

Application for Goldstein Award - Checkpoint

SUMMARY (284 words)

Checkpoint Deferred Prosecution Scheme, Durham Constabulary, UK

Reoffending rates in the Durham policing area, UK, have remained stubbornly high across the years. The Durham Constabulary Checkpoint project develops an evidence base for the use of deferred prosecution schemes within a police setting. Checkpoint is a voluntary adult offender deferred prosecution scheme operating in Durham Constabulary, UK. Checkpoint targets low-level offenders entering the Criminal Justice System by providing an alternative to a criminal prosecution. It offers a tailored, four month programme agreed through a contract. The scheme targets the reasons why offenders commit crime by assessing their individual needs in order to provide interventions. Applying theories of deterrence and desistance, the scheme was designed to reduce reoffending and improve offenders' health and wellbeing in the Durham policing area. A forecasting model was designed to assess offenders' risk of reoffending and this was used to recruit offenders into the Randomised Control Trial (RCT). A total of 356 moderate risk Arrestees were successfully randomized and took part in the experiment between August 2016 and April 2018. The reoffending rate for the Checkpoint cohort was 35% compared to 48% for the traditional out of court disposal cohort, a 13% reduction in reoffending, 24 months since the original offence. The results indicate that the Checkpoint cohort achieved a reoffending rate in comparison to a typical Durham Out Of Court Disposal sample, suggesting that the Police Checkpoint deferred prosecution scheme is more effective than traditional criminal justice outcomes in reducing reoffending. Since the start of the project, 1667 offenders have participated in the Checkpoint project, with only 5.6% reoffending whilst on the 4 month contract. The initial conclusions presented here establish the foundations for further research in this policy area.

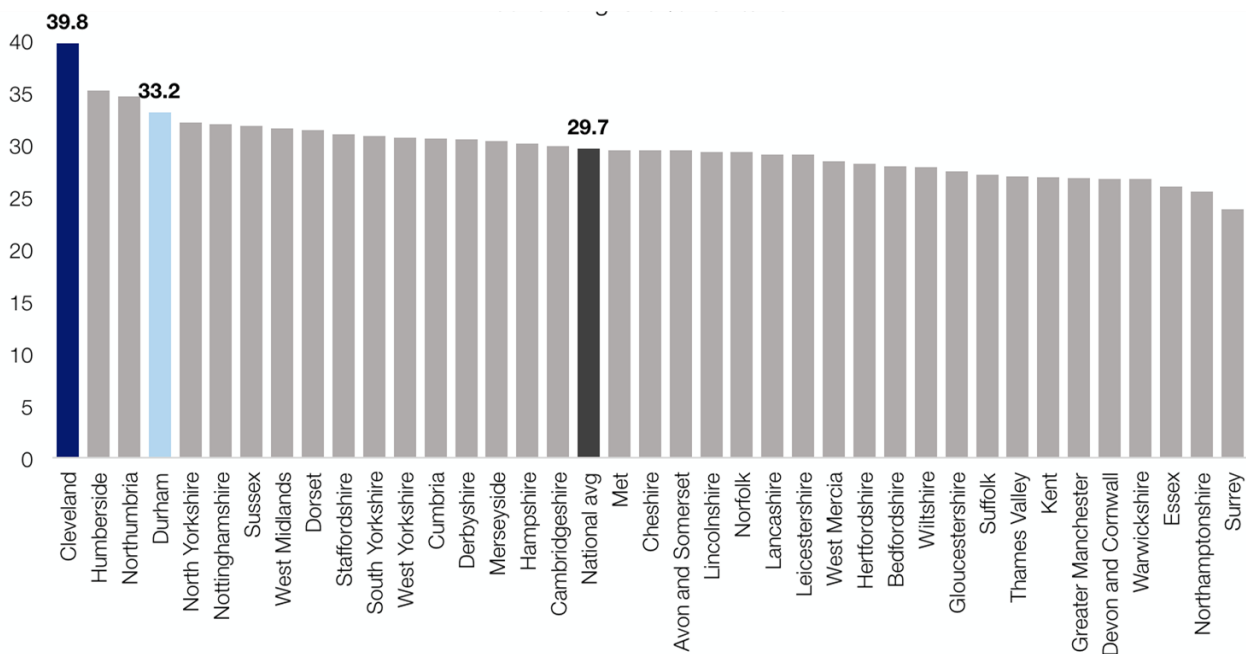
DESCRIPTION (3786)

SCANNING

Ministry of Justice data

In order to analyze the problem and provide context, Ministry of Justice data was used to demonstrate that nationally and locally we have very stubborn high reoffending rates. Figure 1 shows that when compared to other policing areas in England and Wales, Durham has the 4th highest reoffending rate of all police force areas (MOJ Reoffending geographical data tool 2016) and as such, the Durham Policing area has a high proportion of reoffenders:

