### **Application for Goldstein Award - Checkpoint**

### **Scanning**

During an informal conversation between two senior officers the issue of what would feasibly happen to one of their teenage sons should they make a stupid mistake, for example if he was found in possession of cannabis or became embroiled in a drunken argument in the street and it led them into the criminal justice system? Would the young man be penalized forever with a criminal record, lose his job? Would it lead him down the wrong path and would it jeopardise his future? Or was there an alternative way of dealing with that young man, and others like him, to educate them and put them back on the right track without disadvantaging them any further whilst at the same time improving life chances and overall wellbeing. This conversation eventually led the senior officers to consider the processes that offenders, particularly first-time offenders, go through when they enter the criminal justice system for low-level offences and whether this played a part in the re-offending rates.

The current situation in relation to criminal outcomes are limited and fixed; once a crime is reported and a suspect is identified, that individual becomes part of the criminal justice process and their behaviour is recorded within the criminal systems. Even juveniles or young adults can end up with a recordable caution or conviction which then remains on their record for the rest of their lives and is disclosable to future employers; affecting their careers, travel, finances etc. This situation can have a detrimental impact on that person long after the incident in question. Once that happens, that individual is more likely to re-offend particularly if the root cause of their behaviour or action was not addressed or resolved at an early stage.

Early research within Durham Constabulary's data showed that approximately 42% of offenders committed a further offence within 6 months and almost 60% re-offended within 2 years. It became clear that the criminal justice process was doing nothing to address the likelihood of re-offending and the current processes were not deterring offenders (see Appendix 1).

The issue of re-offending and damaging life chances was identified by a number of police officers in varying roles within Durham Constabulary when looking at problem-solving (which is a significant approach in Durham Constabulary's policing methods).

A small team of police officers were tasked to look at this further to identify possible solutions to reducing re-offending rates as well as aiming to improve people's lives at the same time. The team consulted with Public Health authorities (NHS) and with other partner agencies such as employment and substance misuse agencies to look at solutions and methods of interventions and agree a plan of joint working with the low-level offenders.

The British Government has a clear mandate that the police service is expected to not only investigate but also to reduce crime, and particularly in this period of austerity it is recognized that this can only be achieved if police and partner agencies work alongside each other and think of innovative and cost effective solutions.

This partnership arena is supported in law by the Governments 1998 Crime and Disorder Act, in which statutory partnerships were created in order to prevent crime and to rehabilitate offenders.

The Checkpoint Programme developed from the changes in the British Government's approach to "out of court disposals". Out of court disposals and other similar interventions have been available for a long time and the principle of dealing with routine, low-level offences without the need for bringing the matter to court is well-established. The "police caution", in which an officer warns an offender about their conduct and records the matter for future reference, has existed formally for decades and informally since the advent of policing. Volume motoring offences such as speeding are routinely dealt with by way of a fixed penalty notice issued by the police allowing the offender to discharge liability for the offence by paying a financial penalty or request a hearing at court.

In April 2013 the government removed the requirement on the Crown Prosecution Service requirement to decide on whether conditional cautions were a suitable disposal for offenders and devolved the decision process to the police sergeants responsible for the management of custody suites. This created not only an increase in time spent on disposal decision-making

by the police sergeant but also a requirement on the police to set and manage conditions for offenders.

This decision resulted in a paradigm shift in British policing whereby out of court disposals significantly increased, some of which were poor quality, were not applied correctly, and were wide in their variety. However there was little to no attempt to understand the driver for behaviour (Criminal Justice Journal 1, 2011).

This was at odds with the Integrated Offender Management Unit (IOMU) whose role was to support offenders, identify their critical pathways to reduce reoffending and create an evidence base of interventions that had proven results. Durham Constabulary and its partners had previously brought together co-located teams to manage the most prolific repeat offenders in line with the Governments policy on Integrated Offender Management (IOM) (Home Office 2009).

In February 2015 the Government reiterated this stance in their refreshed key principles IOM document, which reaffirmed the partnership approach (Home Office 2015). Tackling the underlying causes of crime (Critical Pathways) is meant to be embedded in the culture of the IOMU. These teams have proven to be very effective at reducing reoffending, based on a particular cohort's reoffending rates.

The implementation of the rehabilitative role of the IOM, in the Durham force area, however, has been varied. Their policy is to target the most persistent and problematic offenders, Sherman's "power few", who invariably require intensive support and the IOM cohort have limited capacity to provide such support (Sherman 2007).

Checkpoint is a culture-changing initiative, it seeks to tackle the root causation of offending and associated health and community related issues at a much earlier point in an offender's life. Checkpoint aims to utilise interventions to provide a structured diversion focused on identifying critical pathways to reducing reoffending for low and medium harm offenders with the aim that both demand and reoffending will be reduced. Checkpoint uses specialist "navigators" to identify individuals aged 18 (or over) in order to identify the most appropriate interventions or services to support the individual away from crime (*supported desistence*) and

improve their life chances, overall health and wellbeing. This project primarily aims to capitalise on a bespoke forecasting model which identifies those of greater risk of reoffending based on statistical evidence for entry into the scheme.

Academic research shows that the fear of prosecution and the certainty of prosecution (rather than the severity of punishment) can have a greater impact on an individual and their motivation to change (Routledge 2015).

Checkpoint is a voluntary programme but completion will result in an exit from the Criminal Justice System as long as the offender complies with their individually tailored 'contract to engage' (see Appendix 5) which is designed to address the critical pathways of that individual. Any failure, either through re-offending or lack of engagement, may result in formal court proceedings being invoked.

Within Durham Constabulary's policing area, on average 16000 people are arrested each year; with 4000 being brought into custody as a voluntary offender. However, of these figures, only 6000 individuals were brought into custody, suggesting that a significant number of individuals are repeat offenders.

42% of low-level offenders will re-offend within 6 months of their first arrest (Appendix 1). Low-level offenders are often given a caution or fixed penalty notice in the early stages of their offending pathway and offenders at this level are given no opportunity to address the root causes of their offending behaviour. This also means that first time offenders may be disadvantaged later in life after making one mistake which has resulted in a criminal record.

The current out of court disposal options were looked at and although these were beneficial in some cases, they were not always applied correctly; they did not address the root causes of offending behaviour and therefore did not prevent re-offending.

During the research stage of Checkpoint, it was also recognized generally that health and wellbeing within the community was not as good as it should be, in particular in those "hard to reach groups" who may have issues in key critical pathways. It was accepted that the police as an organization often came into regular contact with these "hard to reach groups" within the community such as homeless groups, those suffering with mental health or those addicted

to alcohol or drugs and it would benefit the community as a whole to maximize the opportunity for intervention from public health and other health service providers.

