack money for transport), are difficult to navigate, and which often do not operate in a trauma-informed way.

Some professionals highlighted that many people on liberation will have lost all their possessions and have had their key relationships breakdown. Several, who experienced addiction prior to imprisonment, will have immediate temptation to relapse, or will require access to prescriptions to help prevent relapse. Again, this requires a range of services – GP/Primary Care, Social Work, Addictions, etc. From the point of view of professionals and the people involved, the list soon becomes un navigable and the burden unbearable.

Reoffending often occurs either as a result of intoxication or as a means of escaping the situation a person finds themselves in on liberation.

Several agencies said that if someone manages to get the support they need to survive these first weeks, they are then faced with the challenge of creating structure and routine, of dealing with stigma, of being unable to find employment. More support from different agencies is required at these stages.

Interviewees pointed out that, counter-intuitively, liberation can be an unwanted stressor for many. Prison is an entirely structured experience with little opportunity for decision-making or personal responsibility and opportunities to access a range of support for different facets of mental and physical wellbeing. Several professional agencies commented that there is no support to deal with the sudden responsibility and isolation which accompanies liberation. This can make people feel unsafe and vulnerable once in the community, leading to repeat offending as a specific strategy to go “back inside”.

#### **5.4 What makes it easier or harder to access support**

People who have offended and the agencies who work with them said that there are barriers to people receiving all the support they need when they need it. Many of these are to do with the way services are delivered and where they are located. Others are to do with how people who have been involved in the criminal justice system perceive services and accompanying reluctance to engage. Bringing both these factors together is the way that under-lying trauma affects people’s ability to engage with services, particularly in a complex, and often hostile (perceived or real) landscape.

Some of the issues observed by stakeholders include:

- Services can be time-limited through funding or hard to access due to specific criteria. Third sector organisations are particularly affected by restricted by funding criteria.
- People often lack the basic things necessary to access services, particularly online services. For example, they may not have a bank account, mobile phone or ID. The absence of IT skills,

limited numeracy or literacy skills, and the prevalence of learning disability were all cited by stakeholders as further barriers to accessing services.

- The “silo” working of many agencies, making it complicated to navigate across areas of service need was identified by stakeholders.
- It is not uncommon for services to offer appointments arranged for weeks in the future. For individuals experiencing “chaotic lifestyles” and/or experiencing poor mental health, the inability to plan and wait for support results in individuals being caught up in offending again before they are even seen.
- Pre-release plans can fall apart quite quickly, reflecting the fact that people’s priorities can change rapidly as soon as they leave prison.
- Individuals report a lack of consistency of support and a disconnect between what they are (or believe they are) promised and what they receive. Trust is low, and cynicism is high.
- In a related way, some people don’t engage even if support is on offer – they might lack confidence in the system, they might be cynical because of poor past experience, they might not want other services to know they were in prison, or they might believe there will be negative outcomes in engaging.
- There can be challenges to get people to admit they have problems (e.g. literacy) – they need to be assured of confidentiality.
- Individuals report that services are not always good– service users feel ignored and feel disrespected or invisible, especially where they lack specific support from a named individual, such as a mentor. There is a sense that staff can lack compassion and the attitude from some services is stigmatising.
- Service users can be hard to deal with, sometimes as a consequence of trauma, resulting in a poor response from the services they require. Eventually individuals may self-exclude because they don’t want to be treated badly. Similarly, where an individual has a history of challenging or violent behaviour, they can find themselves excluded from services in the community..

Factors reported through this study that support people to get the help they need were seen to include:

- Multi-agency and multi-service approaches, because no one service can deliver everything that an individual needs.
- Services being flexible in their approach.
- Joined up working like City Ambition Network or the One Glasgow pilot.
- Setting up services and supports within prison, planning the transition to community, to increase the likelihood of successful liberation.
- Mentoring in all its forms was seen as helpful This could include someone to help returning citizens navigate the services they need, to make appointments, and accompany them. This can reduce the intimidation that people feel when accessing services and ensure a better experience when they do so. People also mentioned the value of someone meeting returning citizens at the prison gates, and of peer mentors and relatable role models.
- For many of the men in our qualitative research, their input echoed the statistical findings, that drugs and alcohol play a huge part in their participation in criminal activity. They reported the difficulties accessing prescribed medication and their concerns about accessing support before they “fall off the rails.”
- Respondents in the study indicated the importance of services at the point when someone is “ready to change” – for services this was about not missing a crucial window, while for service users it was about having a proactive role in rebuilding their lives.

## 6. Market feasibility

### 6.1 Competitor analysis

The perception of whether the needs described in 5.3 and 5.4 are being met drew different responses from respondents across the elements of the feasibility study. Most of the people who had been involved in the criminal justice system felt that the barriers were great and real issues existed, and in many cases were insurmountable (as described in section 5.4). Individuals also reported feeling let down. Several of the young men in the case studies suggested their continued involvement in crime, and repeat offending, was inevitable.

Professionals interviewed were generally aware of and spoke at length about the difficulties individuals face. Some suggested their own service, or others they knew of, provided similar provision to that proposed for JtD. Those mentioned included: Statutory residential services, which bring in different agencies to support the men and women they work with; Tomorrow's Women, a trauma-informed, co-located service for women offenders; and The Simon Community which, as part of the City Ambition Network, is developing a service that is similar in ethos and aimed at an overlapping population.

On reviewing services in Glasgow, this study concludes that while there are excellent services that support people leaving prison, these tend to have specific criteria for admission or are time-limited. Examples of support available to those leaving prison are shown in the below table.

**Table 1: Examples of some of the support available to returning citizens in Glasgow**

Project/ Lead Organisation	Target group	Geography	Model	Time limit
The 218 Project, Turning Point Scotland	Women aged 18 plus with criminal justice involvement in past 12 months (not necessarily prison)	Glasgow	Residential and day services (which brings services in) with some outreach	6 months (residential)
New Routes PSP, The Wise Group	Short term male prisoners aged 16 to 25 years	Scotland-wide	Mentor	6 months prior to release, 6 months after liberation
Wise Choices, The Wise Group	Male prisoners aged over 25 years with mental health or addiction issues	Barlinnie	Mentor	6 months prior to release, 6 months after liberation
Low Moss PSP, Turning Point	Any prisoner in Low Moss that self-refers (not sex offenders)	Low Moss and all areas it serves	Mentor/Professional Casework	Unlimited
Tomorrows Women Glasgow, Glasgow City HSCP	The most prolific female offenders (not necessarily returning)	Glasgow	Co-location of services	Unlimited

	citizens)			
Glasgow Throughcare Service, SACRO	Adult prisoners (not on a statutory order) in Glasgow served less than 4 years and their families	Glasgow (similar services in Edinburgh)	Mentor	3 months prior to release, up to 1 year post liberation
Statutory Throughcare, Various	Long-term prisoners (over 4 years)	Scotland-wide	Professional casework	6 weeks with possible extension to 12 weeks
Shine PSP, SACRO	Females: prisoners or remand (not on statutory order) served less than 4 years; those at risk of custody	Scotland-wide	Mentor	6 months (on average)
Persistent Offenders Project, Glasgow City HSCP and Police Scotland	Persistent Offenders, age 16+, whose offending is linked to substance misuse	Glasgow	Professional casework	Unlimited

There are a range of other services, some specific to the justice field and others linked to specific areas of need, including statutory homelessness services, the Simon Community (and HUB), Recovery Cafes, Housing First and a wide range of statutory and third sector led services.

