National Vulnerability Action Plan (NVAP)

Action Impact Toolkit

2.1.2 Mental Health

Action Impact Toolkit Guidance Notes

The National Vulnerability Action Plan (NVAP) has been adopted by all forces across England and Wales and seeks to create a more coordinated, consistent and holistic policing response to vulnerability.

The aim of this toolkit is to help forces measure and track the impact of fully embedding an NVAP action within their force as well as providing suggested steps in the form of evidence-based activities and outputs that can be taken to achieve this. Long term impacts for both the organisation and externally (i.e. victims and the public) have been identified as well as suggested ways in which to measure these.

There are four parts to the toolkit:

1. Impact Statement

This is the **headline information** summarised from the logic model and supporting information. This sheet is provided for those who only require an **overview of the toolkit**.
This sheet provides the reader with the key information of:
   • What do we mean? – clarifying the action objectives
   • What do we need? – key activities for the force
   • How do we know? – a few suggested impact measures

The sheet also sets out the long-term impacts the force could expect to see from embedding the action. There is one organisational impact, i.e. the impact on the workforce and how it operates, and one external impact i.e. the impact on victims, the public and communities.

2. Logic Model

This is the main element of the Action Impact Toolkit.
A logic model is a graphical representation of the relationships between a problem, action or intervention, and measurement of success. For more information see: https://www.college.police.uk/research/practical-evaluation-tools

There is one logic model per objective within the NVAP action and has the following elements:
• **Situation** – this provides an on overview of the current situation in relation to the objective
• **Activities** – this column contains key activities that forces could put in place to help them achieve the objective
• **Outputs** – this column identifies main outputs from the force putting the activity in place
• **Short to Medium Term Impacts** – this column provides a number of impacts that the force could expect to see in the short to medium term from putting the activities in place. These will all link into the long-term impacts identified at the top of the sheet
• **Impact Assessment** – these are prompt questions for forces to encourage them to consider how they might best want to measure impact
• **Suggested Measures** – this column provides a number of suggested measures forces can use to help them measure impact. **These are not prescriptive.** Where relevant these have been linked to the PEEL Assessment Framework measures
• **Unintended Consequences** – this section identifies a number of consequences that may occur from embedding the action within the force which could be considered as having a negative impact on other areas of policing

It is not expected that a force would put in all activities at once. In fact, some forces may find they are already doing some of the activities or

3. Supporting Information

This part of the toolkit provides **additional information, evidence and key links** to the logic models as well as setting out which of the **policing perennial issues** are linked to the NVAP action.

The toolkits have been developed using a variety of evidence including a review of academic and grey literature, policies, guidance, inspection reports, PCC plans and force NVAP benchmarking reports, as well as conducting scoping chats with relevant departments and organisations. Forces have also been consulted throughout the development of the model with feedback collated and incorporated.

This sheet is intended for those who would like to find out further information on the activities suggested in the logic model.

4. Impact Realisation Plan

This part of the toolkit has been designed to help forces identify and prioritise which elements of the logic model they would like to focus on, what they will do to put the activity in place and to consider how they might want to measure the impact. **It is not expected that forces implement all the suggested activities at once**.

It may be helpful to ask a few questions to be clear about what you are trying to achieve:
· Why are we doing this?
· What do we want to achieve?
· What does success look like?
· Who will benefit and how?
· How will we track and measure the short, medium and long term impacts?

Contacts

For any queries about the toolkit please contact: VKPP@norfolk.police.uk

Acknowledging that mental health (MH) can impact across all forms of vulnerability. Forces to consider any links to MH as part of their vulnerability assessment, differentiating from other vulnerabilities where possible and ensuring individuals receive appropriate signposting, guidance and care

Objective 1: To understand the mental health related demand in relation to vulnerability in order to inform strategic and operational planning	*Objective 2:* To work with partners, especially those in health, to provide a combined safeguarding response to individuals experiencing mental health crisis and vulnerability related harm	*Objective 3:* To ensure that mental health needs and vulnerability are regularly considered for victims and suspects and that the most appropriate criminal justice pathways are followed, signposting to services where required
What do we mean? Forces understand demand in relation to MH and vulnerability and can use this to plan appropriately *What do we need?* ▪ Appropriate use of the NPCC MH related incident (MHRI) definition ▪ Analysis of MH related demand to inform workforce planning ▪ Role specific training ▪ Analysis of MHRIs in relation to vulnerabilities	*What do we mean?* Forces work closely with partners to provide a joined-up approach *What do we need?* ▪ Clear leadership and governance to establish robust partnership working ▪ Agreed approach to policing's role in MHRIs ▪ Effective information sharing agreements in place ▪ Joint problem solving around key issues ▪ Specialist support and advice provided to officers/staff	*What do we mean?* MH is correctly identified in investigations and responded to appropriately for both victims and suspects *What do we need?* ▪ Consistent and ongoing assessment of victim and suspect MH needs throughout the investigation ▪ Established links with other organisations to provide support where needs are identified ▪ Case management decision-making is in line with guidance and policy

How do we know? Related PEEL Measures

1.1 The force manages incoming calls, assesses risk and prioritises its response well. 1.2 The force deploys its resources to respond to victims and incidents in an appropriate manner. 1.3 The force's crime recording can be trusted. 1.4 The force carries out a proportionate, thorough, and timely investigation into reported crimes. 1.5 The force makes sure that it follows national guidance/rules for deciding which outcome code it assigns to each report. 2.1 The workforce interacts with the public fairly and respectfully. 3.1 At its core function, the force prioritises the prevention and deterrence of crime, ASB, harm and vulnerability.	3.2 The force uses partnership-orientated evidence-based problem-solving to reduce and prevent long-term crime, ASB, harm and vulnerability 4.1 The force has effective oversight of its response to public contact and understands risk effectively at first point of contact 4.2 The force provides an appropriate response to incidents, including those involving vulnerable people 5.1 The force has effective oversight of investigations and carries out quality investigations to get the best results for victims. 5.2 The force secures justice for victims. 6.2 The force provides good-quality safeguarding and support for all vulnerable people

ORGANISATIONAL IMPACT

Forces understand their mental health related demand and are able to develop pathways with partners enabling forces to have greater confidence and capacity within the workforce to deliver an appropriate response to individuals experiencing mental ill health, particularly where this increases their level of vulnerability.

EXTERNAL IMPACT

Victims, vulnerable individuals, and offenders are confident that their mental health needs are recognised and given an appropriate joined up response with other relevant services such as health increasing trust and legitimacy.

![NPCC National Police Chiefs' Council logo and Vulnerability Knowledge & Practice Programme logo]

Action Detail

Acknowledging that mental health (MH) can impact across all forms of vulnerability. Forces to consider any links to MH as part of their vulnerability assessment, differentiating from other vulnerabilities where possible and ensuring individuals receive appropriate signposting, guidance and care