Checkpoint is not simply about crime and disorder; it's about life chances, health and wellbeing, community confidence and cohesion. It capitalises on Durham Constabulary's ethos and experience in Problem Orientated Policing and partners expertise in treating the underlying causes of crime – Checkpoint is problem-solving on an individual basis and on an industrial scale. It is also a multi-agency programme which aims to improve awareness of and access to health-based services for all persons presenting at Police Custody in order to improve public health, life chances, and both individual and community wellbeing.

Early consultation took place between the police and public health in order to secure support and involvement in this multi-agency initiative. Partner agency links with Durham Police were already strong however further links were established early in the process to ensure services were available to offenders once the programme commenced. The overarching responsibility for the Checkpoint Programme is the "Durham and Darlington Reducing Reoffending Group". The development and implementation of Checkpoint was also governed by a multi-agency board consisting of various partner agencies including police, council, social care, mental and physical health services, and employment and housing services.

Research conducted in the Durham Police area also showed that victim satisfaction was better if they were given regular updates in relation to their case and if reassurances could be given that the offender would not repeat their behaviour again in the future. In the majority of cases, the police were unable to fulfil this level of victim satisfaction; it proved difficult to explain the rationale of the traditional out of court disposals to victims or be in a position to give any reassurances regarding re-offending, which may have contributed to a drop in victim satisfaction in the past. Checkpoint aimed to redress this by ensuring personal contact for each case that was referred to the programme and giving full explanations to each victim. Restorative Justice was also discussed with every victim where appropriate to give the victim "a voice" in the criminal justice process. In 2006 the Victims Code was introduced to UK policing whereby there is defined rules of contact with each and every victim of crime as

standard. As part of the Checkpoint process, this code was adhered to, with regular updates given to the victim as and when they requested it throughout the duration of the offender's contract.

### **Analysis**

As alluded to earlier in this report, the research carried out within Durham Constabulary policing area showed that, per year, 16000 *arrests* were recorded along with 4000 *voluntary attenders* brought into custody for various offences. A "voluntary attender" is someone who volunteers to be interviewed in relation to an offence thereby negating the need for an actual arrest to be made. The research also showed that, of these 2000 detentions in custody, only 6000 individuals equated for that figure suggesting that re-offending was prevalent. The average number of offenders in the IOM cohort is 200 therefore thousands of people are leaving police custody each year having never been assessed as to why they offend and what could be done to prevent them reoffending.

Many of these people are at crisis point, leading chaotic lifestyles, lacking the knowledge to access support services and vulnerable to reoffending. Based on research conducted in Durham, Checkpoint was developed to close this gap and address the critical pathway needs of low and medium level offenders.

Many victims were also left dissatisfied with the outcome of their crime or incident, with offenders receiving a simple caution or small fine and nothing more.

There is a lot of research suggesting that key critical pathways are often prevalent in an offenders' background which, if addressed early enough, could reduce the likelihood of their re-offending. These pathways may be mental and physical health, substance misuse (alcohol and drugs), financial/unemployment problems, housing or relationships/peer groups. Fixed penalty punishments and cautions do not enable offenders to address their issues and often can exacerbate their problems. For example, a fixed penalty notice is a financial punishment of a standard amount of money to be paid by a person committing certain low level offences however if an offender is struggling financially and addicted to drugs or alcohol,

then they are unlikely to be in a position to ever pay the fine, resulting in more severe punishment and compound their difficulties.

There was also another perspective to the issue; improving the wellbeing of people within the community was also key to this programme. A lot of research was carried out by public health in relation to "hard to reach" community sections and it quickly became apparent that by working together with the police on a multi-agency programme, the benefits would be twofold. As well as reducing the likelihood of re-offending, it would also be possible to improve a person's wellbeing and enable better engagement with services within the community. Overall this would also benefit the wider community (less victims, less crime, increased wellbeing). There are several examples of such improvements. For instance, offender A; a known alcoholic, was living in a community where anti-social behaviour was prevalent by local gangs of youths. These youths targeted offender A because of his issues and he was struggling to deal with them. The situation worsened within the neighbourhood as he reacted to their behaviour and incidents of anti-social behaviour increased significantly. Offender A was eventually arrested for causing damage to one of the gang member's car and was referred to Checkpoint. We were quickly able to identify that alcohol and mental health were key issues in his life and referred him to support services. In a short space of time, offender A significant reduced his alcohol intake and was better able to deal with issues in the community and the anti-social behaviour lessened considerably. Other residents within that community also benefited from the reduction of crime and disorder.

Another case study involves a young female in her early 20s, who had been in and out of care since her mum died when she was 8 years old. By the time she was 11 years old, she was alcohol-dependant and continued drinking and socialising with other alcoholics for the next 10 years. At 18 years old she was released from social care and left to fend for herself with no means of financial income, no home, no job and no support. Things deteriorated rapidly for her and she ended up stealing alcohol for herself from local shops. At her third offence, she came onto the Checkpoint programme and with the help of the navigator, she managed to turn her life around – she sorted her finances out, she reduced her alcohol intake

significantly, she secured her own accommodation and eventually got herself a job. She achieved all this within the 4 months she was on the Checkpoint programme and she is forever grateful for the support and opportunity given.

Prior to Checkpoint being implemented, a lot of the community problems were being dealt with by various agencies, departments or individuals with no real structure or plan. What worked on one occasion was not necessarily applied on another occasion and no sharing of information was in place. This often meant that re-offending occurred and good practice was missed by the lack of information-sharing.

Research shows that the physical and mental health of people within the Durham Constabulary policing area is suffering in comparison to other areas of the UK with mortality rates being lower than anywhere else in the UK. These rates also vary depending on which area of County Durham that they reside ie the north area is deemed to have more unemployment and poor health than areas within the south of the county. The demographics of these areas play a significant part in the root cause of offending.

The Checkpoint programme was publicised within the local communities prior to commencing and when explained to the public, it was both well-received and welcomed by the majority of the public.

Discussions with service providers (such as the NHS) and partner agencies were also well-received and mutual agreements were obtained to forge greater links between the navigators facilitating offenders to engage with said services in a timely and appropriate fashion.

### Response

It was agreed at strategic level for the police to work with partner agencies to create an intervention programme which was designed to address any individual critical pathways and ultimately support the offender in desisting from re-offending. Durham Police was the lead organisation working closely with partner agencies such as Probation and drug & alcohol services.

The joint aim was to both reduce re-offending within the area but also improve wellbeing within the community, either directly or indirectly.

The Checkpoint assessment process involves the completion of an in-depth assessment form with the offender (see Appendix 3) which includes questions around each and every critical pathway regardless of the referring offence. The Checkpoint contract is a bespoke contract created as a result of the assessment stage and usually contains between 2-5 conditions (see Appendix 4). This contract is tailored to meet the needs of both the individual offender, the victim in that case and the wider community. The conditions included two mandatory agreements that no re-offending takes place within the duration of their contract period and that restorative justice options would be considered and participated in where appropriate. The remaining conditions would relate to the offenders' critical pathways such as substance misuse, health issues, housing or employment issues or consequential thinking.