## 6.2 Estimations of size and scale

In 2015/16 over 4,000 people returned to Glasgow from Scotland's prisons. Over 70% of these (2,800) were either on remand or had served sentences of under 6 months. For people returning from prison, reconviction within a year is at an overall rate of 44%, with higher rates for those on short sentences.

Men and women reflect different patterns of offending and different issues associated with their offending. However, women account for approximately 5% of the Scottish prison population.

The scale of reoffending in Glasgow is considerable and comes with an estimated direct cost to the public purse of £580M. Available evidence indicates that effective support on release can reduce reoffending.<sup>7</sup> Interviews suggest however significant gaps in provision in comparison with the level of

<sup>7</sup> Community Justice Outcomes Improvement Plan (2018-2023), 2018, Community Justice Glasgow <https://www.glasgowcpp.org.uk/CHttpHandler.ashx?id=41787&p=0>

potential need. Evidence of more recent spend on women's services also suggests there may be some skewing of justice services towards women in the community, over investment for men.<sup>8</sup>

### 6.3 Target group

The steering group presents a long-term vision of JtD is a holistic service that will be open to a broad range of people including those who may not have had experience of the criminal justice system. The data and views gathered for this review suggests consideration be given to target the service initially, with a particular focus on individuals recently released from prison. The reasons for this are as follows:

- JtD to date has been presented as a criminal justice related service – deviation at this stage will be confusing to stakeholders
- Individuals coming through the justice system, particularly prison leavers, have specific needs which are not well-catered for
- There is scope to start with a definable group, to develop the service and progress, and consider extending the focus at a later stage, as the service matures.

Prison leavers, particularly those finishing short sentences, have the highest levels of reconviction, suggesting higher needs. Another consideration is whether the service will be open to both men and women, and whether it will also support families of service users including children. The key points to note are:

- There are significant safeguarding issues if the service is to be open to men and women. All the women's agencies consulted and some of the women themselves expressed concern about mixed sex services.
- There is a high incidence among women in the criminal justice system to have been victims of male violence, and may not feel safe in a mixed setting.
- Some of the women's agencies provided anecdotal evidence of men in the recovery communities "preying" on vulnerable women.
- Most of the women's agencies engaging in the consultation stated they would not refer their service users to a mixed sex service.
- The women's agencies expressed similar reservations about the service being open to families and children of service users, particularly if there was a drop-in environment that did not allow for prior risk assessment.
- Women in custody are a much smaller group (5% of the total prison population) and proportionally, women in Glasgow who have been involved in the criminal justice system receive more support than men. Tomorrow's Women Glasgow in particular offers a comparable service to that proposed by JtD and there is a risk of duplication. While it would be possible, as in the pilot, to offer single sex provision at certain times, this would curtail drop-in facilities.

### 6.4 Views of referrers and providers on the concept

With the exception of those already involved in JtD, such as members of the Steering Group, the majority of professionals interviewed had either not heard of JtD, or thought it primarily revolved around weekly arts sessions.

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<sup>8</sup> Community Justice Outcomes Improvement Plan (2018-2023), 2018, Community Justice Glasgow <https://www.glasgowcpp.org.uk/CHttpHandler.ashx?id=41787&p=0>



Once the concept was explained, people were supportive in a broad sense, recognising the potential value of co-location of services, of joined-up partnership working, and of including arts, sporting or social programmes alongside more practical service provision.

However, as described in section 6.1, several respondents thought that their own service, or others that they knew of, were doing similar work. Despite this, there was still general support from most of those interviewed, believing that (with caveats) JtD would be a useful addition to the support available. There was one notable exception in the form of an agency providing throughcare whose representative felt that the project would be duplicative, unnecessary and a waste of money in a landscape which already had too many providers and was too complex.

Two respondents had been involved themselves in starting new, multi-agency services for the target group. They emphasised the difficulties in joint working: protectionism, competition for funds, merging different cultures and on occasion, antagonism between existing providers.

Respondents were nervous about the ambition of the work proposed and cautioned that it could take a long time to set up. At the same time, people recognised that it was better to start doing something and build on it than to do nothing until everything is perfect. There was universal caution about raising the expectations of potential service users and then not delivering – this was connected to the perceived ambition of the project, the timescales around which it would be delivered, and the need to secure funding to ensure sustainability at the outset.

## **6.5 How to ensure attendance**

In the pilot there were recurring issues with attendance. Despite preliminary engagement which sought to understand what participants want and then deliver on it, and the fact that transport and lunch was provided, attendance (especially for the women's group) was patchy.

In the final evaluation of the pilot, participants said that lack of attendance had been motivated by health issues, family issues or other appointments. Facilitators for the pilot concurred with these reasons and added that some participants lost interest or motivation to continue attending. In addition, when participants moved on from their main support agency during the pilot (e.g. their CPO ended, they moved from residential support to the community), they no longer continued to attend.

In the interviews with other service providers, all acknowledged that it is notoriously difficult to ensure attendance at services for this group. People in the target group can lead chaotic lives and find it hard to plan ahead, organise attendance, and maintain motivation to attend even when they have previously planned to.

The services with the highest attendance rates are those where there is some sort of mandatory reason for attending – e.g. non-attendance would result in breach of conditions or sanctions of benefits. JtD in its early stages will not have a mandatory reason for attendance – and careful consideration would need to be given to the value of adopting any mandatory element to the service.

The use of coproduction – where the people who will be using the service are involved in its design, offers an opportunity to build in aspect which could encourage attendance and a sense of ownership. The findings of this report significantly includes the views of service users on what JtD should look like and recommendations for including their views on an ongoing basis (in section 9.2.1 on governance).

There was universal agreement that for people to attend there had to be a real, tangible, meaningful benefit. Some thought that if people understood that they would be able to access everything they needed easily this would be enough to ensure initial attendance. Others recommended incentives such as the co-location of a food bank or clothes bank. If service users have care of their children (which most in the target group outlined in section 5.3 will not), creche services would support

attendance. For those who had referred people to the pilot, the ability to undertake the Community Achievement Award through Kelvin College, was seen as a unique and effective incentive.

Stakeholders also emphasised that in order to get people to attend, JtD would need to be flexible. Owing to the issues described above around waiting times, planning and maintaining motivation, it needs to be available as soon as possible to the point that a potential service user decides they are ready to engage. Clearly this has significant implications for the basis on which services are offered (see 6.2).

Financial incentives, including travel costs, were recommended by some, though all acknowledged that there are issues surrounding this. These issues included costs to the project, bureaucracy of asking people for receipts, ethical concerns around “payment” for attendance, amongst others. Tomorrows Women suggested the use of bus tokens as a cost-effective solution (though this is mediated by Care First, a statutory tool). One service provider mentioned that Partick Thistle offered participants in one of their outreach services a £5 Matalan voucher as an incentive, but only after the third attendance.

Most contributors to the study agreed that while these things may incentivise people to attend initially, it would be the quality of the service and the relationship and trust that JtD was able to build that would ensure retention. This could be further supported by referrals from already trusted sources, positive testimonials from peers, staff with lived experience, and meeting people in prison prior to release to give them information or taster sessions. Indeed, the feedback from the pilot session suggested that meeting the facilitators in advance had been a factor in people deciding to come, while nearly one third of respondents said the best thing about the pilot had been the friendly staff and relaxed, welcoming atmosphere.

In recruiting the people most in need, persistence and consistency will be required. Several organisations recommended not taking no for an answer and to “outreach them to death”. The facilitators for the pilot felt that staying in weekly contact with participants and their workers by phone was useful.

## **6.6 Views of potential participants**

The concept of JtD was introduced to participants at the preliminary consultation, with 82% believing it was a good idea. The respondents who expressed doubt were concerned either about their engagement with agencies that they perceived negatively in general (e.g. the Police or DWP), or by the idea of services becoming too centralised leaving them with no local options.