Objective

1. To understand the mental health related demand in relation to vulnerability in order to inform strategic and operational planning
2. To work with partners, especially those in health, to provide a combined safeguarding response to individuals experiencing mental health crisis and vulnerability related harm
3. To ensure that mental health needs and vulnerability are regularly considered for victims and suspects and that the most appropriate criminal justice pathways are followed, signposting to services where required
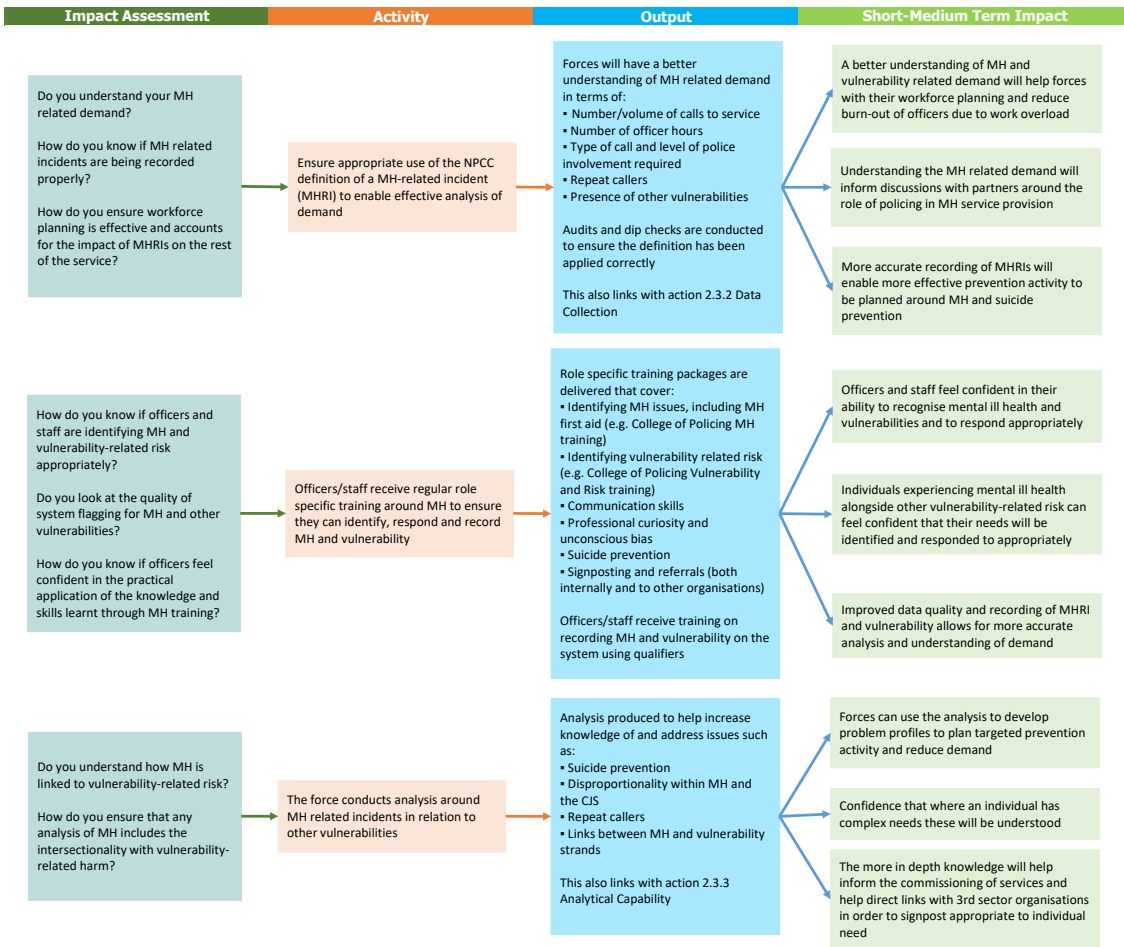
Long Term Impacts

Organisational: Forces understand their mental health related demand and are able to develop pathways with partners enabling forces to have greater confidence and capacity within the workforce to deliver an appropriate response to individuals experiencing mental ill health, particularly where this increases their level of vulnerability.

External: Victims, vulnerable individuals, and offenders are confident that their mental health needs are recognised and given an appropriate joined up response with other relevant services such as health increasing trust and legitimacy.

Objective 1 - Understanding Demand
Situation

Currently forces do not have a full understanding of mental health related demand. HMICFRS estimated that on average 9.1 MH incidents were reported per 1,000 population during 2020/21 however this may be an under-estimate as it is reliant as the call being flagged as a MHRI on the system. In addition, this does not demonstrate the full impact of calls to service for MH related incidents. Mental health calls can disproportionally affect response and neighbourhood policing teams, particularly when they are required to transport the person in crisis to a place of safety. There is also little understanding of the link between MH demand and that from individuals experiencing vulnerability. Understanding this demand will not only enable more effective capacity planning but also inform discussions with partner agencies.

Impact Assessment	Activity	Output	Short-Medium Term Impact
Do you understand your MH related demand? How do you know if MH related incidents are being recorded properly? How do you ensure workforce planning is effective and accounts for the impact of MHRIs on the rest of the service?	Ensure appropriate use of the NPCC definition of a MH-related incident (MHRI) to enable effective analysis of demand	Forces will have a better understanding of MH related demand in terms of: ▪ Number/volume of calls to service ▪ Number of officer hours ▪ Type of call and level of police involvement required ▪ Repeat callers ▪ Presence of other vulnerabilities Audits and dip checks are conducted to ensure the definition has been applied correctly This also links with action 2.3.2 Data Collection	A better understanding of MH and vulnerability related demand will help forces with their workforce planning and reduce burn-out of officers due to work overload Understanding the MH related demand will inform discussions with partners around the role of policing in MH service provision More accurate recording of MHRIs will enable more effective prevention activity to be planned around MH and suicide prevention
How do you know if officers and staff are identifying MH and vulnerability-related risk appropriately? Do you look at the quality of system flagging for MH and other vulnerabilities? How do you know if officers feel confident in the practical application of the knowledge and skills learnt through MH training?	Officers/staff receive regular role specific training around MH to ensure they can identify, respond and record MH and vulnerability	Role specific training packages are delivered that cover: ▪ Identifying MH issues, including MH first aid (e.g. College of Policing MH training) ▪ Identifying vulnerability related risk (e.g. College of Policing Vulnerability and Risk training) ▪ Communication skills ▪ Professional curiosity and unconscious bias ▪ Suicide prevention ▪ Signposting and referrals (both internally and to other organisations) Officers/staff receive training on recording MH and vulnerability on the system using qualifiers	Officers and staff feel confident in their ability to recognise mental ill health and vulnerabilities and to respond appropriately Individuals experiencing mental ill health alongside other vulnerability-related risk can feel confident that their needs will be identified and responded to appropriately Improved data quality and recording of MHRI and vulnerability allows for more accurate analysis and understanding of demand
Do you understand how MH is linked to vulnerability-related risk? How do you ensure that any analysis of MH includes the intersectionality with vulnerability-related harm?	The force conducts analysis around MH related incidents in relation to other vulnerabilities	Analysis produced to help increase knowledge of and address issues such as: ▪ Suicide prevention ▪ Disproportionality within MH and the CJS ▪ Repeat callers ▪ Links between MH and vulnerability strands This also links with action 2.3.3 Analytical Capability	Forces can use the analysis to develop problem profiles to plan targeted prevention activity and reduce demand Confidence that where an individual has complex needs these will be understood The more in depth knowledge will help inform the commissioning of services and help direct links with 3rd sector organisations in order to signpost appropriate to individual need

Suggested Measures

PEEL Measures:
1.1 The force manages incoming calls, assesses risk and prioritises its response well.
▪ 1.1.2 The call handler correctly records the details of the call and identifies vulnerability, including repeat callers and others in the household. They use and correctly record a structured initial triage and complete a risk assessment to inform the prioritisation to give the call and provide the most appropriate response to the caller.
▪ 1.1.3 Call handlers act politely, appropriately, and ethically and use clear, unambiguous language. They give appropriate advice on safeguarding and evidence preservation.

1.2 The force deploys its resources to respond to victims and incidents in an appropriate manner.
▪ 1.2.2 The force provides an appropriate response. It takes into consideration risk and victim vulnerability, including information obtained after the initial call (such as information from the public, officers or systems checks).
Other potential measures:
▪ Audit of incidents and crimes to ensure MH related incidents are flagged appropriately
▪ Staff surveys to measure knowledge and confidence around identifying MH needs
▪ Link to measures for actions 2.3.2 Data Collection and 2.3.3 Analytical Capability

1.3 The force's crime recording can be trusted.
▪ 1.3.1 The force is effective at recording reported crime.
▪ 1.3.2 The force's systems and processes support accurate crime recording.