It was anticipated that by complying with this contract, it would reduce the re-offending rates whilst at the same time improving the wellbeing of the community, including victims of crime, local residents and the offender themselves. Durham Police considered other similar projects (such as "Turning Point" which West Midlands Police had implemented on a smaller scale) however it was decided that a more in-depth and supportive programme would be more beneficial within the community.

It was also decided that, at the end of their contract, each offender is required to complete an evaluation form that includes both qualitative and quantitative information about their time on Checkpoint (see Appendix 5).

As it was always intended to be a multi-agency approach to the issue, agreements were in place with partner agencies for 8 navigators to be seconded to Durham Police specifically for Checkpoint. 4 members of staff were Probation workers and 4 were recruited from local council-funded substance misuse services who were already working within communities to manage and reduce harm amongst those persons addicted to drugs and/or alcohol providing a more holistic approach. These members of staff worked within Durham's police stations supervised by the police team.

Initially there were issues around admin and technology as well as wider legal issues around partnership working, for example in relation to data protection and sharing of confidential information. Cost was an implication in the early stages however these were quickly resolved in the pilot stage of the programme through early consultation and sharing of costs between local government and the police. There was also other more practical issues such as the volume of cases that were referred to Checkpoint in the early stages which vastly exceeded the numbers anticipated. There was a brief halt in the programme between Phase 1 in December 2015 and Phase 2 in February 2016. Phase 1 was the testable treatment phase when Checkpoint was first implemented which allowed the team to adapt the processes according to any identified needs. Phase 2 was commenced a short time after Phase 1 once minor issues around workloads, criteria and admin processes had been resolved. (Phase 3 commenced in May 2016 and is currently running as part of an academic "randomised control trial").

### Assessment:

The goals and objectives were far exceeded from the initial expectation with Checkpoint. In Phase 1 alone, 541 offenders came onto the Checkpoint programme with just over 10% failing the programme. Only 4.3% of this group re-offended in comparison to the 42% re-offending rate prior to Checkpoint. 5.9% failed due to lack of engagement on the programme.

Further checks show that, to date, only 12.9% of the Phase 1 cohort have been re-arrested with only 3.6% of those being convicted during the following 18 months (see Appendix 2).

Regular QA reviews were carried out by the two police supervisors in every individual case and these cases were also dip-sampled and reviewed by the Detective Inspector. Any issues were quickly identified and resolved, for example follow-up calls were made to other service providers to ensure that they had fulfilled their requirement in working with the offender. An example of this is the case of a young male who suffered with mental health issues after experiencing a bereavement. He was advised to attend counselling sessions in relation to this however due to his character, he felt unable to speak openly about his issues therefore did not disclose his issues and his case was closed without further counselling. Once this was

realised during the review, his navigator was requested to visit the counsellor with the offender to speak on his behalf at the initial appointment to enable the right support to be given.

Data was also collected and analysed by a designated analyst and regular updates were fed back to the team on a regular basis highlighting any anomalies or issues with the process (Appendix 2).

The data is reviewed every 6 months in relation to the re-offending rates for 2 years. Phase 1 data is completed for the 2 year period, as outlined in Appendix 2. Evaluation of Phase 2 and 3 are continuing.

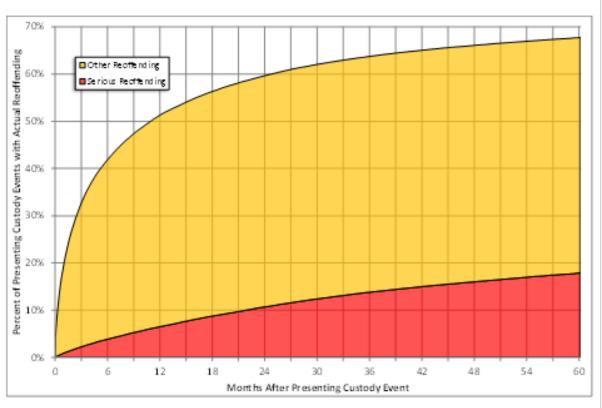
At the end of every contract, the offender was asked to complete an evaluation form outlining any improvements on a scale of 1-10 as well as completing a set of questions to ascertain the benefits from the programme (see Appendix 5). This form was developed by the police team to look at both quantitative and qualitative responses.

Communication became smoother as the programme became embedded into mainstream work and this enabled us to gather feedback from partners and service providers such as Mental Health Teams, Social Services, Local Authorities and Substance Misuse Services.

As already mentioned, Durham Police are currently conducting a Randomised Control Trial assisted by Cambridge University to compare both qualitative and quantitative data; this is ongoing and is anticipated to continue until April 2018. This is one of the few RCTs to be carried out within the criminal justice arena in over 50 years and is aimed at providing evidence of the positive impact of Checkpoint.

### **Appendix 1 - Re-offending Rates**

### Prevalence of Any Reoffending over Time:



### Appendix 2 - Phase 1 data

Failures (engagement)	% failure to engage within 122 days of start of Checkpoint contract	31	5.9%
Failure (re-offending)	% arrested within 122 days of Checkpoint contract	23	4.3%
Within 6 months	% rearrested	28	5.9%
	% convicted	6	1.3%
Within 9 months	% rearrested	20	4.2%
	% convicted	6	1.3%
Within 12 months	% rearrested	16	3.4%
	% convicted	5	1.1%
Within 18 months	% rearrested	4	0.8%
	% convicted	2	0.4%

# **Appendix 3 - Checkpoint Assessment form**

			Refe	erral					
Surname									
Forenames									
DOB			Ethi	nic Apeara	nce				
Nat Insurance			NHS	S No					
Phone			Ema	ail					
		R	eferr	al Area					
Blue Light Drinl	kers 📗			Checkpoint				3	BD L
Claires	Law 🔲		Dome	stic Violence				Era	se 📗
Protect a C	_			IOMU			N	ЛAR	
	POP 📗			Sarahs Law				SP	_
Think Far	mily 🔲			VI	PLL			E-sa	rety_
Crime / Incident No									
SAF /Other Refs									
Custody / VA No									
Arresting Officer									
Custody Officer					_				_
DV Related		res 🔃		NO	<u> </u>		N/A		
Hate Crime	'	Yes 🔃		NO			N/A		
BWV	'	res 🗌		NO	$\Box$		N/A		
CCTV	١	res 🗌		NO			N/A		
		Of	fendi	ng Area					
Barnard Cas	tle 📗			Auckland				Croc	k L
Chester le Stre	eet 🗍			Consett			Darli	ngt	on
Durh	am		Newto	n Aycliffe			Pet	_	_
Seaha	am 🗍			ennymoor			Sta	anle	v
Interview Status	_			Denial	$\overline{}$		Full Adm		
mich view statu.	,			No Reply			Partial Adm		
Bail Date					_			_	
Bail Time								_	
Bail Station			Bishop	Auckland			Darli	ngt	on
			Durh		_		Pet		_
Appointment Date				Appointn	nent	Time			
Location				OIC					
Vulnerabilities (Age,	Disabilit	ies, Gend	er, Com	munications	s and	languag	ge, Health, App	prop	riate
Adult etc)									