After experiencing the JtD pilot, all respondents (16 out of a total of 27 attendees) said that they would recommend the programme to other people. They felt that it had increased their skills, confidence and ability to communicate. Nearly half of respondents had spontaneously expressed a wish that the project should run for longer or be expanded.

They had enjoyed the artistic input but had also found the sessions from the various agencies in the afternoons useful. In particular they had enjoyed the group and 1-to-1 sessions from the Violence Reduction Unit. These were delivered by a person with lived experience and had particularly focused on the effects of childhood trauma. The 1-to-1 sessions had given those who signed up for them the opportunity to open up about their own past lives and the effect it was having on their present and future – some of them for the first time.

In the qualitative research, respondents were positive about JtD in general, particularly the overall design of the pilot where the arts sessions and input from other agencies were seen to complement each other.



## 6.7 Marketing and messaging

As described, many people had either not heard of JtD, or erroneously thought it was primarily a weekly arts programme. There are two elements feeding into this. First, JtD is a relatively new project which has not invested significantly in awareness raising through multiple channels. Second, Theatre Nemo as an established arts based charity, being the lead of JtD, and the way that the pilot was presented, placed a strong emphasis on the arts element of the programme. While there was strong support for the importance and benefits of offering arts (and other recreational) provision, respondents were keen to know more about the other things on offer. Most respondents felt that emphasising JtD's independence from Theatre Nemo in the next stages of development would be beneficial.

Stakeholders were clear that more had to be done to ensure that professionals and service users knew about the project. A key message was to "make sure they know they can do everything all at once". Potential referrers spoke about the fact that they hear about new services all the time and that it was important to keep the profile high for it to remain front of mind so that referrals are made.

Suggestions for promotion included:

- Information days
- Social media
- Leaflets aimed at professionals and service users
- Taster sessions
- Inviting people to visit the project
- Advocacy by prominent figures (linking to having figurehead on the board – section 9.2.1)

Some stakeholders pointed out that it is important to invest in keeping potential partners on board by ensuring that they are kept up to date on progress, have opportunities to shape the project and that they feel valued.

As a service which is voluntary to attend, it is also important to think about the marketing and messaging for potential service users. The message about what the service is needs to be basic, clear and lacking in jargon. It also needs to succinctly emphasise what the benefits are for someone who attends, and it is important that the language used is strengths-based and not stigmatising.

## 6.8 Key recommendations and areas for further exploration

While good services for people leaving prison do exist, criteria for entry can be specific and stakeholders suggest there are more people in need of support than current services can accommodate. Generally, stakeholders believe that there is both space in the existing landscape and a need for a service like JtD.

Key recommendations:

1. JtD should consider limiting their target population during at least the first year to people who are leaving prison either following a sentence or remand.
2. JtD should carefully consider the implications of a mixed sex service, both because of serious safeguarding concerns and because males in the target group are a much larger population with relatively less support.
3. JtD should continually involve people who will benefit from the service in its planning and design, in order to increase take-up and improve outcomes.
4. JtD must be mindful of the difficulties around recruitment and retention and put in place specific strategies to support this. A range of suggestions are outlined in section 6.5.

5. JtD should emphasise the broad offering it intends to provide, and make sure that people know that it is wider than an arts project.
6. Marketing across diverse audiences will be important and messaging for potential services users, existing providers and referrers needs to be considered. A communications strategy should be developed to guide this.

## 7. Technical feasibility

### 7.1 What services are required

As described, the support of a large number of agencies can be necessary for the successful reintegration of any single individual after liberation – and this multi-agency working is seen to be the only effective way to tackle ACEs. Consultation with professionals revealed a top three of agencies that were seen as critical on liberation: Housing and Homelessness services (both statutory and third sector), DWP, and Addictions Support (statutory or third sector). These supports are required both in immediate response to crisis and for the duration of a person's ongoing journey.

Once people are stable, other needs must also be met including primary health care, diversionary activities, activities that build confidence and self-esteem, financial planning, employability, support for mental health (including stress reduction, symptom management, understanding and dealing with past trauma), family services and parenting support, and opportunities to acquire education and skills.

The people participating in the pilot were not at a point of crisis (and if crises occurred they stopped attending). The sessions they found most useful were those offered by:

- The DWP – Meeting workers in a different setting was really successful in dispelling some pre-existing distrust reported by some service users. One participant managed to sort out a long-standing issue around his benefits.
- The Violence Reduction Unit (VRU) (and to a lesser extent Re-attach) – information about ACEs and the effects of childhood trauma had a positive effect on some of the participants, who found these sessions inspiring and a spur to their personal development. Having a speaker with lived experience made a big difference. The 1-to-1 sessions with the VRU were also very successful and well-received.
- The Community Achievement Award offered by Kelvin College was a success. It allowed people space to reflect on their own development and also meant that 8 participants received a recognised qualification, a first for some.

In the pilot, participants welcomed the arts sessions and found them an excellent way to express themselves and to develop confidence. They spoke of arts sessions as providing structure and providing a means of seeing themselves in a different light and to remember they were good at something. This chimes with the research around arts and the criminal justice system outlined in the literature review. In the interviews with professional stakeholders, there was also enthusiasm for arts activities. People spoke of arts participation as providing structure, diversion, a way to build confidence, skills and self-esteem, and a way to release stress.

While the pilot focused on the arts, JtD representatives understand that these activities are not for everyone. This was echoed by some of the participants in the pilot who were initially apprehensive or embarrassed about taking part. All stakeholders agreed that offering other recreational activities such as opportunities to take part in sports, the gym or other physical activities (e.g. walking groups, yoga, etc) could provide similar benefits and should be offered alongside participatory arts.

Access to primary health care and to support in self-management is an important issue. NHS Greater Glasgow and Clyde (GGC) employs a Health Improvement Lead with a remit for criminal justice who

works across the health board are. This is a critical health link. Through this link, NHS GGC can assist in accessing training, including some free of charge, including:

- Suicide prevention
- Alcohol and drugs awareness
- Mental Health First Aid
- Smoking cessation
- Healthy eating/cooking

There are also third sector NHS organisations with a remit to provide groupwork which increases understanding and awareness of the importance of health for individuals:

- Anger management
- Bereavement
- Dealing with emotions

Some of the sessions provided by external facilitators in the pilot were considered to be “too long” and not interactive enough. Sessions offered must be tailored specifically to the target user group, taking into account their abilities to concentrate and level of understanding.

## **7.2 Issues to be considered in planning delivery**

While JtD aims to offer a comprehensive service, there are several issues that need to be considered in planning.

### *7.2.1 Crisis support*

A key question for JtD is whether it will provide support at a point of crisis, such as immediately following liberation and at other trigger points, or whether it is better placed through working in partnership with others to support people who are at points of stability.

### *7.2.2 Immediacy of need*

As described in section 5.4, a successful service will need to be able to support people at the point that they identify the need for that service. Professional stakeholders emphasised that people in the target group often lead chaotic lives and lack the ability to plan ahead or wait for appointments in the future. They can also lack motivation to attend or the will to “change” – when these windows where attendance or change is possible open, then the opportunity must be capitalised upon. JtD therefore needs to be accessible for those with more immediate needs – even if these are not the specific services that people are looking for. Drop-in recreational activities could fill this need, combined with a permanently staffed reception.