2.1 The workforce interacts with the public fairly and respectfully.
▪ 2.1.1 Officers are effective at communicating and interacting with the public without bias. They consider the needs of their communities.

4.1 The force has effective oversight of its response to public contact and understands risk effectively at first point of contact.
▪ 4.1.4 The force understands and promptly identifies vulnerability at first point of contact. This includes repeat callers and others in the household.
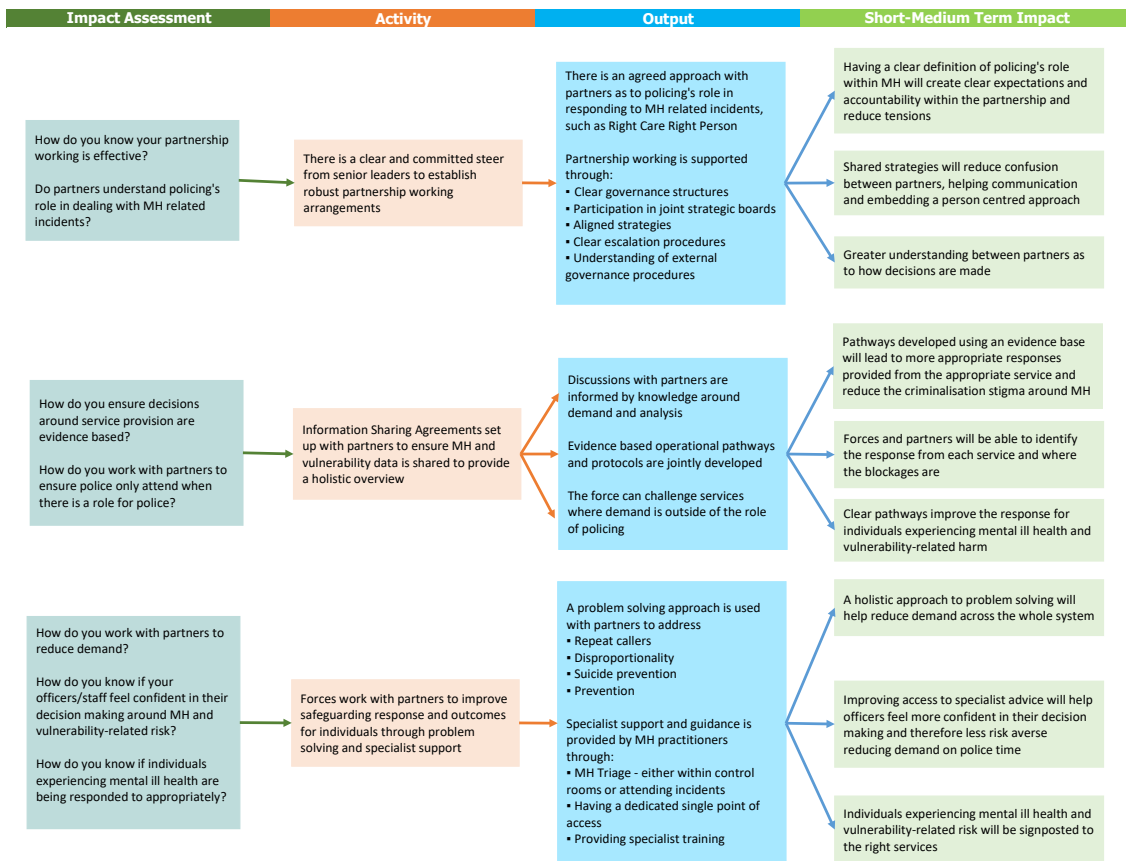
Unintended Consequences

▪ Training packages may initially take time away from officers/staff but can be co-ordinated to reduce duplication with other training packages and will ultimately result in more appropriate responses, reducing demand for repeat callers
▪ Greater awareness and analysis of MH related demand may initially result in greater demand

Consequences of not embedding this action are described in the College of Policing's Perennial Issues listed in the Supporting Information

Objective 2 - Partnership Working
Situation

Although there may be a role for police in attending MH related calls, the issue is predominantly one that should be addressed by the health service, with a health-led response model being the primary goal (NPCC, 2022). Therefore, forces need to work closely with health partners to review demand, establish pathways that are aligned to the role of policing within MH e.g. attendance if there has been a crime or there is risk of harm, and to support multi-agency decision making. This should be both at the strategic level and at the operational level.

Impact Assessment	Activity	Output	Short-Medium Term Impact
How do you know your partnership working is effective? Do partners understand policing's role in dealing with MH related incidents?	There is a clear and committed steer from senior leaders to establish robust partnership working arrangements	There is an agreed approach with partners as to policing's role in responding to MH related incidents, such as Right Care Right Person Partnership working is supported through: ▪ Clear governance structures ▪ Participation in joint strategic boards ▪ Aligned strategies ▪ Clear escalation procedures ▪ Understanding of external governance procedures	Having a clear definition of policing's role within MH will create clear expectations and accountability within the partnership and reduce tensions Shared strategies will reduce confusion between partners, helping communication and embedding a person centred approach Greater understanding between partners as to how decisions are made
How do you ensure decisions around service provision are evidence based? How do you work with partners to ensure police only attend when there is a role for police?	Information Sharing Agreements set up with partners to ensure MH and vulnerability data is shared to provide a holistic overview	Discussions with partners are informed by knowledge around demand and analysis Evidence based operational pathways and protocols are jointly developed The force can challenge services where demand is outside of the role of policing	Pathways developed using an evidence base will lead to more appropriate responses provided from the appropriate service and reduce the criminalisation stigma around MH Forces and partners will be able to identify the response from each service and where the blockages are Clear pathways improve the response for individuals experiencing mental ill health and vulnerability-related harm
How do you work with partners to reduce demand? How do you know if your officers/staff feel confident in their decision making around MH and vulnerability-related risk? How do you know if individuals experiencing mental ill health are being responded to appropriately?	Forces work with partners to improve safeguarding response and outcomes for individuals through problem solving and specialist support	A problem solving approach is used with partners to address ▪ Repeat callers ▪ Disproportionality ▪ Suicide prevention ▪ Prevention Specialist support and guidance is provided by MH practitioners through: ▪ MH Triage - either within control rooms or attending incidents ▪ Having a dedicated single point of access ▪ Providing specialist training	A holistic approach to problem solving will help reduce demand across the whole system Improving access to specialist advice will help officers feel more confident in their decision making and therefore less risk averse reducing demand on police time Individuals experiencing mental ill health and vulnerability-related risk will be signposted to the right services

Suggested Measures

PEEL Measures:
3.1 At its core function, the force prioritises the prevention and deterrence of crime, ASB, harm and vulnerability.
▪ 3.1.1 The force uses its own and shared data to identify and prioritise vulnerable people, groups, and locations, repeat ASB, victims and suspects.
▪ 3.1.2 Working in partnership, the force uses primary, secondary and tertiary prevention initiatives to deter and tackle crime and ASB. It also uses these initiatives to reduce harm, vulnerability, offending and repeat demand.
▪ 3.1.3 The force provides a sustainable neighbourhood policing model that can provide positive long-term solutions to community problems.

3.2 The force uses partnership-orientated evidence-based problem-solving to reduce and prevent long-term crime, ASB, harm and vulnerability.
▪ 3.2.1 The force understands and demonstrates a long-term commitment to problem-solving and evidence-based policing. It maximises opportunities to prevent public harm and reduce demand through working with partner organisations.
▪ 3.2.2 The force has systems and processes in place to consistently evaluate and share problem-solving.