Assessment										
Assessment	Police Office 🔲	Street		Other 🔲						
Location										
Person Completing	Name		No:							
Date		Time								
Cultural, Lifestyle,										
Disability, Religious										
Requirements or Traveller background										
Traveller background										
Ex Forces										
Yes No No										
Vulnerable										
Offender										
Yes No No										
List any other agencies										
you are involved with (Include Phone Nos.										
Names, Times and										
Dates such as DWP,										
Doctors etc)										
Subjects Account of the										
Offence (include Behaviour, Involvement,										
Victims, Ages,										
Vulnerability, Motivation,										
Mitigation, Planning, Breach of trust, etc)										
breach of trust, etc)										
What would have		· · · ·								
prevented you from committing this										
incident/offence? (eg										
CCTV, Smart Water,										
Increased Security/Staff, NHW, Layout, Other -										
provide details)										
Are there any other										
outstanding matters										
which need to be considered?										
Yes No	-									
"   "   "										

CJS Involv	ement									
No CJS Involve		Previ	ious to YOS	Previous	to CRC					
Current to CR0		Previ	ious to NPS		Current to NP	SIII				
Previous C	rder Ty	pes								
		ARR			ASB Order		Binding	Over Order		
	ommunity 0			Comm	nunity Payback			cation Order		
Community		Varning ncil) 🔲		rt Fines	(Outstanding)	Force	d Marriage P	rotection Order		
Depravati	on of Owne			С	)isqualification	Dis	qualification	of Ownership -		
		. –			_	'		Animals		
	g Banning O				DRR	_		lusion Order		
Footba	II Banning O		Forfeit	ure Des	truction Order			lealth Order		
Police Informati	Not Applic on Notice (				Other DVPN/DVPO		enting Order			
		rison			SOPO			tence Order		
R	estraining 0	)rder	Fine	s, Costs	& Compensation					
					(offender)					
Support Net	work					,				
1	lame		DOB o	r Age	Sex	Relat	ionship	Same Address		
					M F			Y N		
					M F			YNN		
					M F			YNN		
					M F			YENE		
			_		MD FD		_	VENE		
			_	-				V   N		
					M F			Y N		
					M F			YUNU		
					M F			Y D N D		
Victim of Cri	me									
Have you ev	er been	the vi	ctim of a	crime	?	Yes		No 🔲		
Crime	Tyne	$\overline{}$	Year	Repo	rted to Police	Yes		No		
Violence		d 🔲	Teal			ummary of o	rime			
Violence 🚨	1120	-			-	ammary or c	. Time			
Sexual Offence	The	ft 🔲								
Offence										
Damage / Arson	Othe	er 🔲								
				B						
Crime			Year	керо	rted to Police	Yes		No 🔲		
Violence 🔲	Frau	d 🔲			5	ummary of o	rime			
Sexual	The	ft 🔲								
Offence										
Damage / Arson	Othe	r 🔲								
	- Care	_								

(	Crime	Туре	2	Y	ear	Repo	rted to	o Police	Yes		No	· 🔲
Violen	nce 🔲		Fraud	1					Summary	of crime		
					- 1							
					- 1							
	Sexual		Theft	-	- 1							
	nce		inert <u>u</u>	-	- 1							
Damage /	Arson		Other	1								
					- 1							
					Н	lous	sing	3				
							stle	í		Housi	ng Assoc	iation
C	rrent		Livin	e with P	arents o		_	1			lo Fixed /	
		.	CIVIII	S WICH	Owner		_	1			rivate Te	
Accom	iodat	ion					_	1	Chara			
-	ype		0.4	a Suefie		Sleep		1			Accomo	
(mark	one bo	ox)	501	a Surfin	g Family	/ Frie	nas	a l	Sup	ported	Accomo	uation
								•				
le	sues			Advice	e and Ap	plicati	on				Ut	tilities 🔲
							ASB	j l		Commu	nity Inte	gration
(mark	all Issu	ies)		Enviro	nmenta		_	î			afety & S	
					cial Mar		_	<del>í l</del>		, .		oucher.
					iciai iviai		her	í				to Quit
				Pol	eased fro		_	1	Dro	vious Eu	iction W	
							_=	1	rie	VIOUS EV		
				1	ravel / 1			4				Arrears
					Warder		_=	1		Rent	& Debt	Arrears
			<u> </u>		Social I		_	1				
					this ref			Yes	_	No	_	
Is the su	ubjects	s wide	er offen	ding lin	ked to th	his		Yes		No		
pathwa	y?											
Is the	re a w	orkin	g smok	e Alarm	within	the	Y	es			No	
			propert	_								
Free Te	ext (if h	ousin	g is an io	dentified	l issue ple	ease in	clude t	the subje	ects previ	ous addre	esses fron	n the last 5
year	rs, this	will as	sist the	housing	provider	r. Reco	rd any	relevant	t rationale	and info	rmation	below)
00.3 ***	a of 1.4	0 (1 1-	w imeas	5-10 bi-5	impact) h	Mark Co.	ch do :	ou feet -	ccommad:	tion issue	s hove on	ntributed to
					upon you					ation issue	s nave co	ntributed to
None	1		2	3	4	5		6	7	8	9	10
	_											

		Emp	loym	ent /	Educ	atio	n / Tra	aining	3	
State	US (Mark	Τ	-	Full Time	Education	1		Full	Time Emplo	yment
on	e box)		Incapaci	ity Benefit	/ Sickness			Pa	rt Time Edu	ucation
			Pa	rt Time Em	ployment	1				Retired
				Tem	p / Casual				Unem	ployed
					Unknown	1				
Т	ime			0-	6 Months	1			6-12 /	Months
Fr	ame				1-2 Years				3-	4 Years
(Mark	one box)				5-6 Years	]			7-	8 Years
				9	-10 Years				10	+ Years
Curren	t									
Occupa		-								
Previou										
Occupa										
Highes					A Leve	_				Degree
educat				GC	SE 1-4 (A-C GCSE Othe			No For	mal Qualif	+ (A-C)
Qualifi	cation				NVQ 1-			110101		VQ 4-5
			Other (	please spe	cifiy below				Post Gr	aduate
			Professio	nal Work C	(ualificatio	_			Declined	to say
Educat					0-1-	_				15
Leaving	g Age									17
						30				19
										21
					22					
	Interests, seriences & s									
Reading a Ability &	and Writing Issues									
Qualificat	tion / Skills									
Restrictio										
Availabili Commitm	ty/ work nents (recor									
details of	Work									
Coach)										
Preferred	Work									
Free Te	ext to pro	vide furt	her detail	ls.						
			y linked to			Ye	S	No		
	_	ider offe	ending lin	ked to th	is	Ye	S.	No	Į	
pathwa					-1.5					
		-	-	_	-	-	ou feel emp			
	; issues na Ilbeing?	ve contrit	rated to yo	Jai Olleilu	iiig anu n	an is till	a unpacting	apon you	current fi	calul
None	1	2	3	4	Ε.	6	7	2	9	10
			Ó	Ò	ú	Ŭ	Ó	ŭ	Ó	ũ