The pilot was only able to offer one programmed block of arts sessions, where the full service should have both programmed and drop-in sessions so people’s needs can be met in a range of ways. To maximise the number of people reached in the pilot, there were no limitations on when in the process new people could join. As expected, facilitators and participants in the pilot found it disruptive when new people joined a programmed activity towards the end of its block, as this changed the group dynamic. It is therefore suggested that the cut off for joining an ongoing block is at 5 weeks (or less depending on the length of the programme).

Having a range of drop-in activities would mean that people would still be able to access other services while waiting for a new programme to begin. It also means that people who are unable to commit to a weekly time and place can still access a range of services. When people first come to

JtD, they will likely require some element of crisis support and a period of time to stabilise before they are able to commit to a programme over the course of several weeks.

### 7.2.3 Capacity to provide different services

Pragmatically, it is unlikely that every agency will be able to deliver within the centre, and even less likely that every agency will be available all the time – especially in the early stages. It is recommended that co-located services should be expected to come in to deliver services following a regular pattern and to share offices. As the service progresses, it may be possible and appropriate to increase the offering.

It is necessary to identify which services are absolutely key to success, which it would be appropriate to signpost and which will enable the JtD to provide *something* all the time, meeting the requirement to engage people at the time of their choosing. Hours of operation should also be a point of consideration, reflecting not only need, but also gaps in provision by other services.

Based on the consultation, the following configuration is suggested for consideration for stage 2.

**Table 2. Example service delivery programme**

Service	Suggested Frequency	Type of delivery	Provider engagement
Arts activities	Daily	Drop-in and programmed	Theatre Nemo can deliver alongside suitably qualified others
Other recreational activities	Daily	Drop-in and programmed	No engagement to date, but unlikely to be problematic. Provider likely to require payment
DWP	Bi-weekly	Drop-in and Bookable 1-to-1	Ex-offenders are a key group and DWP does have officers in community. Was keen to support pilot but unable to give any indication of ongoing support
Homelessness/ housing	Daily	Drop-in for advice, ideally co-located. If not possible accompanied appointments where necessary	Simon Community keen to support.  Unlikely that statutory services will forgo need to present but this is a big issue to negotiate  Engage with Housing First when operational
Citizens advice (or similar service that can provide financial inclusion and debt management)	Daily	Ideally co-located	Citizens advice wanted to support pilot and have previously run community-based services but are not currently funded to do so. They are not based centrally but rather are independent branches across city – will need to

			engage with appropriate branch once location is determined.  There are several other third sector providers but they have not yet been engaged.
Addiction support (either statutory or third sector)	Sign-posting	Ideally co-located, but otherwise accompanied appointments	Elevate PSP would be an ideal partner to coordinate this.  Prolific Offender Programme is open to cross-referral
IT literacy	Weekly	Drop-in	Kelvin College may be willing to help if a large enough group can be guaranteed.  The Wheatley Group offer this type of support across the city, but no engagement thus far.  Otherwise if a bank of laptops can be made available, this could be staffed by a volunteer
Employability	Bi-weekly	Programmed (i.e. for people who are more stable)	Kelvin College can provide if a large enough group guaranteed  Cross referral to Elevate PSP would be possible  There are suitable third sector providers whose services would need to be bought in
Formal education – e.g. wider access courses from Kelvin College	In response to interest	By college at JtD Centre on ad hoc basis	Kelvin College keen to support. No engagement thus far with other colleges but reasonable to assume similar interest
Stress management/mindfulness	Weekly	Drop-in	Broad range of potential practitioners – need to buy in
Psychological or mental health support (e.g. counselling, GAMH, etc)	Sign-posting – only to free service with short waiting list (eg Lifelink)	Support to make appointment, and accompaniment if required	Lifelink has shown some interest in involvement.

	or The Spark)		
Trauma-awareness/ACEs awareness	Occasional	Brief support/talks	The VRU has been supportive thus far and potential so secure other support in-kind. Re-attach may support further, but negotiation required
GPs/prescribing	Sign-posting	Support to make appointment, and accompaniment if required	Good engagement with the Alliance Links Worker Programme which is being rolled out across the city – however this can only be accessed when registered with a GP. List of GPs in the city, including homeless support required.
Health and wellbeing information sessions	Occasional	Brief support/talks	NHS GGC Health Improvement Lead (Criminal Justice) keen to support and indicated that we may be able to access such support without charge through her
Peer mentoring	Sign-posting (initially)	Support for initial appointments	No contacts made at this point
Food/clothing banks	Ongoing	Based on best practice guidelines	No contacts made at this point
Access to computer/phone	Ongoing	Suitable safeguards enacted	N/A

### 7.3 Staffing

All stakeholders indicated that the people who staff JtD will be the single biggest contributor to whether it is successful.

#### 7.3.1 Staff attributes

Staff require a range of skills, experience and attributes:

- Experience of working with the target group
- Experience of working with and knowledge of addiction
- Ability to manage conflict effectively
- An understanding of trauma-informed practice (further discussion in section 7.4.1)
- Resilience
- Warmth, understanding and to be non-judgemental

It was suggested that at least some of the staff should have lived experience but emphasised that this will only work if their own underlying traumas have been resolved and their lives are stable. This

has been a successful approach for at least two of the other agencies working with similar target groups. At least 50% of staff in the Wise Group's New Routes programmes have lived experience and they believe this has made all the difference. One third of the Simon Community staff have experienced homelessness.

Sessional staff and guest facilitators offering specific support also need to have experience of working with the target group and the ability and willingness to tailor any sessions they deliver to meet their needs.

### 7.3.2 Staff structure

Even at an early stage JtD will need sufficient staff to be successful. Not having a single coordinator was problematic during the pilot, as was the fact that the people working on it felt that communication between them was not properly facilitated, and that there was a lack of transparent information sharing at all levels.

It is the recommendation of this report that there is a critical need for JtD to employ, at an early stage, a project manager. This person need not be a practitioner, though knowledge and experience of working with the target group would be useful. JtD should consider employing this person on a full-time basis for at least one year and their goal must be to drive the project forward throughout the first year. Ideally, they must report directly to the board and have a single line manager. It is our recommendation that they are involved in all aspects of the project and active in the decision making process. This person should be in place before any other staff members are recruited. In the initial stages, it is recommended that they should have sole and direct line management responsibility for all other project staff and sessional workers.

Beyond this there are several staffing structures that JtD could adopt. To provide a personalised service, JtD could employ its own case workers. Many people who engaged with JtD will already have a case worker from their own organisation, but even these will still need a key point of contact in JtD. Other services consulted who support similar groups in the community via a mentoring model tend to have active caseloads of between 11 to 15 service users per full-time staff member. In the first instance JtD could employ 2.0 FTE case workers, allowing them to work with at least 30 individuals. It is important to emphasise the research suggesting that JtD needs to be much more than a mentoring service to tackle ACEs.

As described above, there is a need for people to be able to drop into JtD, be welcomed and take part in something immediately, whether or not this is precisely the support they were seeking. It is therefore suggested that JtD considers employing a full-time receptionist, who can also offer administrative and coordinating support.