Figure 1- Reoffending rates across all Police Force areas, England 2015/16

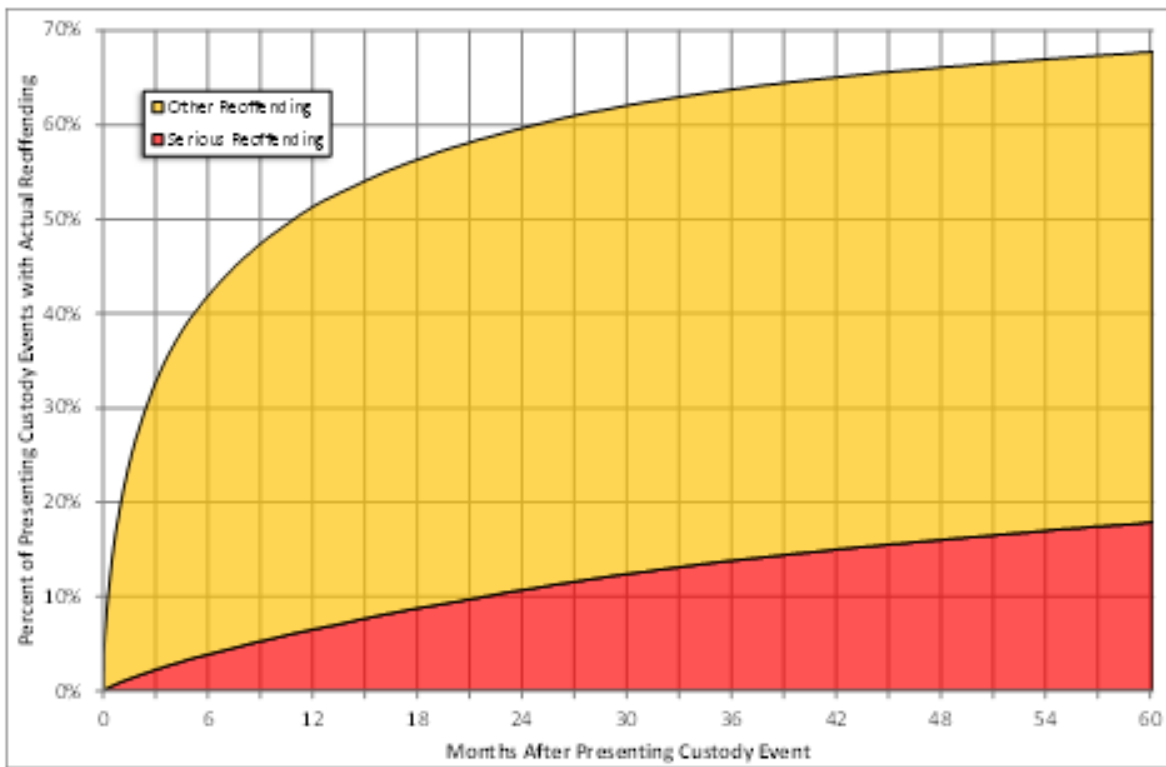


Durham police data

In 2013, Durham Constabulary started a research project looking at desistance and deterrence theories, focusing particularly around reoffending rates and the number of repeat offenders being dealt with by Durham police. Early research from Durham Constabulary's data and forecasting model showed that approximately 42% of offenders who are dealt with by Durham police, committed a further offence within 6 months and almost 60% reoffended within 2 years (figure 2):

Figure 2-Reoffending Rate for Durham police area offenders

Prevalence of Any Reoffending over Time:



It became clear that the traditional criminal justice process, prior to the commencement of our problem-solving project, was doing nothing to address the likelihood of reoffending and the current processes were not deterring offender and reducing crime in the area. Low-level offenders were often given a caution or fixed penalty notice in the early stages of their offending pathway and as such were not given the opportunity to identify or address the real root causes of their behavior. This inevitably means that first time offenders in particular may be disadvantaged later in life after making one mistake which resulted in a criminal record, hindering their future life prospects.

Additionally, 16,000 people are arrested and another 4,000 are brought into police custody as a voluntary offender on average per annum in Durham Constabulary. Out of these 20,000, only 6,000 individual nominals equated to that figure, suggesting that reoffending is prevalent with repeat offenders. As such, the extent of the problem of reoffending is attributed to a small number of individuals. The average number of offenders in the Integrated Offender Management Unit (a unit made up of police and probation staff who co-manage the most persistent and prolific

offenders) is only around 200, therefore thousands of offenders are leaving police custody each year having never been assessed as to why they offend and what could be done to prevent them reoffending. The police traditionally arrest and charge, or dispose of offenders with traditional out of court disposals, which do little in terms of stopping people from offending again, resulting in the police force dealing with the same individuals again when they commit further offences, increasing demand on the police force.