Issues		Arrear	s of Bene	fits 🔲			Care	r Paid
		0	arer Unp	aid 🔲			Child C	
		Cred	it Card D	ebt 🔲		Curre	ntly Sand	tioned
			DLA/I					ESA
		Fo	od Voucl				Gar	nbling
			ing Bene				Income Si	
				SA			ortgage A	
		Nib /						
		Other (spe			Danier		Pay Day	
			nal Loan		Previou		ns (No. T	
	Trs	insport / T					Jniversal	
		Uno	fficial Los	ns			Utility A	rrears
Previous Sanctions	Details (Includ	de circums	tances &	no of time	es)			
Yes No	П							
	4							
Currently	Details (Includ	le circums	tances)					
Sanctioned								
Yes No	Т							
"	4							
Current access to	Yes				No			
Bank Account		- 1	_			- 1		_
Free Text to provi	de further detail	ls						
Is this particular p	athway linked to	this sofo	real2	Yes		No		
					_	_	1	
Is the subjects wi	der offending lin	ked to thi	S	Yes		No.	j	
pathway?								
	10 (1 low impact-	10 high in	pact) hov	much do	you feel	vour finan	cial issues	have
contributed to	your offending an	a now is ti	nis impact	ing upon	your curre	nt nearth	and wellbe	eing:
	2 3						_	
None 1	2   3	4 1	5	6	7	8	9	10
None 1		4	5	6	7	8	9	10
None 1		4	5	6 	7	ů	<u> </u>	10

Finances (Mark all relevent boxes)