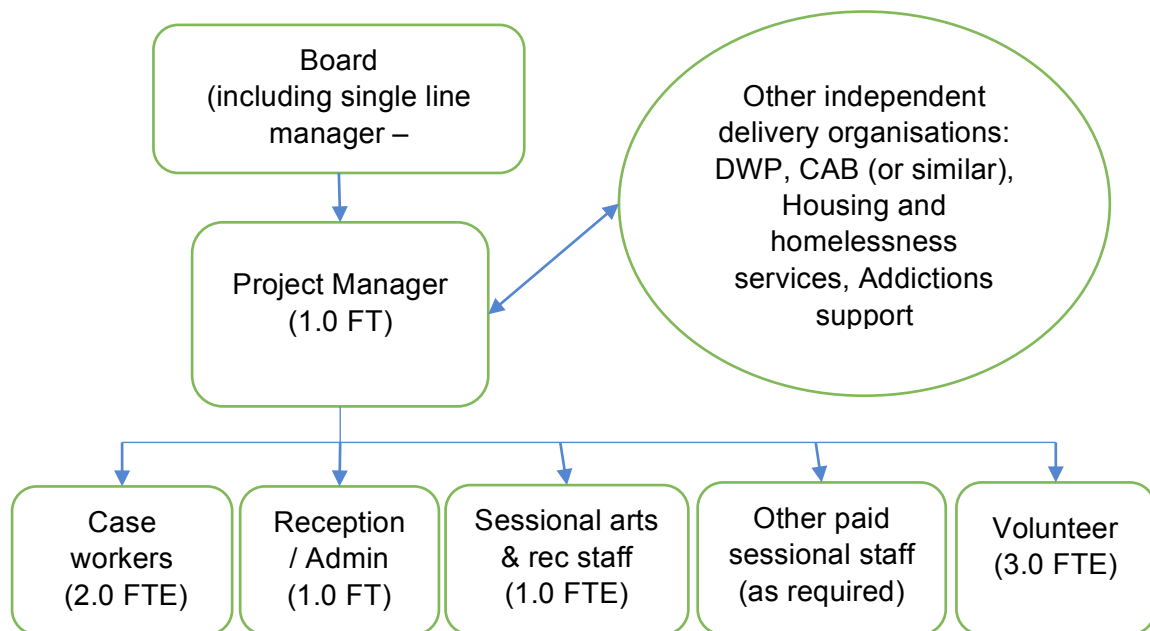
As outlined above, ideally there will be activities that people can immediately participate in sessions going on at all times. Sessional staff are likely to be the best way of managing this in the early stages. Some of these sessional staff may also run the programmed recreational sessions but it is likely to be more successful if they do not have a coordinating role.

In the pilot, facilitators felt that the arts sessions were under-staffed, which meant that the service provided was not as good as it could be. It is suggested that every session have a volunteer present to support the facilitator.

The following chart (Figure 1) shows one possible staffing structure that JtD could adopt.

### Figure 1. Staffing Structure





A final consideration regarding staffing is whether secondments may be possible. This model is used effectively by Tomorrows Women Glasgow and has allowed them to work with psychologists, prison officers and housing officers. This model might be worth considering after the first few months when JtD has an established profile.

#### 7.4 Joint working

Joint working is notoriously difficult and was acknowledged as such by the majority of professional stakeholders interviewed. Some of the issues raised were:

- Different agencies have different cultures and approaches
- There can be competition for funding, which can get in the way of collaboration
- There can be competition for participants
- Related to the above, there is protectionism around expertise and knowledge
- Different agencies may not be funded or have the capacity to support the project.

JtD needs to identify potential factors that will enhance the opportunities for joint working:

- At least in the early stages, raise funds from private trusts and foundations, rather than aiming to be a commissioned service. This removes an element of competition which might support collaboration
- Be prepared to pay third sector collaborators to take part
- JtD must bind delivering agencies together in some way. This could be achieved by creating a document to which agencies sign up (a charter, memorandum of understanding or similar) - see also discussion around trauma-informed practice in section 6.5.1.
- Work with other agencies to help them to achieve their goals and targets by offering them access to the target group.
- JTD should aim to engage with existing commissioning frameworks.
- Hold joint meetings and training sessions for staff from all agencies
- Invite representatives from other agencies on to the board or steering group
- Allow other organisations on site to take referrals to their own services, meaning that JtD is clearly not protective about sharing participants. Signpost to other organisations as well as them delivering on site.



- Learn from others who have set up similar projects. Tomorrows Women Glasgow and Low Moss PSP have both been set up from scratch as multi-agency projects. Both emphasised difficulties of multi-agency working and have overcome it in different ways. They are both happy to support from their experience and there is an interesting diversity since Tomorrows Women is local authority-led and Low Moss PSP is third sector-led.

#### 7.4.1 *What trauma-informed practice looks like in a multi-agency setting*

One of the fundamental elements of the JtD concept is that it will be a space in which people's past trauma and ACEs are taken into account as part of the support they are offered, and that they will receive help to deal with this trauma if desired. In some ways this is as simple as treating people with respect and understanding that an individual's challenging behaviours are rooted in complex (and often maladaptive) attempts to protect themselves from further harm. In practice this is more difficult, requiring highly trained and resilient staff. It is especially challenging in a multi-agency environment where some agencies may not have developed a trauma-informed practice and may also have a reputation with some clients of conflict and mistrust.

Most people consulted felt that although you could not mandate how "other people do their jobs" if you were not the employer, that it was reasonable to expect people who were delivering in the JtD space to sign up to certain ways of working. People spoke of winning hearts and minds in this respect and the need for agencies to work closely together and for all staff to spend time together to foster a cohesive culture.

It is therefore recommended that JtD creates a compact, memorandum of understanding or charter. This should include:

- A shared definition of trauma-informed practice
- A code of conduct for staff working with people in the JtD centre
- A requirement to undergo training on trauma-informed practice. This could be based on the National Trauma Training Framework<sup>9</sup>, which would allow staff to undertake training to different levels (All staff to be "Informed", some to be "Skilled", "Enhanced" or "Specialist") depending on their role and responsibilities. This could also include mental health first aid training for all staff.
- A protocol for data sharing which would stop people having to retell their story repeatedly (see section 9.4.2)
- Clear guidelines for safe-guarding, disclosure, etc. and regular joint training on this
- The need for partner organisations to provide consistent staffing, so that people don't see a new face every time and so that all staff working within JtD have undertaken the required training directly
- A review process where the performance of all delivery staff is assessed for its effectiveness

JtD also needs to provide support for staff who are working with people that have experienced trauma, recognising that this can be challenging and emotionally difficult for staff. This should include:

- Regular support and supervision
- Support for reflective practice
- Careful management of caseloads to prevent burnout
- Consideration of providing a telephone counselling service to staff

<sup>9</sup> Transforming Psychological Trauma, 2017, NHS Education for Scotland, <https://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/national-trauma-training-framework.aspx>

An important issue around creating an environment which is trauma-informed is ensuring that people affected by trauma can access specific support for this in a timely way and that staff know when and how to make a referral.

## 7.5 Exit strategy and avoiding dependence

JtD aims to provide support to people for as long as they need it. However, it is also important to avoid creating a dependency on the service. JtD is likely to be housed in one central location, but in order to help people move on and increase their independence it also needs to link people back into their own communities and the services and supports available there. JtD therefore needs to ensure that staff have a good knowledge about what is available in different communities and links with those services in order to effectively move people forward.

## 7.6 Premises – key requirements

The premises must have certain attributes. Two important factors are that it must be dignified and welcoming from the door, and that it must be safe for the public, workers and service users. This can be difficult to balance. The Simon Community are dealing with the issue by having two waiting areas (an outer and inner) so entry is managed but people still receive immediate human support.

People also spoke of not wanting to see “triggering” leaflets, or for it to feel clinical or “like a prison”. They were also concerned about stigma and the venue being anonymous so that people didn’t necessarily know why they were attending. This could be achieved by using a venue that has multiple purposes, having the venue in the city centre rather than in a community, and by having non-specific signage.

In the pilot, facilitators and participants, did not like that people were able to enter the space unannounced and that different things were going on in the same space during their session.