Other potential measures:
▪ Officer/staff survey concerning specialist support and guidance services
▪ Evaluation of specialist support services and guidance provided
▪ Evaluation by service users of the joined up approach

4.2 The force provides an appropriate response to incidents, including those involving vulnerable people.
▪ 4.2.1 The force seeks advice from internal and external experts to inform better decision-making and risk assessments.

6.2 The force provides good-quality safeguarding and support for all vulnerable people.
▪ 6.2.2 The force makes sure that the risk of further and/or increased harm to vulnerable victims is reduced via timely and appropriate safeguarding activity.
▪ 6.2.3 Staff involved in multi-agency working arrangements understand their role and have the necessary skills to perform it. They work to develop risk-reducing actions that safeguard vulnerable people and challenge perpetrators.
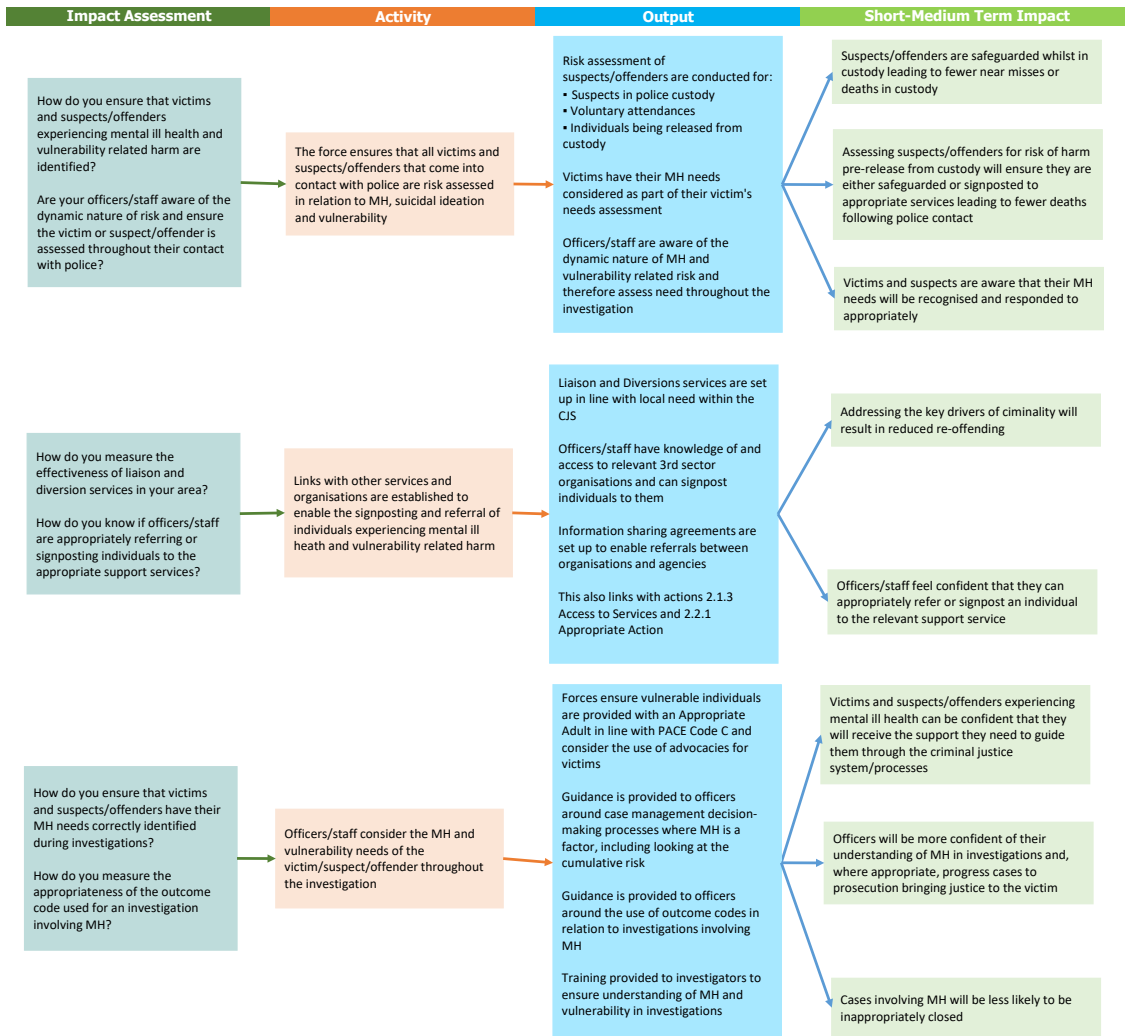
Unintended Consequences

▪ Developing an agreed approach with partners may take time and require commitment from the organisation as a whole to ensure continuity of approach when officers/staff change role
▪ Developing an Information Sharing Agreement with partners may lead to the discovery of issues with previous agreements or information sharing practices
▪ Using an evidence-based problem solving approach could lead to more areas where police involvement is required

Consequences of not embedding this action are described in the College of Policing's Perennial Issues listed in the Supporting Information

Objective 3 - MH and Investigation

Situation

Mental ill health can be a contributory factor in offending behaviour. Liaison and diversion schemes have been set up across forces to provide referrals or signposting to further support/treatment and are seen to be key in successfully breaking the cycle of offending (NPCC, 2022). However, there is a need to ensure that all suspects/offenders, including voluntary detainees are assessed for MH and vulnerability needs from the start of the investigation. Mental ill health and disorders should be identified prior to interview and re-assessed throughout as some individuals may require support from an Appropriate Adult and there may also be considerations when making case management decisions.

Impact Assessment	Activity	Output	Short-Medium Term Impact
How do you ensure that victims and suspects/offenders experiencing mental ill health and vulnerability related harm are identified? Are your officers/staff aware of the dynamic nature of risk and ensure the victim or suspect/offender is assessed throughout their contact with police?	The force ensures that all victims and suspects/offenders that come into contact with police are risk assessed in relation to MH, suicidal ideation and vulnerability	Risk assessment of suspects/offenders are conducted for: • Suspects in police custody • Voluntary attendances • Individuals being released from custody Victims have their MH needs considered as part of their victim's needs assessment Officers/staff are aware of the dynamic nature of MH and vulnerability related risk and therefore assess need throughout the investigation	Suspects/offenders are safeguarded whilst in custody leading to fewer near misses or deaths in custody Assessing suspects/offenders for risk of harm pre-release from custody will ensure they are either safeguarded or signposted to appropriate services leading to fewer deaths following police contact Victims and suspects are aware that their MH needs will be recognised and responded to appropriately
How do you measure the effectiveness of liaison and diversion services in your area? How do you know if officers/staff are appropriately referring or signposting individuals to the appropriate support services?	Links with other services and organisations are established to enable the signposting and referral of individuals experiencing mental ill heath and vulnerability related harm	Liaison and Diversions services are set up in line with local need within the CJS Officers/staff have knowledge of and access to relevant 3rd sector organisations and can signpost individuals to them Information sharing agreements are set up to enable referrals between organisations and agencies This also links with actions 2.1.3 Access to Services and 2.2.1 Appropriate Action	Addressing the key drivers of ciminality will result in reduced re-offending Officers/staff feel confident that they can appropriately refer or signpost an individual to the relevant support service
How do you ensure that victims and suspects/offenders have their MH needs correctly identified during investigations? How do you measure the appropriateness of the outcome code used for an investigation involving MH?	Officers/staff consider the MH and vulnerability needs of the victim/suspect/offender throughout the investigation	Forces ensure vulnerable individuals are provided with an Appropriate Adult in line with PACE Code C and consider the use of advocacies for victims Guidance is provided to officers around case management decision-making processes where MH is a factor, including looking at the cumulative risk Guidance is provided to officers around the use of outcome codes in relation to investigations involving MH Training provided to investigators to ensure understanding of MH and vulnerability in investigations	Victims and suspects/offenders experiencing mental ill health can be confident that they will receive the support they need to guide them through the criminal justice system/processes Officers will be more confident of their understanding of MH in investigations and, where appropriate, progress cases to prosecution bringing justice to the victim Cases involving MH will be less likely to be inappropriately closed

Suggested Measures

PEEL Measures:
1.4 The force carries out a proportionate, thorough, and timely investigation into reported crimes.
• 1.4.1 All investigative opportunities are considered. And those which are proportionate are carried out in a timely manner.