		M	ental	Healt	th (ма	rk all relev	ent bo	xes)						
			Anger M	anagemer				Atte	empted	Suicide				
				Bi-Pola			Bod	y Dysm	orphic D	)isorder 🔲				
			Bereaven	nent Issue	:S			Dement	ia / Alzh	eimer's				
	Depr	ression	(Clinical D	Diagnosed			Depres	ssion (S	elf Diag	nosed)				
				ng Disorde						ficulties				
Med	dication Iss	ue (Self		_						pulsive				
		(		Othe						Attacks				
			Personal	ity Disorde			Ph	obia (sn						
		P	ost -Traun											
				Self Esteer	_					If Harm				
				g Problem	_					solation				
	Strong I	Ameinte	(Clinical E			C+-	ess / An							
	ouess / /	Alixiety				SII			aumatic					
				lal Feeling		inically diagn				events				
Medica	tion, Trigge						Language		61					
	W	arwic	k-Edinbu	ırgh Mei	ntal We	llbeing Sca	ile (WE	MWB	S)					
	Ques	tion		None of the time	Rarely	Sometimes	Ofte		of the time	Total				
					,	-	- 4	_	5					
I've been feeling useful 1 2 3 4 5														
				I've been feeling relaxed 1 2 3 4 5										
I've beer	n feeling rela	xed	other	1	2	3	4		5					
I've beer		xed	other				_							
I've beer I've beer people	n feeling rela: n feeling inte	xed rested in	other	1	2	3	4		5					
I've beer I've beer people I've had	n feeling rela n feeling inte energy to sp:	xed rested in are	other	1 1	2 2 2	3 3	4 4		5					
I've beer I've beer people I've had I've beer	n feeling rela: n feeling inte energy to sp: n thinking cle	xed rested in are early		1 1 1 1	2 2 2 2	3 3 3	4 4 4		5 5 5					
I've beer people I've had I've beer I've beer	n feeling relai n feeling inte energy to sp: n thinking cle n feeling good	xed rested in are arly d about	myself	1 1 1 1	2 2 2 2 2	3 3 3 3	4 4 4 4		5 5 5 5					
I've beer I've beer people I've had I've beer I've beer I've beer	n feeling relation feeling interest of the seeding interest of the seeding seeding seeding seeding closes	erested in are early d about re to other	myself	1 1 1 1 1	2 2 2 2 2 2 2	3 3 3 3 3	4 4 4 4 4		5 5 5 5 5					
I've beer people I've had I've beer	n feeling relation feeling interest of the specific of the spe	erested in are early d about in the to other	myself	1 1 1 1 1 1	2 2 2 2 2 2 2 2	3 3 3 3 3	4 4 4 4 4 4		5 5 5 5 5 5					
I've beer people I've had I've beer	n feeling relace n feeling interest of the energy to span n thinking clean n feeling good n feeling close n feeling cont n feeling love	erested in are early d about to othe fident	myself er people	1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2	3 3 3 3 3 3	4 4 4 4 4 4		5 5 5 5 5 5 5					
I've beer people I've had I've beer	n feeling relation feeling interested in thinking clean feeling closs of feeling control feeling love in interested in feeling love in interested in	erested in are early d about in the to other fident ed in new the	myself er people	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3	4 4 4 4 4 4 4		5 5 5 5 5 5 5 5					
I've beer people I've had I've beer	n feeling relation feeling interested in thinking cle in feeling good in feeling confin feeling love in interested in feeling cheet	erested in are early d about ee to other fident ed in new the	myself er people nings	1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3	4 4 4 4 4 4		5 5 5 5 5 5 5 5 5 5					
I've beer people I've had I've beer	n feeling relation feeling interested in thinking clean feeling good in feeling confin feeling love in interested in feeling chean dealing with	erested in erested in early d about re er to other fident ed in new the erful h probles	myself er people nings	1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3	4 4 4 4 4 4 4 4 4		5 5 5 5 5 5 5 5 5 5 5 5					
I've beer people I've had I've beer	n feeling relation feeling interested in thinking cle in feeling good in feeling confin feeling love in interested in feeling cheet	erested in erested in early d about re er to other fident ed in new the erful h probles	myself er people nings	1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3	4 4 4 4 4 4 4 4		5 5 5 5 5 5 5 5 5 5					
I've beer people I've had I've beer	n feeling relation feeling interested in thinking clean feeling good in feeling confin feeling love in interested in feeling chean dealing with	erested in erested in early d about re er to other fident ed in new the erful h probles	myself er people nings	1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3	4 4 4 4 4 4 4 4 4		5 5 5 5 5 5 5 5 5 5 5 5					
I've beer people I've had I've beer	n feeling relation feeling interested in thinking clean feeling good in feeling confusion feeling love in interested in feeling chean dealing with a feeling option able to make	erested in erested in erested y d about rest to other fident ed in new the erful h probles imistic ab	myself er people nings ms well pout the	1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3	4 4 4 4 4 4 4 4 4		5 5 5 5 5 5 5 5 5 5 5 5					
I've beer people I've had I've beer	n feeling relace in feeling interested in feeling good in feeling close in feeling confin feeling love in interested in feeling cheen dealing with in feeling option able to make out things	erested in erested in erested in d about in erested in new the erful h probles imistic above	myself er people nings ms well pout the	1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3	4 4 4 4 4 4 4 4 4		5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5					
I've beer people I've had I've beer	n feeling relace in feeling interested in feeling good in feeling close in feeling confin feeling love in interested in feeling cheen dealing with in feeling option able to make out things	erested in erested in erested y d about rest to other fident ed in new the erful h probles imistic ab	myself er people nings ms well pout the	1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3	4 4 4 4 4 4 4 4 4		5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5					
I've beer people I've had I've beer future I've beer mind ab	n feeling relace in feeling interested in feeling good in feeling close in feeling confin feeling love in interested in feeling cheen dealing with in feeling option able to make out things	early d about reto other fident ed in new the erful h problet imistic ab	myself er people nings ms well pout the	1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3	4 4 4 4 4 4 4 4 4	59-70	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	average				
I've beer people I've had I've beer	n feeling relation feeling interestry to sport thinking cleen feeling good on feeling confin feeling cheen interested in feeling with the feeling option of the feeling option able to make out things	early d about reto other fident ed in new the erful h problet imistic ab	myself er people nings ms well court the	1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3 3	4 4 4 4 4 4 4 4 4		5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5					
l've beer people l've had l've beer	n feeling relation feeling interested in thinking cle in feeling close in feeling check in feeling check in feeling option feeling option able to make out things  Tree oints Wellbergery low	erested in are early d about re to other fident ed in new the erful h probles imistic ab	myself er people nings ms well court the own are 32-40 E average w	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3 3	4 4 4 4 4 4 4 4 4		5 5 5 5 5 5 5 5 5 5 5 5 5 5 5					
I've beer people I've had I've beer mind ab	n feeling relain n feeling interested in thinking cle n feeling good n feeling confunction feeling love n interested in feeling check n dealing with n feeling option able to make out things  To oints Wellbergery low	erested in are early d about re to other fident ed in new th erful h probles imistic ab ke up my otal Sco	myself er people nings ms well cout the own are 32-40 E average w	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 this refe	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3 3 3 4 Average wellt	4 4 4 4 4 4 4 4 4	No.	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5					
I've beer people I've had I've beer	n feeling relace n feeling interested in feeling good n feeling good n feeling confin feeling love n interested in feeling cheen dealing with n feeling option able to make out things  To oints Wellbed yery low	erested in are early d about re to other fident ed in new th erful h probles imistic ab ke up my otal Sco	myself er people nings ms well cout the own are 32-40 E average w	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 this refe	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3 3	4 4 4 4 4 4 4 4 4	. v	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5					
I've beer people I've had I've beer	n feeling relain n feeling interested in feeling good n feeling good n feeling confin feeling love n interested in feeling cheen dealing with n feeling option able to make out things  To oints Wellbed yery low particular pour gubjects widney?	erested in are early dabout in the too the fident ed in new the erful h probles imistic ab we up my otal Score eing on athway der offer	myself er people nings ms well count the average w y linked to	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 this reference is the street of this reference is the street	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3 3 3 4 Average wellt	4 4 4 4 4 4 4 4 4	No	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5					
I've beer I've b	n feeling relain n feeling interested in thinking cle n feeling good n feeling closen feeling continues of the feeling cless n feeling cless n feeling check n dealing with n feeling option able to make out things  Trespond to the feeling cless of the feeling check out things  particular products with a scale of 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	are early dabout rected in set to other fident ed in new the erful h probles imistic about the erful control of th	myself er people nings ms well count the own 32-40 E average w y linked to	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3 3 3 3 3 4 4 4 4 4 4 4 4	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	No No No nenta	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	ing has				
l've beer l've b	n feeling relation feeling interested in feeling good in feeling good in feeling good in feeling love in interested in feeling cheen dealing with in feeling option able to make out things  To oints Wellbe yery low particular properticular p	are early dabout rected in set to other fident ed in new the erful h probles imistic about the erful control of th	myself er people nings ms well count the own 32-40 E average w y linked to	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3 3 Average wellb Yes Yes	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	No No No nenta	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	ing has				
I've beer I've b	n feeling relain n feeling interested in thinking cle n feeling good n feeling closen feeling continues of the feeling cless n feeling cless n feeling check n dealing with n feeling option able to make out things  Trespond to the feeling cless of the feeling check out things  particular products with a scale of 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	are early dabout rected in set to other fident ed in new the erful h probles imistic about the erful control of th	myself er people nings ms well count the own 32-40 E average w y linked to	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3 3 Average wellb Yes Yes	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	No No No nenta	5 5 5 5 5 5 5 5 5 5 5 5 6 O Above Vellbeing	ing has				

		Phy	/sical	Неа	lth (m	ark al	l releven	t boxes)					
			ysicai			ai K ai	Helevell	r noxes)					
				Asthn					Cosmetic				
			Den	tal Hygier	ne 🔃				Dis	abetes			
				Disabili	ity			ŀ	lealth Awa	reness			
			H	learing Lo	SS				Heart D	isease			
				ss (specif					lmmun	sation			
				nt Probler				Miar	aines/Head	aches			
				trition/Di	1								
					_	Other (specify) Sexual Health							
				lanageme						_			
				Deprivation of the properties					/isual Impa	irment			
Free Te	Free Text to provide further details (include whether clinically diagnosed or self diagnosed)												
					Smoker	r							
	Yes						No						
Non Smoke	<5 day	6-10	11-1			1-25	26-30	31-35	36+	Unknown			
				A & E A	Attendenc	e (last	12 months	)					
No	ne 🔲	$\overline{}$	1		2 🔲	•			4+				
	nstances												
Registe	ered with	GP?											
GP Nam	ne												
Yes		No											
Registe	ered with	Dentist 1	>										
		Dentist											
Dentist	Name												
Yes		No											
Pregn	ant	Yes			ı		No						
Is this r	particular	pathway	linked to	this refe	erral?	Y	es	No					
	ubjects v					_	es	No	_				
	_	naer onle	munis iiii	neu to til		'		140	_				
pathwa													
									ysical healt h and wellb				
N			-	-	-	-			1 .	- 60			
None	1	2	3	4	5	6		8	9	10			