The premises must have several separate, contained spaces to allow different activities to happen and accommodate drop-ins from service users and staff. Consideration should therefore be given to the existence of the following spaces in an ideal premises:

- A reception and waiting area (possibly two, per the Simon Community plans, to allow safety issues to be managed)
- A room where arts/recreational drop-in activities can take place
- A room where programmed activities take place
- At least one room where co-located agencies can work from (though having only one will be limiting)

## 7.7 Location

The location of JtD has been a source of debate from all quarters. Some service providers (particularly one residential unit within which services provided outreach) strongly believed that it should be in a community because people would not travel further afield to access support. This service was more interested in an outreach service in which the arts and crafts sessions were brought to their residents.

On balance, the majority of stakeholders, including providers, referrers and 97% of participants in the preliminary consultation, thought that if JtD were to be in a single location this should be the city centre.

Reasons for this included:

- Accessibility by public transport (only needing to get one bus or train).

- Territorialism in local neighbourhoods (though caution is required in thinking this will remove this problem entirely because “people coming in bring their territorialism with them”).
- Anonymity of the city centre versus people in the community “knowing your business”.
- The possibility of locating it near other services that people already attend or need to access (people mentioned a range of services including hostels, needle exchanges, addiction services, day centres – particularly in the inner east area of the city).

While there was near universal support for a single location in the city centre, people did point out that (as discussed in section 6.6) this made it all the more crucial that people were at some point linked back to services available in their own communities.

## 7.8 Potential premises

It is important to note that premises are challenging to find, and independent premises will be tricky and expensive to manage. Interviews also highlighted the opportunities to partner with other facilities.

The potential of gaining an independent space through Community Asset Transfer was suggested. Glasgow City Council has published guidance on the process and their asset register<sup>10</sup>. The process takes a significant length of time and chances of success are limited. It is therefore recommended that, especially in the first year of operation, this is not the primary option for premises, though it should be reviewed once JtD is established.

Consideration has also been given to private lets in unused shopping space in the city centre. Thus far, the research has been unable to identify the owners of such premises and have been advised that the rents are likely to be extremely high, putting them out of reach for JtD.

The Simon Community’s new premises on Argyle St had been suggested as a potential shared venue. After discussion with the Simon Community, they would be happy to see Theatre Nemo offer sessions at their premises and may have availability in the evenings. However, this is unlikely to be available during the day time when it will be fully in use for their service users. Further collaboration should be explored but this is not a solution to the need for a venue.

Options for premises are extremely limited but some potential locations have been explored primarily in the east of the city centre, veering into the inner East End.

**Table 4. Potential premises**

Premises	Considerations	Conclusion
Calton Community Fire Station, Barrack St, G4	A good space with plenty of different self-contained spaces and easy to access. Could be provided free of charge. However, it would not be possible to have sole access, and there may be issues around security and frequency of use	Probably not suitable but could return to it in the short term if nothing else available
The Space, London Road, G4	A large social enterprise which includes a range of self-contained studios, larger co-working spaces and shop fronts. Has real potential but primarily an arts space. Prices range from £65/month for an	Probably not suitable but worth visiting

<sup>10</sup> <https://www.glasgow.gov.uk/index.aspx?articleid=20590>

	individual studio to £300/month for a shop front. More than one space would be required. Refurbishment of the building is still underway and at last visit much work was required. Unknown whether they would see JtD as a suitable tenant	
The Wise Group building, Charlotte St, G1	The Wise Group has a second building on their site on Charlotte Street. It has several rooms available and secure entry. They are looking to lease this and have indicated that they may be interested in JtD as a tenant. Rates are unknown, but indications are they would be reasonable for a charity. This is also the venue closest to the city centre.	This is the best available option at the moment and should be urgently explored.

## 7.9 Referral pathways

Most providers working with the target group were positive about referring their service users to JTD.

Potential referrers were asked what they would need to feel confident in referring people they worked with to JTD. The key things were:

- Clear information about JTD including hours, provision, what it offers that enhances what is already out there, how many people it can accommodate and the referral process.
- That the right agencies were there delivering services.
- Opportunities to visit to see for themselves that the environment and staff were high quality.
- Evaluations available with evidence of success both qualitative and quantitative.
- Endorsement and positive testimony from service users.
- Ability to bring people immediately once their interest has been captured and motivation is high.
- Endorsement from other trusted agencies and professionals.
- For women's services they felt that it would need to be safe and that would be their main priority before referring.
- Some referral agencies felt that they should be involved in the planning of the service as collaborative design would give confidence – this should be considered in developing the steering group and board membership.
- Some services who offer time limited and residential support saw JTD as a possibility for follow-on support rather than their service users attending simultaneously.

## 7.10 Key recommendations and areas for further exploration

For JtD to offer the unique and ambitious service it aspires to, a broad range of agencies will need to be included, from those offering crisis support required immediately on liberation, to those who provide personal development opportunities to those in a more stable place. Art and creative sessions are a novel approach which is not found in other similar services and their benefits are well-evidenced (see Literature Review, Appendix 1).

1. Creative sessions are one of the key unique elements of the JtD approach and these should be emphasised, along with alternative recreational and personal development activities. However, the programme is likely to be better received if it is not seen as being “arts-led”
2. Access to primary health care and self-management of conditions should be included as part of the offering and liaison with NHS GCC through the Health Improvement Lead (Criminal Justice) will be important in this.
3. A range of programmed and drop-in services should be available at all times to ensure that people can access JtD at the point of need, and any motivation to participate can be capitalised upon.
4. Staffing and recruiting the right staff will be critical to the success of JtD. Recruiting a key lead staff member (possibly a project manager) who can drive the project forward in year 1 is strongly recommended.
5. Recruiting other employed and sessional staff members at an early stage, ensuring sufficient capacity and expertise to deliver the service effectively is also recommended.
6. In order to support joint working between different agencies and to maintain a trauma-informed approach across the whole service, JtD should develop an official agreement (e.g. a compact, charter or MOU) to which all agencies involved are required to sign up to.
7. Regular joint training, support and supervision across all agencies is recommended to develop an holistic, joined up approach across JtD.
8. While it is important that people be linked back into their own communities to avoid dependency and facilitate onwards progression, it is recommended that JtD is located in Glasgow City Centre.
9. In the first year at least, it is recommended that JtD sublets premises from an existing organisation, and that suitable premises will include several discrete and self-contained spaces. A careful balance needs to be struck between premises being welcoming and easy to access and being safe for all.
10. Existing providers are open to referring their service users to JtD, and have a range of criteria that will give them confidence to do so (section 7.9).

## Financial feasibility

To be able to provide some estimated costs, this section relies on the suggested staffing structure outlined for consideration in section 7.3. The report recognises that should a different structure be adopted, these figures will need to be amended. Further assumptions are shown alongside each cost.