1.5 The force makes sure that it follows national guidance/rules for deciding which outcome code it assigns to each report.
• 1.5.1 When making a decision on an outcome, the force's systems and processes make sure that appropriate consideration is given to the nature of the crime, the offender, and the victim.

Other potential measures:
• Dip sample of investigations where MH is a factor to ensure appropriateness of decision-making and outcome codes used
• Review of assessments for voluntary attendees to ensure MH is considered
• Link to measures for actions 2.1.3 Access to Services and 2.2.1 Appropriate Action

5.1 The force has effective oversight of investigations and carries out quality investigations to get the best results for victims.
• 5.1.2 The force consistently carries out thorough investigations, which lead to satisfactory results for victims.

5.2 The force secures justice for victims.
• 5.2.1 The force consistently achieves appropriate outcomes for victims, which include bringing offenders to justice.

Unintended Consequences

• Greater awareness around identifying MH needs may lead to more individuals being identified which may lead to a greater number of cases involving MH being inappropriately closed

Consequences of not embedding this action are described in the College of Policing's Perennial Issues listed in the Supporting Information

Action 2.1.2 Mental Health

Acknowledging that mental health (MH) can impact across all forms of vulnerability. Forces to consider any links to MH as part of their vulnerability assessment, differentiating from other vulnerabilities where possible and ensuring individuals receive appropriate signposting, guidance and care

Organisational Impact (Long term):
Forces understand their mental health related demand and are able to develop pathways with partners enabling forces to have greater confidence and capacity within the workforce to deliver an appropriate response to individuals experiencing mental ill health, particularly where this increases their level of vulnerability.

External Impact (Long Term):
Victims, vulnerable individuals, and offenders are confident that their mental health needs are recognised and given an appropriate joined up response with other relevant services such as health increasing trust and legitimacy.

Perennial Challenges

The College of Policing have identified ten recurring perennial challenges within policing (College of Policing, 2020). This action is linked to the perennial challenges of **Identifying and Managing Risk, Developing the Workforce** and **Supporting Vulnerable People**

Issues identified within the perennial challenge of **Identifying and Managing Risk** that link to the NVAP Mental Health action include:
• Failure to consider suspects as being potentially vulnerable or at risk
• Longer term prevention work takes back seat in face of pressures to respond
• IT inability to link across systems = lack of linking of repeats, double keying, wasted time and increased risk of human error
• Difficulties accessing partner agencies or information held by them 'out of hours
• Lack of multi–agency approach and joint decision making in relation to identifying and supporting vulnerable people and communities
• Risk aversion/fear of blame resulting in staff identifying risk 'just in case' – everything becomes a priority

Issues identified within the perennial challenge of **Developing the Workforce** that link to the NVAP Mental Health action include:
• Perceived lack of time available for training and development
• Failure to identify and develop emotional intelligence
• Online training perceived as poor – more practical, immersive, experiential development required
• Lack of meaningful skills/capabilities audits – failure to understand workforce development needs
• Mandatory training perceived as 'knee jerk' rather than pre-emptive

Issues identified within the perennial challenge of **Supporting Vulnerable People** that link to the NVAP Mental Health action include:
• Case files lack detail re vulnerability impacting charging decisions, victim/ witness care or other CJ processes
• Interviews do not take into account vulnerability of the interviewee
• Inconsistent custody practices and procedures for identifying and supporting vulnerable people
• IT - inability to link across systems leading to inability to identify and manage repeat vulnerability for individuals and locations
• Lack of availability of partner agencies and their case information particularly 'out of hours'
• Lack of multi-agency approach, information sharing and joint decision making in relation to identifying and supporting vulnerable people
• Perception of police as final safety net and inability to say 'no'
• Some judgemental perceptions persist in relation to understanding vulnerability
• Some staff consider the increased level of safeguarding activity has fundamentally changed the nature of the job they 'signed up' for

Useful Links

APP: Mental Health: Mental vulnerability and illness

Policing and Mental Health: Picking up the pieces

CJJI Joint Thematic Inspection

IOPC Learning the Lessons - Mental Health

Objective 1

To understand the mental health related demand in relation to vulnerability in order to inform strategic and operational planning

Activities	Evidence	Short-Medium Term Impact	Impact Assessment	Suggested Measures for Objective 1
Ensure appropriate use of the NPCC definition of a MH related incident (MHRI) to enable effective analysis of demand	Understanding the demand of mental health calls on policing relies on mental health related incidents (MHRIs) being flagged on the system. This can lead to forces potentially under-estimating the demand and the number of calls, particularly when compared to anecdotal evidence (Home Affairs Committee, 2018). This issue is supported by the NVAP benchmarking exercise completed by forces which indicated that MH related calls are not being recorded correctly and the demand is higher than reported. On average, HMICFRS have found that during 2020/2021 there were 9.1 MH incidents reported per 1,000 population across England and Wales (HMICFRS, 2022). However, the number of MH related calls does not demonstrate the whole picture of the impact on the force's resource, particularly on staffing. In their inspections, HMICFRS identify that demand from MH calls can disproportionally affect response and neighbourhood policing teams where officers are required to locate a place of safety for the individual in MH crisis as well as potentially transport them and remain there until the individual can be released into the care of a specialist.

Having a better understanding of the nature of demand from MH related calls, the policing response required, and the impact on resource will help forces assess the demand and work more effectively with health partners to determine priorities and improve access to services (Home Affairs Committee, 2015; HMICFRS, 2018). However, this is dependent on having the systems to be able to record MH appropriately so that information on subcategories, specific conditions, qualifying information or disproportionality can be pulled out (Criminal Justice Joint Inspection, 2021; NPCC, 2022). The ability of forces to develop their understanding of MH related demand through improved data capture, management, and analysis is a key principle within the latest NPCC MH strategy (2022). | A better understanding of MH and vulnerability related demand will help forces with their workforce planning and reduce burn-out of officers due to work overload

Understanding the MH related demand will inform discussions with partners around the role of policing in MH service provision

More accurate recording of MHRIs will enable more effective prevention activity to be planned around MH and suicide prevention | Do you understand your MH related demand?

How do you know if MH related incidents are being recorded properly?

How do you ensure workforce planning is effective and accounts for the impact of MHRIs on the rest of the service? | **PEEL Measures:**
1.1 The force manages incoming calls, assesses risk and prioritises its response well.
▪ 1.1.2 The call handler correctly records the details of the call and identifies vulnerability, including repeat callers and others in the household. They use and correctly record a structured initial triage and complete a risk assessment to inform the prioritisation to give the call and provide the most appropriate response to the caller.
▪ 1.1.3 Call handlers act politely, appropriately, and ethically and use clear, unambiguous language. They give appropriate advice on safeguarding and evidence preservation.

1.2 The force deploys its resources to respond to victims and incidents in an appropriate manner.
▪ 1.2.2 The force provides an appropriate response. It takes into consideration risk and victim vulnerability, including information obtained after the initial call (such as information from the public, officers or systems checks).