					Sub	sta	ance	Mi	sus	se					
	- 1		etamii						nzos[	_				Ca	nnabis 🔲
			Cocai						GHB[	_					Glue
			Cetamii	_					lighs[						MDNA
		Me	thado	_			Metham						_		Opiates 🔲
			Oth	_			Over cou		_	_			Pre	escription	
			Solver	_				Ste	roids	-	Suboxone				
D	- T		Tobac	_		18/-	:	14/	lde F		1	Time			4
Dru	g Type		Price	e Paid	'	we	ight	wee	kly E		nse	Month		- 1	Means Taken
		+	-	_	-	-			(£)	-	-		,		такеп
		+	-		+					-	-			_	
		+	_		-						-				
		$\dashv$	-		+									_	
		$\dashv$	-		-					-					
		$\dashv$	_		$\dashv$										
						Ove	erdoses la	st 12	mont	hs					
No	ne 🔲			1 🔲			2 🔲		Т		3	]		4-	- 🔲
									Щ.		_	-1			
	ne 🔲			1 D	spital A	ami	ssion re o	verdo	ses la	ist 1				_	· 🗆
No	ne 🔲			1 🛄			2				3			4-	
					1	ime	frame us	ing Su	ubstar	nces	;				
Not	< 6mo	nths	1 -	j-	1-2 yes	ırs	3-4 years	5	5-6 yes	rs	7-10	0 Years	1	10+ Years	Unknown
Applicable	:  _		12mc	onths					п						
	"	۱ ۱	п	1	_				_		'	_		_	
					Tin	ne fr	ame in tr	eatm	ent se	rvic	es		•		
Not in	< 6mo	nths		j-	1-2 yes	ırs	3-4 years	s :	5-6 yea	rs	7-10	0 Years	1	LO+ Years	Unknown
Treatmen	·		12mc	onths			_					_		-	
	"	۱ ۱	п	n	_				_		'				
How is t	he substa	ance r	misuse												
being fu															
	e the trig		to												
substan	ce misuse	≥?													
				<u> Т</u>											
Free Te	xt to pro	vide	furthe	er deta	ails										
Is this p	articular	path	nway l	inked	to this	refe	erral?		Yes	]		N	0		
								_	Yes	j		N	0		
Is the subjects wider offending linked to this Yes No															
On a scale of 1-10 (1 low impact- 10 high impact) how much do you feel your substance misuse has															
ı				-	_		his impact				-				
None	1	2	2	3	4		5	6	5 T		7	8		9	10
						]							]		
_		_	_	_	_	-	_	. =	_		_	_	1	_	

	Alcohol Misuse												
,	Question	$\neg \tau$	0	$\overline{}$	1 Point	$\top$	2 Point		3 Points	$\top$		oints	Score
	en do you hav		Never		Monthly	_	2-4 per Mor	ith	2-3 Per weeks	4	+ lime	s per week	
drink that	t contains aloo	hol?											
How	many standard	<del>-  -</del>	1-2	$\vdash$	34	-	5-6	$\overline{}$	7-9	+	- 1	IO+	
	drinks do you					- 1							
	ry when you ar drinking?	ne				- 1							
	n do you have	6 or	Never	Les	than months	y	Monthly	$\rightarrow$	Weekly	Die	ily or a	Imost dairy	
	dard drinks on												
	occasion en in the last y		Never	Les	than moren	_	Monthly	$\rightarrow$	Weekly	100	illy or a	Imost daily	
	en in the last y a found you w					' I			,	-	.,	,	
not able	to stop once y	/ou		l		- 1							
had st	arted drinking	?											
How ofte	en in the last y	ear	Never	Les	than months	y	Monthly	$\rightarrow$	Weeldy	Di	ily or a	Imost dairy	
	failed to do w			l		- 1							
	spected of you se of drinking?					- 1							
Gecara	ne or armong												
	en in the last y		Never	Les	than month	A	Monthly	$\neg$	Weekly	Di	illy or a	ilmost dairy	
	you needed an olic drink in the					- 1							
	to get you goi												
			Never	100	The manager		E de contrato		TEXA-OLE III			Imost daily	
	en in the last y u had a feeling		Descen	Lett	than months	'	Monthly		Weedy		illy Gra	arrical cally	
	gret after drink												
	en in the last y I not been able		Never	Lett	than months	<i>'</i>	Monthly		Weekly		illy Gra	Imast daily	
	er what happe					- 1							
	ht before whe	m				- 1							
· '	drinking?												
Have you	ar samebody	else	No			40	s but not in	the		Y		ng the last	
	ured as a result ur drinking?	t of					last year				γ	ear	
_	ur armkingr tive, friend, do	ctor	No	1		91	s but not in	The		Y	es dun	ng the last	
	lth worker bee						last year				γ	ear	
	med about you												
	and advised yo out down?	u 10											
									otal Scor				
									otal scor				
							xpense						
N/A	<£10		£11-£2	0 🔲	£21-£3	30 🔲	£31-£	40 🔲	£41-£50		£5	0-100 🔲	£100+
Free Te	ext (Includ	le Trigg	ger, Agg	rava	tors and	Fund	ing)						
			ŀ	lospi	tal Admi	ssion I	e over	doses	last 12 moi	nths			
None 1 2 3								4+					
Is this	particular	pathw	ay linke	d to	this refe	erral?		Yes		N	۰		
	ubjects w		-					Yes		N	0		
pathwa	ay?								_				
									do you feel v				
con	tributed to	o your	offending	gand	how is t	his imp	acting	upon	your currer	nt hea	ilth a	and wellb	eing?
None	1	2	3	П	4	5		6	7	8		9	10
											]		

Relationships													
Status	:			Civil Par	tnership	1			Coha	biting			
(Mark on	- 1			Comn	non Law	]			Div	orced			
box)	ַ [			I	Engaged	]			In Relatio	onship			
					Married	]				Other 🔲			
				Se	parated	]				rating			
					Single	]				Vidow			
				Mark	all relevar	it boxes							
	Chi	ld Care Iss	sues		offender P	-	_	Unstable Fa	amily Back	ground 🔲			
Chil	d Pro	tection Iss	ues 🔲	DV	Perpetrato	r(Subject)		DΛ	/ Victim(S	ubject)			
	Educa	itional We	lfare 🔲	Emotiona	al Control	(Perpetrat							
ı	amily	y Intervent	ions		Gang Re	elationship	· 🗆	Inju	nction / Ba Con				
Inju	ries t	o Self/ Oth	ners 🔲		Missing fi		_	Conditions Neighbourhood Issues					
			ther 🔲			rtal Issues	_		essure / B				
Previ		Care Sys	_			trol (perp)				(Partner)			
		ocial Isola	_		cial Media		_	Witness to (		_			
Threats, I	Haras	sment & S	Stalking	Reduced	Family / F	riend cont	tact Pi	hysical, En Control	notional & (victim) P				
_			-	to this refe		Yes Yes		No_					
On a sca				- 10 high imp and how is t									
None	1	2	3	4	5	6	7	8	9	10			