### 7.11 Estimated set up costs

Set up - four months from September 2018				Assumptions	
Staff costs	Basic	NI	Pension (3%)	Total	
Project manager	£7,500	£658	£225	£8,383	Recruited from month 2 at £30000 pa
Recruitment				£1,200	Based on 4 adverts
<b>Overheads</b>					
Rent				£2,000	From month 3, assumes £1000/month
Utilities				£426	Based on 2 months, assumes £2500 pa
<b>One off costs</b>					
Fit out				£12,000	Estimate based on equipment for 5 staff
Contingency				£2,401	10%
<b>Total</b>				<b>£26,410</b>	

### 7.12 Estimated annual costs

Year 1 from January 2019				Assumptions	
Staff costs	Basic	NI	Pension (3%)	Total	
Project manager (1.0 FTE)	£30,000	£2,633	£979	£33,612	£30000 pa based on similar posts
Case workers (2.0 FTE)	£42,000	£3,106	£1,353	£46,459	£21000 pa based on similar posts
Reception / Admin (1.0 FTE)	£21,000	£1,553	£677	£23,230	£21000 pa based on similar posts
Arts / recreational (1.0 FTE)	£21,000	£1,553	£677	£23,230	£21000 pa based on similar posts
Travel/Subsistence for staff				£2,500	Mileage of 20 miles/week/staff member
Volunteer travel costs				£2,340	5 volunteers attending twice a week at £4.50
Staff training				£2,000	4 training sessions per year for all
<b>Project delivery</b>					
Equipment and materials				£3,000	
Travel costs for services users				£6,300	30 service users twice/week @£2 concession
Employability support				£8,000	80 sessions pa @ £100
Stress reduction support				£4,000	40 session pa @ £100
<b>Overheads</b>					
Admin (Print, Stationery, Sundries)				£2,000	
Rent				£12,000	Estimate of £1000 pa
Utilities				£2,500	Based on similar sized organisation
Insurance				£1,500	Based on similar sized organisation
Legal/ professional				£1,500	Based on similar sized organisation
Maintenance				£1,000	Based on similar sized organisation
Marketing/PR/Design				£4,000	To allow development of all channels
Contingency				£17,917	10%
<b>Total</b>				<b>£197,087</b>	

### 7.13 Funding: Initial scan of funding landscape

It is the recommendation of this report that in the first instance, JtD is primarily funded through private trusts and foundations, and potentially public sector grants (e.g. Big Lottery), alongside an application for support to the second stage of the Scottish Government Social Innovation Fund.

Trusts and foundation funding as opposed to aiming to be a commissioned service or contractor means the service will be freer to determine its own aims and outcomes. This will allow JtD to be more person-centred and responsive to individual need. It also enables greater collaboration with other agencies as there is less competition for the scarce resource of statutory funding.

In addition to a second stage application to the Social Innovation Fund which could yield a return of up to £150,000, the VRU have ring-fenced £40,000 towards JtD on production of an agreed spending plan. Merchant’s House are also strongly supportive of JtD and once it has been constituted have indicated the likelihood of a substantial donation in the first three years.

These opportunities could be sufficient to cover the £223,497 required for the first year and a half of operation (based on estimates in section 8.1 and 8.2). Sustainability, however, is a concern. If funding is not found consistently then JtD risks building up people’s expectations only to let them down.

It is recommended that JtD invests time in the first year in creating a fundraising and sustainability strategy that looks at the full range of possibilities for continued funding including trusts and foundations, public sector grants, earned income, and individual giving.

Comprehensive prospects research was outwith the scope of this feasibility study, however a brief scan of the largest fundraising database in the UK showed a possible 474 grant-making trusts and foundations and public sector grant-makers that may be willing to support the project. Using the database’s own categories, “Offenders” was selected in the beneficiaries field and “Glasgow” in the geography field. A list of example potential funders is shown in table 4.

**Table 4. Examples of potential trust and foundation funders**

Fund	Amount	Relevant interest in supporting
Big Lottery Improving Lives	£500,000	* supports people that have experienced abuse * tackles loss, isolation and loneliness * challenges discrimination and supports people affected by it
Allen Lane Foundation	£6,000	Supports seven distinct groups including offenders/ex-offenders and people experiencing mental health problems. Aim to make lasting differences to people's lives, reduce isolation and discrimination, and encourages/enables groups to share in the life of the whole community.
Porticus	£10,000	Charitable organisations which support human dignity. The Society funding strand supports 'enabling offenders and ex-offenders to be positive, contributing members of society'
Network for Social Change	£20,000	Social advocacy and transformation, with an interest in justice
AB Charitable Trust	£20,000	where there are opportunities for human dignity to be affirmed. Includes: prisoners and penal reform; human rights particularly access to justice.
Charles Dunstone CT	£2,000	Improving the prospects of prisoners on release, especially through the provision of high quality 'through the gate' services.
Triangle Trust	£80,000	Rehabilitation of offenders and ex-offenders - organisations working with offenders in prison and after they are released
Peter Stebbings Memorial Charity	£10,000	Offender support is one the main areas of interest in the UK

## 7.14 Financial benefits of JtD

As described, the direct public cost of reoffending in Glasgow is £580M, and prison leavers following short sentences represent the highest levels of reconviction.

The co-location of services in the JtD centre may also lead to savings for other organisations. Several people pointed out that other mentoring services spend substantial time taking the people they support to a range of organisations across the city. If they were able to access everything their client



required in one place, potentially it would allow these mentors to work with more people, increasing the financial benefits further.

### **7.15 Added value of a single point of delivery**

The benefits of a single point of delivery are not purely financial. It has the potential to solve a range of problems experienced by people leaving prison and those who aim to support them. Some of the issues that might particularly be addressed are immediate relapse on leaving prison and the experience of homelessness. This will have knock on positive effects for families and communities connected with these individuals.

### **7.16 Key recommendations and areas for further exploration**

Estimated costs and savings suggest that JtD will cost in the region of £25,000 in the set up phase and £200,000 per year on an ongoing basis.

1. A fundraising and sustainability strategy should be developed early in Year 1, with capacity to implement it built into the model.
2. In the first few years, JtD should aim to attract most of its funding from trusts, foundations and public sector grants that are not tied to specific “payment by results” models.
3. JtD should aim to attract partner delivery agencies by emphasising potential cost savings to delivering within the JtD site.

## **8. Organisational feasibility**

### **8.1 Constituting of JtD and its legal structure**

JTD has decided to constitute as an independent organisation taking the structure of a SCIO. There are significant benefits to doing so both for JtD and for Theatre Nemo. However, some of the risks as a new organisation are:

- Lack of track record
- Inability to apply for some funds for the first two years
- Establishing credibility

Much of this can be overcome by careful positioning, endorsement from trusted existing organisations, and close engagement with the three funders (VRU, Merchants House and the Social Innovation Fund) described in section 8.5. This initial funding will allow a further phase of development which will build profile, reputation and track record.

### **8.2 Governance**

#### **8.2.1 Board make-up**

As a SCIO, JtD will be overseen by a voluntary board. The make-up of this board is critical to the success of the project. It is important to have a strong board with a broad range people who have experience of the sector. However, it would be useful not to limit the board experience to the justice sector, allowing expertise and fresh ideas to be brought in from elsewhere. It would also be useful to have people from peer organisations on the board to offer their expertise – Tomorrow’s Women Glasgow, Low Moss PSP and the NHS GGC Health Improvement Lead (Criminal Justice) have all expressed interest in board membership and would each bring useful perspectives and skills. JtD should consider these offers going forward.



Some people suggested that the presence of a public ambassador – “a face” – on the board could make a real difference.

It is vital that the voices of service users are included in decision-making in a meaningful and ongoing way. This is likely to mean that service users should be included on the board and involved in all governance decisions. Further, it would be useful to have a separate committee of service users who would contribute their views and ideas through representatives on the board.

### **8.2.2 Board and staff interface**

While in the early stages board members need to be prepared to contribute practically, a key stumbling point for many organisations is where board members and staff do not have clearly defined areas of responsibility. Clear roles and responsibilities – who is doing what – both internally and externally are critical and should be defined in writing. The Project Manager (or equivalent staff member) should have clear lines of communication with the board and a single line manager (potentially the Chair). The board should follow best practice when liaising with their senior employee to ensure efficient working practices and prevent relationship breakdown.

## **8.3 Evaluation plans**

Robust evaluation of JtD will be important to achieve sustainability. At the same time, it is important to be realistic about what an evaluation will be able to measure at the early stages, and the difficulties of attribution of positive outcomes to any one service. It is not possible to demonstrate long-term transformational change in one year, but a process evaluation should be undertaken and measures which suggest the direction of travel can be made.