1.3 The force's crime recording can be trusted.
▪ 1.3.1 The force is effective at recording reported crime.
▪ 1.3.2 The force's systems and processes support accurate crime recording.

2.1 The workforce interacts with the public fairly and respectfully.
▪ 2.1.1 Officers are effective at communicating and interacting with the public without bias. They consider the needs of their communities.

4.1 The force has effective oversight of its response to public contact and understands risk effectively at first point of contact.
▪ 4.1.4 The force understands and promptly identifies vulnerability at first point of contact. This includes repeat callers and others in the household.

Other potential measures:
▪ Audit of incidents and crimes to ensure MH related incidents are flagged appropriately

▪ Staff surveys to measure knowledge and confidence around identifying MH needs

▪ Link to measures for actions 2.3.2 Data Collection and 2.3.3 Analytical Capability |
| **Officers/staff receive regular role specific training around MH to ensure they can identify, respond and record MH and vulnerability** | Generally, MH training has been found to have positive impacts in terms of increasing knowledge, empathy and confidence, reducing stigma and increasing the ability to recognise the signs and symptoms of mental ill health (Scantlebury et al, 2018; Booth et al., 2017). However, this is not always reflected in practice (Booth et al. 2017).

As agreed in the MH Crisis Concordant, police officers should receive training in recognising risk and vulnerability as well as understanding the roles and responsibilities of partner agencies (HM Government, 2014). In addition, there is a commitment through the national MH strategy to support training on public health approaches such as trauma informed practice (NPCC, 2022). Although most 'generalist' officers, such as response or neighbourhood policing, have received MH training appropriate to their role (Criminal Justice Joint Inspection,2021) MH training for officers/staff can vary in it's aims, delivery and content. However, forces can access a two-day MH training programme developed by the College of Policing, although it is not mandatory. It is also important that training also considers the intersectionality with other vulnerabilities that often co-occur (Booth et al., 2017).

In addition to training in MH, The Police Foundation (2022) also suggest that officers should also receive mandatory training in communication and interpersonal skills. This should cover relational skills relating to areas such as MH, trauma and neurodiversity awareness (The Police Foundation, 2022). The VKPP Peer Review team also suggest that training in negotiation and de-escalation may also be relevant along with communication skills for those frontline officers and staff who are managing crisis situations on a daily basis.

Joint training with partners is also recommended to help improve knowledge and understanding around roles and responsibilities (HMICFRS, 2018, NPCC 2020). Including input from individuals with lived experience can also improve understanding (HMICFRS, 2018). | Officers and staff feel confident in their ability to recognise mental ill health and vulnerabilities and to respond appropriately

Individuals experiencing mental ill health alongside other vulnerability-related risk can feel confident that their needs will be identified and responded to appropriately

Improved data quality and recording of MHRI and vulnerability allows for more accurate analysis and understanding of demand | How do you know if officers and staff are identifying MH and vulnerability-related risk appropriately?

Do you look at the quality of system flagging for MH and other vulnerabilities?

How do you know if officers feel confident in the practical application of the knowledge and skills learnt through MH training? | |
| **The force conducts analysis around MH related incidents in relation to other vulnerabilities** | In order to understand demand around MHRIs, it is important for forces to also understand the intersectionality with vulnerability strands and the protected characteristics of an individual. For example, the NVAP benchmarking exercise with forces identified that forces commonly identified links between MH and missing people substance abuse and domestic abuse. Having mental health problems can also increase the vulnerability of an individual to being a victim of crime compared to the general population (HMICFRS, 2018).

Research shows evidence of disproportionality within mental health services and the criminal justice system. For example there may be barriers to accessing help for individuals from black and minoritized ethnicities such as poor previous experience of services, cultural stigma, language barriers and a lack of tailored services. In addition, individuals from black and minoritised ethnicities are disproportionately detained under Section 136 of the Mental Health Act 1983 and experience a disproportionate use of force (Home Affairs Committee, 2015). Embedding diversity, equality and inclusion is a core principle of the new mental health strategy (NPCC, 2022) and conducting further analysis may enable better identification of where this is an issue and allow a more targeted response.

Repeat callers are often thought to be a key component of MH demand, although not all forces have the ability to routinely check whether the individual is a repeat caller. However, some forces are putting initiatives into place to try and reduce this area of demand, such as developing multi-agency plans for repeat callers to ensure the appropriate response.

Additionally, suicide prevention could be informed by further analysis with some forces, in conjunction with Public Health, use real time surveillance systems helping to improve intelligence and inform prevention. | Forces can use the analysis to develop problem profiles to plan targeted prevention activity and reduce demand

Confidence that where an individual has complex needs these will be understood

The more in depth knowledge will help inform the commissioning of services and help direct links with 3rd sector organisations in order to signpost appropriate to individual need | Do you understand how MH is linked to vulnerability-related risk?

How do you ensure that any analysis of MH includes the intersectionality with vulnerability-related harm? | |

To work with partners, especially those in health, to provide a combined safeguarding response to individuals experiencing mental health crisis and vulnerability related harm

Activities	Evidence	Short-Medium Term Impact	Impact Assessment	Suggested Measures for Objective 2
There is a clear and committed steer from senior leaders to establish robust partnership working arrangements	Although there may be a role for police in attending MH related calls, the issue is predominantly one that should be addressed by the health service, with a health-led response model being the primary goal (NPCC, 2022). Therefore, close working with health and social care organisations is required in order to review demand and conduct multi-agency decision making in complex cases (NPCC, 2020). The Mental Health Crisis Care Concordant was established in 2014 to act as a national agreement between a number of agencies and services setting out how they work together to help those in need (HM Government, 2014). This includes the requirement for health services to support police when dealing with individuals in crisis. Joint working is required at both the strategic level and operationally and provides a holistic approach to policing vulnerability

Key to this is agreeing policing's role in MH incidents. Although there is general acceptance that the police service has a role in ensuring the safeguarding of people experiencing mental ill health as part of core police business, police should only be involved where necessary for example, where there is a need for police involvement due to criminal activity or threat of serious harm (NPCC, 2022). In general, policing should not be first responders for those situations where the most appropriate response should come from healthcare services (Home Affairs Committee, 2015; HMICFRS, 2018; NPCC, 2020). Where policing is involved in MH related incidents they should provide a compassionate and trauma informed response, embedding upstream prevention (NPCC, 2022).

The use of the Right Care Right Person approach, developed by Humberside and other forces and promoted by the NPCC, will help to ensure that where there are concerns to an individual's welfare linked to mental health issues, the right professional with the right training and skills will respond. | Having a clear definition of policing's role within MH will create clear expectations and accountability within the partnership and reduce tensions

Shared strategies will reduce confusion between partners, helping communication and embedding a person centred approach

Greater understanding between partners as to how decisions are made | How do you know your partnership working is effective?

Do partners understand policing's role in dealing with MH related incidents? | **PEEL Measures:**

3.1 At its core function, the force prioritises the prevention and deterrence of crime, ASB, harm and vulnerability.
▪ 3.1.1 The force uses its own and shared data to identify and prioritise vulnerable people, groups, and locations, repeat ASB, victims and suspects.
▪ 3.1.2 Working in partnership, the force uses primary, secondary and tertiary prevention initiatives to deter and tackle crime and ASB. It also uses these initiatives to reduce harm, vulnerability, offending and repeat demand.
▪ 3.1.3 The force provides a sustainable neighbourhood policing model that can provide positive long-term solutions to community problems.