Were you with anyone at the time of the offence and how did they influence your behaviour?  Why did you feel that you needed to go along with them?				
Why did you feel that you needed to go along with them?				
Why did you feel that you needed to go along with them?				
viriy did you reer triat you needed to go diong with trieff.				
What was going on in your life at the time of your offence?				
Were you angry about something or someone?				
Why did you want to get noticed?				
Why did you think you could get away with it?				
why did you think you could get away with it?				
What harm do you think you have caused the victim?				
What harm do you think your behaviour has had on the community?				
What would you do differently in the future?				
Free Text				
Is this particular pathway linked to this referral? Yes No				
Is the subjects wider offending linked to this Yes No				
pathway?				
On a scale of 1-10 (1 low impact- 10 high impact) how much do you feel your attitude, thinking and behaviour has contributed to your offending and how is this impacting upon your current health and				
wellbeing?				
None 1 2 3 4 5 6 7 8 9 10				

What Pathways does the <u>SI</u>		is causing the offendin	g and how can	
their Life Chances be impro				
Attitude, Thinking	& Behaviour		Accomodation	
Employment, Education&	Mental	Physical Health 🔲	Substance	
Training 🔲	Health 🔲		Misuse 🔲	
Relationships	Alcohol	Finance	Sexual Explotation	
Are there any particualr triggers	or factors which I	nave led to the situation y	ou are in?	
What do you feel would be the	most effective way	/ to stop/reduce your re-o	ffending in the	
future?				
What do fact would be the			for about 2-3	
What do feel would be the mos	t errective way to i	mprove your nealth and I	re chances?	
What do you want to achieve in	life?			
What do you want to achieve in	iller			
Where do you see yourself in th	a futura?			
where do you see yourself in th	e lutule:			
_				
How do you think you can get th	nere?			
The second section and section				
Sensitive Data (Specify a	ny data which canno	ot he shared, which is specifi	c to the offender eg	
Sensitive Data (Specify any data which cannot be shared, which is specific to the offender eg. employer notification, family or relatives)				
	,			
	Signatu	ire/s		
I certify that the details recorded	within this docume	nt are a true and accurate	reflection of my needs	
assessment. I consent for my personal details and information to be provided to any partner agency that				
may be able to support and assist me. I consent for the Police to be provided with any information				
regarding my attendance and engagement at any of my appointment/s.				
Subject Signature		Date	:	
Appropriate Adult		Date	:	
(Officer)I certify that there is sufficent of	l vidence to prosecute #	e subject and the case is unconte	sted and all matters have	
family serving state to sufficient of	been cond	•	and an indicate mark	

# **Appendix 4 - Checkpoint Contract Form**

# **Checkpoint Contract Conditions**



•							
Subject Details							
Surname:							
Forenames:							
Date of Birth:	Sex:						
Ethnic Code:							
Address:							
Post Code:							
Contact Details:	Commencement Date: Click here to enter a date.						

No.	Activity	Pathway	C 1'4'	Proof of	Completion
			Conditions	Compliance	Date
1	Not to re- offend over the period of this contract		I will not re-offend over the period of this contract and I will engage with my Navigator throughout my contract		Click here to enter a date.
2	Critical Pathway Intervention				Click here to enter a date.
3	Critical Pathway Intervention				Click here to enter a date.
4	Critical Pathway Intervention	TIM.	Path	way	Click here to enter a date.
5					Click here to enter a date.

# <u>Appendix 5 – Checkpoint Evaluation Form</u>

### Checkpoint Evaluation Form



		Critical Pathways
Subject Details		
Surname :		
Forenames:		
DOB : (I)(lust be 18 Years or older)	Sex:	
Ethnic Code : W1 -	PNC ID :	
Address :		
Post Code :		
Contact Details :		
Mobile Number:	None held:	
<u> </u>		
Evaluation		
Created Date :		
Tell me what your life was like before you had your Intervention		
What problems were you experiencing and how did you deal with	thom?	
what problems were you experiencing and now did you dear will	i them:	
Tell me about your experiences within Intervention		
What has made a difference and what is your life like now?		
THIRE III I I I I I I I I I I I I I I I I		
What do you do now that stops you having the same situation?		
Are there any additional areas you need help and support with?		
Is there anything else you would like to say?		
is there anything else you would like to say:		

### Pathway changes post Checkpoint

#### Accommodation

On a scale of 1-10 (1 low impact - 10 high impact) how much do you feel Accommodation issues now impacts on your offending / vulnerability and your current health, wellbeing and quality of life?

Scale

#### Employment / Education / Training

On a scale of 1-10 (1 low impact - 10 high impact) how much do you feel Employment/Education and Training issues now impacts on your offending / vulnerability and your current health, wellbeing and quality of life?

Scale

#### Finances

On a scale of 1-10 (1 low impact - 10 high impact) how much do you feel Finance issues now impacts on your offending / vulnerability and your current health, wellbeing and quality of life?

Scale

#### Mental Health

On a scale of 1-10 (1 low impact - 10 high impact) how much do you feel Mental Health issues now impacts on your offending / vulnerability and your current health, wellbeing and quality of life?

Scale

#### Physical Health

On a scale of 1-10 (1 low impact - 10 high impact) how much do you feel Physical Health issues now impacts on your offending / vulnerability and your current health, wellbeing and quality of life?

Scale

#### Substance Misuse

On a scale of 1-10 (1 low impact - 10 high impact) how much do you feel Substance Misuse issues now impacts on your offending / vulnerability and your current health, wellbeing and quality of life?

Scale

### Alcohol

On a scale of 1-10 (1 low impact - 10 high impact) how much do you feel Alcohol issues now impacts on your offending / vulnerability and your current health, wellbeing and quality of life?

Scale

### Relationships

On a scale of 1-10 (1 low impact - 10 high impact) how much do you feel Relationship issues now impacts on your offending / vulnerability and your current health, wellbeing and quality of life?

Scale

#### Attitude, thinking and Behaviour

On a scale of 1-10 (1 low impact - 10 high impact) how much do you feel Attitude/Thinking and Behaviour issues now impacts on your offending / vulnerability and your current health, wellbeing and quality of life?

Scale

### Sexual Exploitation

On a scale of 1-10 (1 low impact - 10 high impact) how much do you feel Sexual Exploitation issues now impacts on your offending / vulnerability and your current health, wellbeing and quality of life?

Scale

Are you willing to assist in mentoring and support of others 2: NO

Are you willing to assist in any media work to promote the work you've undertaken? : NO