Evaluation must be built in at the outset and take place on an ongoing basis, based on an evaluation frame work. The following actions need to be undertaken in creating this.

- Create a logic model for the project
- Define the outcomes of the project, allowing for individual’s own outcomes remaining a priority and being measurable
- Define Key Performance Indicators related to these outcomes
- Agree and create instruments for measurement of indicators, both qualitative and quantitative
- Build evaluation into performance management and appraisal systems for staff and the memorandum of understanding (or equivalent) with other organisations

## **8.4 Key policies**

In addition to the usual policies around safeguarding, vulnerable adults, lone working, staff safety, etc. two policies were highlighted as particularly important.

### **8.4.1 Policy on intoxication**

In the pilot there were two occasions where participants turned up under the influence. The facilitators arranged transport for the individuals to go home. This situation was felt to be particularly challenging.

This type of situation should be anticipated as recurring. Many services have a zero tolerance approach. However, this is not always effective when trying to gain trust, when operating a service with a high threshold for exclusion and when aiming to be trauma-informed. Other services viewed it as inevitable that they people they worked with would sometimes be under the influence.

The 218 Project has a policy that they do not turn people away for being intoxicated, though protocols around staff safety are not deviated from. However, they do not allow people who are intoxicated to participate in group work as this might be detrimental to other service users.

A moderate approach should be considered for adoption by JtD.

#### 8.4.2 Data sharing

Developing effective data sharing protocols is crucial if the service is to operate effectively and in a trauma-informed way. Individuals find it frustrating and traumatising to repeatedly tell their story. Everyone working the JtD centre should have a basic understanding of the background of each individual using service and be able to draw on that. If they have essential further questions they can then ask from a point of understanding and knowledge.

Data sharing must be done with informed consent of each service user, and in a way that complies with the Data Protection Act and the GDPR.

### 8.5 Key recommendations and areas for further exploration

As a newly constituted SCIO, there are many advantages for JtD and also areas of risk. In structuring the new organisation, several things must be considered.

1. The make-up of the new JtD board should be carefully considered, with a range of skills and experience both from within and outside the justice context being present.
2. It may be useful to attempt to recruit a well-known and respected “face” to the board.
3. It is vital that the voices of service users are meaningfully represented at a strategic level, which may include service users sitting on the board and/or creating a service user reference group or advisory group.
4. Roles and responsibilities for board members and staff should be clearly defined in writing.
5. Evaluation of JtD will be crucial in developing the project and in giving stakeholders confidence. An evaluation framework, which includes a process evaluation at the end of Year 1, and plans to evaluate short and long-term outcomes should be developed early in Year 1, and capacity to implement it identified.
6. Along with all the usual policies, JtD should give particular consideration to the development of a policy on intoxication and data-sharing.

## 9. Conclusions

### 9.1 Overall assessment of feasibility

There is a sizable population of people being liberated from prison annually into the Glasgow area who are currently under-served. Research and consultation with a broad range of stakeholders points to the need and desire for a new service which is multi-agency, trauma-informed and includes arts and recreational opportunities. Such a service has the potential to reduce reoffending through improving outcomes for people leaving prison, who often have high levels of ACE's and experience a number of highly challenging circumstances in the current system. JtD is ideally placed to fill this gap by offering a unique service, and is viable in terms of the market, technical delivery, financially and creating an excellent governance structure.

### 9.2 Summary of recommendations and areas for further exploration

Overall the following recommendations have been made in the areas categorised below.

## **Target population**

1. JtD should consider limiting their target population during at least the first year to people who are leaving prison either following a sentence or remand.
2. JtD should carefully consider the implications of a mixed sex service, both because of serious safeguarding concerns and because males in the target group are a much larger population with relatively less support.

## **Recruitment**

3. JtD should attempt to negotiate with statutory services around accessing data they hold on potential service users to aid recruitment.
4. In year 1, JtD should consider working primarily with people who have already been identified and are receiving support from other agencies. From year 2 or beyond, attempts should be made to recruit people who are not receiving other support. This may include a liaison service with people who are within the prison system.
5. JtD should continually involve people who will benefit from the service in its planning and design, in order to increase take-up and improve outcomes.
6. JtD must be mindful of the difficulties around recruitment and retention and put in place specific strategies to support this. A range of suggestions are outlined in section 6.5.
7. JtD should emphasise the broad offering it intends to provide, and make sure that people know that it is wider than an arts project.

## **Marketing and messaging**

8. Marketing across multiple audiences will be important and messaging for potential services users, existing providers and referrers needs to be considered. A communications strategy should be developed to guide this.

## **Services offered**

9. Creative sessions are one of the key unique elements of the JtD approach and these should be emphasised, along with alternative recreational and personal development activities. However, the programme is likely to be better received if it is not seen as being “arts-led”
10. Access to primary health care and self-management of conditions should be included as part of the offering and liaison with NHS GCC through the Health Improvement Lead (Criminal Justice) will be important in this.
11. A range of programmed and drop-in services should be available at all times to ensure that people can access JtD at the point of need, and any motivation to participate can be capitalised upon.

## **Staffing**

12. Staffing and recruiting the right staff will be critical to the success of JtD. Recruiting a key lead staff member (possibly a project manager) who can drive the project forward in year 1 is strongly recommended.
13. Recruiting other employed and sessional staff members at an early stage, ensuring sufficient capacity and expertise to deliver the service effectively is also recommended.

## **Joint working**

14. In order to support joint working between different agencies and to maintain a trauma-informed approach across the whole service, JtD should develop an official agreement (e.g. a compact, charter or MOU) to which all agencies involved are required to sign up to.
15. Regular joint training, support and supervision across all agencies is recommended to develop an holistic, joined up approach across JtD.

## **Location and premises**

16. While it is important that people be linked back into their own communities to avoid dependency and facilitate onwards progression, it is recommended that JtD is located in Glasgow City Centre.
17. In the first year at least, it is recommended that JtD sublets premises from an existing organisation, and that suitable premises will include several discrete and self-contained spaces. A careful balance needs to be struck between premises being welcoming and easy to access and being safe for all.

## **Referrals**

18. Existing providers are open to referring their service users to JtD, and have a range of criteria that will give them confidence to do so (section 7.9).

## **Funding**

19. A fundraising and sustainability strategy should be developed early in Year 1, with capacity to implement it built into the model.
20. In the first few years, JtD should aim to attract most of its funding from trusts, foundations and public sector grants that are not tied to specific “payment by results” models.

## **Cost-savings**

21. JtD should aim to attract partner delivery agencies by emphasising potential cost savings to delivering within the JtD site.

## **Board membership and governance**

22. The make-up of the new JtD board should be carefully considered, with a range of skills and experience both from within and outside the justice context being present.
23. It may be useful to attempt to recruit a well-known and respected “face” to the board.
24. It is vital that the voices of service users are meaningfully represented at a strategic level, which may include service users sitting on the board or creating a service user reference group or advisory group.
25. Roles and responsibilities for board members and staff should be clearly defined in writing.

## **Evaluation**

26. Evaluation of JtD will be crucial in developing the project and in giving stakeholders confidence. An evaluation framework, which includes a process evaluation at the end of Year 1, and plans to evaluate short and long-term outcomes should be developed early in Year 1, and capacity to implement it identified.

## **Policies**

27. Along with all the usual policies, JtD should give particular consideration to the development of a policy on intoxication and data-sharing.

## **10. Appendix 1 – Literature Review**

## **11. Appendix 2 – Case studies**