3.2 The force uses partnership-orientated evidence-based problem-solving to reduce and prevent long-term crime, ASB, harm and vulnerability.
▪ 3.2.1 The force understands and demonstrates a long-term commitment to problem-solving and evidence-based policing. It maximises opportunities to prevent public harm and reduce demand through working with partner organisations.
▪ 3.2.2 The force has systems and processes in place to consistently evaluate and share problem-solving.

4.2 The force provides an appropriate response to incidents, including those involving vulnerable people.
▪ 4.2.1 The force seeks advice from internal and external experts to inform better decision-making and risk assessments.

6.2 The force provides good-quality safeguarding and support for all vulnerable people.
▪ 6.2.2 The force makes sure that the risk of further and/or increased harm to vulnerable victims is reduced via timely and appropriate safeguarding activity.
▪ 6.2.3 Staff involved in multi-agency working arrangements understand their role and have the necessary skills to perform it. They work to develop risk-reducing actions that safeguard vulnerable people and challenge perpetrators.

Other potential measures:
▪ Officer/staff survey concerning specialist support and guidance services

▪ Evaluation of specialist support services and guidance provided

▪ Evaluation by service users of the joined up approach |
| **Information Sharing Agreements set up with partners to ensure MH and vulnerability data is shared to provide a holistic overview** | Information Sharing Agreements should be set up with partners to ensure MH and vulnerability data is shared, providing a holistic overview of demand – this will then help inform discussions with partners, allow for evidence-based pathways to be developed and will also mean that forces can challenge where they are experiencing demand for service outside of their role.

The NVAP benchmarking exercise found that forces reported a lack mechanisms/referral pathways for individuals not currently open to MH services, variability in service due to specific information sharing agreements (e.g. only being able to make a referral to some GPs), and a need for a more joined up response.

A common theme from Serious Case Reviews and Safeguarding Adult Reviews is an absence of a procedure or process for sharing information, particularly when accompanying vulnerable adults not under the Mental Health Act (Allnock et al., 2020; VKPP, 2021; VKPP, 2020; VKPP, 2019). Although police are not required to remain with the adult, not sharing information with clinical staff can undermine the partnership and lead to missed opportunities to safeguard the individual (VKPP, 2021; VKPP, 2020).

In a wider partnership context, poor information sharing agreements can lead to different forms being sent to different agencies, limiting the amount of knowledge shared by the partnership and therefore its effectiveness (Allnock et al., 2020).

In adult cases, it was also found that police and partners often did not 'proactively discuss strategies for safety planning and responses to repeat calls from vulnerable adults with, for example, on-going MH needs or substance abuse', although this was not specific to any one agency (Allnock et al., 2020). | Pathways developed using an evidence base will lead to more appropriate responses provided from the appropriate service and reduce the criminalisation stigma around MH

Forces and partners will be able to identify the response from each service and where the blockages are

Clear pathways improve the response for individuals experiencing mental ill health and vulnerability-related harm | How do you ensure decisions around service provision are evidence based?

How do you work with partners to ensure police only attend when there is a role for police? | |
| **Forces work with partners to improve safeguarding response and outcomes for individuals through problem solving and specialist support** | The problem solving approach can be used with partners to address issues such as repeat callers, disproportionality, suicide prevention and general crime prevention.

Partnership working between police and other agencies was highlighted as an issue in a dip sample of PCC plans with a call to develop solutions to reduce the demand on policing and to ensure that the right partners are involved at the first point of contact. HMICFRS inspections identified that some forces hold strategic multi-agency boards which focus on areas of vulnerability such as MH and aim to improve the quality of MH provision. Tactical/operational meetings are also held with partners in order to problem solve and plan early interventions in order to deter crime and protect vulnerable people. However, inspections found that these were not present in all forces with some recommendations from inspections including for forces to work with health partners to better support people in MH crisis.

In terms of specialist support, many forces have developed MH Triage services with health partners, for example having MH practitioners in the control room, or having practitioners attend MH related incidents with officers. To date there has been little evaluation into the benefit of these services, although forces have now been asked to carry this out (HMICFRS, 2018). Anecdotal benefits are seen to be having specialist advice on hand, providing access to information not available to police, and enabling more informed decision making (NPCC, 2020).

Other ways forces are providing specialist support include having a dedicated single point of contact (SPOC) with MH services and also providing specialist training and creating roles such as MH Tactical officers. | A holistic approach to problem solving will help reduce demand across the whole system

Improving access to specialist advice will help officers feel more confident in their decision making and therefore less risk averse reducing demand on police time

Individuals experiencing mental ill health and vulnerability-related risk will be signposted to the right services | How do you work with partners to reduce demand?

How do you know if your officers/staff feel confident in their decision making around MH and vulnerability-related risk?

How do you know if individuals experiencing mental ill health are being responded to appropriately? | |

To ensure that mental health needs and vulnerability are regularly considered for victims and suspects and that the most appropriate criminal justice pathways are followed, signposting to services where required

Activities	Evidence	Short-Medium Term Impact	Impact Assessment	Suggested Measures for Objective 3
The force ensures that all victims and suspects/offenders that come into contact with police are risk assessed in relation to MH, suicidal ideation and vulnerability	Identification of vulnerability-related risk, including mental ill-health and suicidal ideation, at first point of contact is essential as this is often when individuals are in crisis, in need of help and are vulnerable (HMICFRS, 2019). However, demand is becoming more complex, and a greater proportion of contacts involve those who are experiencing vulnerability. Reviews have shown that the assessment of risk and subsequent response is inconsistent meaning that forces may not always be keeping those experiencing vulnerability-related harm safe (HMICFRS, 2019).

Custody officers have a responsibility to ensure the safe detention of a detainee which requires the identification of vulnerabilities such as mental ill health, with the detainees then being seen by a mental health practitioner within custody (NPCC, 2020). The pre-release risk assessment is also important to determine if there are any safeguarding needs following release from custody with officers ensuring they understand support mechanisms for vulnerable people who are released from detention (NPCC, 2020). In addition, there is a need to ensure that those suspects who present to police under voluntary attendance also receive the same assessment of MH need and are referred to Liaison and Diversion services where appropriate (Criminal Justice Joint Inspection, 2021).

Officers and staff also need to be aware that MH and vulnerability-related risk is dynamic and can change during, or even be triggered by, the investigation, so on-going assessment of risk is needed for victims and suspects. | Suspects/offenders are safeguarded whilst in custody leading to fewer near misses or deaths in custody

Assessing suspects/offenders for risk of harm pre-release from custody will ensure they are either safeguarded or signposted to appropriate services leading to fewer deaths following police contact

Victims and suspects are aware that their MH needs will be recognised and responded to appropriately | How do you ensure that victims and suspects/offenders experiencing mental ill health and vulnerability related harm are identified?

Are your officers/staff aware of the dynamic nature of risk and ensure the victim or suspect/offender is assessed throughout their contact with police? | **PEEL Measures:**
1.4 The force carries out a proportionate, thorough, and timely investigation into reported crimes.
▪ 1.4.1 All investigative opportunities are considered. And those which are proportionate are carried out in a timely manner.

1.5 The force makes sure that it follows national guidance/rules for deciding which outcome code it assigns to each report.
▪ 1.5.1 When making a decision on an outcome, the force's systems and processes make sure that appropriate consideration is given to the nature of the crime, the offender, and the victim. |
| **Links with other services and organisations are established to enable the signposting and referral of individuals experiencing mental ill heath and vulnerability related harm** | This activity links with Action 2.1.3 Access to Services. Officers/staff should have access to information about local and national services to assist with signposting. The VKPP Peer Review team found that forces use mobile apps such as Crewmate or Vulnerability Mobile App that alongside other guidance, provide information on signposting. Additionally, the NVAP benchmarking showed that some forces provide specific training on signposting appropriately.

An example of this are liaison and diversion (L&D) schemes which have been set up within police custody suites across England and Wales. These schemes generally involve MH professionals being based within custody suites and courts to help identify MH and other vulnerability-related needs in those who have been arrested in order to provide signposting or referrals to further support and treatment (House of Commons, 2015). Addressing these potential drivers of offending behaviour has also been seen to be key in successfully breaking the cycle of offending (NPCC, 2022). Although embedded in most forces, the NVAP benchmarking exercise identified that the set up of L&D schemes varies across forces with some being a 24/7 services whilst others run at more traditional office hours.

The NVAP benchmarking exercise also identified that several forces use multi-agency suicide prevention groups with a focus of sharing information and data, identifying high frequency locations and providing access to specialist services, including support for suspects. | Addressing the key drivers of criminality will result in reduced re-offending

Officers/staff feel confident that they can appropriately refer or signpost an individual to the relevant support service | How do you measure the effectiveness of liaison and diversion services in your area?

How do you know if officers/staff are appropriately referring or signposting individuals to the appropriate support services? | 5.1 The force has effective oversight of investigations and carries out quality investigations to get the best results for victims.
▪ 5.1.2 The force consistently carries out thorough investigations, which lead to satisfactory results for victims.

5.2 The force secures justice for victims.
▪ 5.2.1 The force consistently achieves appropriate outcomes for victims, which include bringing offenders to justice.

Other potential measures:
▪ Dip sample of investigations where MH is a factor to ensure appropriateness of decision-making and outcome codes used

▪ Review of assessments for voluntary attendees to ensure MH is considered |
| **Officers/staff consider the MH and vulnerability needs of the victim and suspect/offender throughout the investigation** | Officers/staff need to ensure vulnerable individuals have access to an appropriate adult where needed and that officers/staff have a good understanding of MH in investigations in order to make appropriate case management decisions. It is suggested that only one in ten offences are causally connected to a MH disorder with MH either being unrelated or only a contributing factor to other offences implying that the offender could still be held criminally liable (College of Policing, 2016). Therefore, it is important not to close cases inappropriately. One way of monitoring this is by measuring the appropriate use of outcome codes, particularly OC10 and OC12 as highlighted by the Joint Inspection report (Criminal Justice Joint Inspection, 2021). However, it has been reported anecdotally that problems with the appropriate use of codes can be hidden, especially if monitoring the use of specific codes as other codes may be used instead.

Greater awareness of the need to identify MH needs may however lead to more individuals identified with needs but with those needs incorrectly assessed in terms of investigation and case-management.

The MH needs of the victim should also be considered throughout the investigation with an awareness from officers/staff that the investigation itself can be a trigger. Where required the use of advocacies could be used to support the victim and a trauma informed approach should be used | Victims and suspects/offenders experiencing mental ill health can be confident that they will receive the support they need to guide them through the criminal justice system/processes

Officers will be more confident of their understanding of MH in investigations and, where appropriate, progress cases to prosecution bringing justice to the victim

Cases involving MH will be less likely to be inappropriately closed | How do you ensure that victims and suspects/offenders have their MH needs identified during investigations

How do you measure the appropriateness of the outcome code used for an investigation involving MH? | ▪ Link to measures for actions 2.1.3 Access to Services and 2.2.1 Appropriate Action |

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Vulnerability Knowledge & Practice Programme

VKPP NVAP Action Impact Plan

This form can be used to identify what impact you want to measure and how it will be measured

Action 2.1.2 Mental Health

Impact Realisation Plan			
Reporting Period:		**Project Lead:**	
Prepared By:		**Date Prepared:**	
Objective 1:	**To understand the mental health related demand in relation to vulnerability in order to inform strategic and operational planning**		
Impact Owner:			
Impact Description:	*Organisational Impact:* **Forces understand their mental health related demand and are able to develop pathways with partners enabling forces to have greater confidence and capacity within the workforce to deliver an appropriate response to individuals experiencing mental ill health, particularly where this increases their level of vulnerability.**		*External Impact:* **Victims, vulnerable individuals, and offenders are confident that their mental health needs are recognised and given an appropriate joined up response with other relevant services such as health increasing trust and legitimacy.**
Activity:	*What action do you plan to take? (See logic model for suggestions)*		*What action do you plan to take? (See logic model for suggestions)*
Output:	*What is the anticipated product of that activity? (See logic model for suggestions)*		*What is the anticipated product of that activity? (See logic model for suggestions)*
Impact Measurement:	*How will you measure the impact? How will you know it has been achieved? (See Supporting Information for suggestions)*		*How will you measure the impact? How will you know it has been achieved? (See Supporting Information for suggestions)*
Progress:	*Example: Dip sample of incidents completed*		*Example: Audit of MHRI's where police have responded*
Next steps:			
Risks:	*Enter the risk/unintended consequence associated with the impact*		*Enter the risk/unintended consequence associated with the impact*
Risk Mitigation Strategy:			
Additional Comments			

Objective 2:	To work with partners, especially those in health, to provide a combined safeguarding response to individuals experiencing mental health crisis and vulnerability related harm	
Impact Owner:		
Impact Description:	*Organisational Impact:* **Forces understand their mental health related demand and are able to develop pathways with partners enabling forces to have greater confidence and capacity within the workforce to deliver an appropriate response to individuals experiencing mental ill health, particularly where this increases their level of vulnerability.**	*External Impact:* **Victims, vulnerable individuals, and offenders are confident that their mental health needs are recognised and given an appropriate joined up response with other relevant services such as health increasing trust and legitimacy.**
Activity:	*What action do you plan to take? (See logic model for suggestions)*	*What action do you plan to take? (See logic model for suggestions)*
Output:	*What is the anticipated product of that activity? (See logic model for suggestions)*	*What is the anticipated product of that activity? (See logic model for suggestions)*
Impact Measurement:	*How will you measure the impact? How will you know it has been achieved? (See Supporting Information for suggestions)*	*How will you measure the impact? How will you know it has been achieved? (See Supporting Information for suggestions)*
Progress:	*Example: Review of Information Sharing Agreements*	*Example: Survey updates etc*
Next steps:		
Risks:	*Enter the risk/unintended consequence associated with the impact*	*Enter the risk/unintended consequence associated with the impact*
Risk Mitigation Strategy:		
Additional Comments		

Objective 3:	To ensure that mental health needs and vulnerability are regularly considered for victims and suspects and that the most appropriate criminal justice pathways are followed, signposting to services where required	
Impact Owner:		
Impact Description:	*Organisational Impact:* **Forces understand their mental health related demand and are able to develop pathways with partners enabling forces to have greater confidence and capacity within the workforce to deliver an appropriate response to individuals experiencing mental ill health, particularly where this increases their level of vulnerability.**	*External Impact:* **Victims, vulnerable individuals, and offenders are confident that their mental health needs are recognised and given an appropriate joined up response with other relevant services such as health increasing trust and legitimacy.**
Activity:	*What action do you plan to take? (See logic model for suggestions)*	*What action do you plan to take? (See logic model for suggestions)*
Output:	*What is the anticipated product of that activity? (See logic model for suggestions)*	*What is the anticipated product of that activity? (See logic model for suggestions)*
Impact Measurement:	*How will you measure the impact? How will you know it has been achieved? (See Supporting Information for suggestions)*	*How will you measure the impact? How will you know it has been achieved? (See Supporting Information for suggestions)*
Progress:	*Example: Audit of closed cases where MH was a factor*	*Example: Review of use of Appropriate Adults and victim advocates in line with policy*
Next steps:		
Risks:	*Enter the risk/unintended consequence associated with the impact*	*Enter the risk/unintended consequence associated with the impact*
Risk Mitigation Strategy:		
Additional Comments		