Public Health data

The Joint Strategic Needs Assessments¹ were used to provide a detailed overview of the current and future health and wellbeing needs of the population who are served by Durham police. The Durham policing area has some of the greatest health needs in England. Substance misuse is strongly associated with poverty and deprivation and impacts on substance misuse related deaths, blood borne virus infections, crime, child protection issues, domestic abuse and mental health. In our area, the legacy of the loss of ready employment, especially male employment through mining and other industries, has left many communities vulnerable to the effects of substance misuse. Nearly a third of County Durham residents live in the most deprived areas of England while only 10% of residents live in the least deprived areas. The overall health of the population is poor compared with the national picture and inequalities in health across the county remain persistent and pervasive. Prevalence of substance misuse, mortality rates and hospital related admissions remain higher than the England average. The demographics of these areas play a significant part in the root cause of offending.

During the research stage of Checkpoint, it was accepted that the police as an organization often came into regular contact with “hard to reach groups” in the community, such as homeless groups, those suffering with mental health or those addicted to alcohol or drugs. It was also found that many of the people the police deal with are at crisis point, leading chaotic lifestyles, lacking the knowledge to access support services and are vulnerable to reoffending. Based on research conducted in Durham, a solution needed to close this gap and address the criminogenic needs

¹ <http://www.durham.gov.uk/JSNA>; <https://www.darlington.gov.uk/your-council/council-information/documents/darlington-joint-strategic-needs-assessment-2018/>

of low and medium level offenders. As such, it was quickly identified that the solution was not simply going to be about crime and disorder; but also about life chances, health and wellbeing, community confidence and cohesion.

Once a crime is reported and a suspect is identified, that individual becomes part of the criminal justice process and their behavior is recorded within the criminal system. Even juveniles or young adults can end up with a recordable caution or conviction which then remains on record for the rest of their lives and is potentially disclosable to future employers. This in turn may affect their careers, travel, finances etc and reduce their life chances even further by causing more life harm. The situation can have a detrimental impact on that person long after the incident in question. Once that happens, that individual is more likely to reoffend particularly if the root cause of their behavior or actions is not addressed or resolved at an early stage, and they have no real incentive to not reoffend again, as they already have a criminal conviction.

A small team of police officers was tasked to look at this further to identify possible solutions to reducing reoffending rates as well as aiming to improve people's lives at the same time. The team consulted Public Health authorities and other organizations such as probation, employment and substance misuse agencies, to look at solutions and methods of interventions, with the aim of agreeing a new way of joint working with an identified group of offenders with the aim of diverting them away from the criminal justice system, reducing their reoffending and improving their life chances. This partnership arrangement was encouraged and supported in law by the British government's Crime and Disorder Act 1998, in which statutory partnerships were created in order to both prevent crime and rehabilitate offenders and as such the problem of high reoffending rates was of a shared concern and a priority for a number of organizations across the Durham policing area.

In the UK, 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 both formally and informally since the advent of policing. In April 2013 the British government introduced conditional cautions as a suitable disposal for offenders and devolved the decision process from the Crown Prosecution Service to the police forces, in particular to the police custody sergeants. This resulted not only in an increase in police time spent on the decision-making process by the police sergeants but also an increase on the requirement and responsibility for the police to both set and manage conditions for offenders.

In 2015, Durham Police looked at the possibility of the police being able to suspend a criminal prosecution with a view to enabling and facilitating an adult to engage with community services designed to be more effective at addressing their criminogenic needs, and giving them the opportunity to address their criminal behavior whilst at the same time improving their wellbeing and life chances. Other police disposal methods offer very little in the way of problem-solving offenders and getting to the heart of their offending behavior.

Analysis

Literature Review

A literature review was undertaken to assess the evidence-base for effective interventions. The theoretical literature considered most relevant to our Checkpoint deferred prosecution problem-solving scheme were deterrence, desistance, and social control theory. There is a lot of research around desistance (Sampson and Laub 1993, Caudy et al, 2013) suggesting that there are key critical pathways which are often prevalent in an offenders' background that, if addressed early enough, could reduce the likelihood of their reoffending. These pathways were identified to be mental and physical health, substance misuse (alcohol and drugs), financial or unemployment problems, housing issues or relationships/peer groups. Fixed penalty punishments and cautions do not enable individuals to address any of these 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 that offender is already struggling financially and addicted to drugs or alcohol, they are unlikely to be in a position to ever pay a fine, which results in further punishment and compounds their difficulties. As outlined in the previous section, the Durham policing area has some of the greatest critical pathway needs in England, attributing to the high reoffending rates in the area.

We also found that in line with deterrence theory (Nagin, 2013), the project needed to specify the swift consequences for those participants who fail to engage or reoffend. If the offender fails to comply with the terms of the contract, then it must result in a quick and certain resumption of the prosecution process. It is therefore the threat of the sanction, rather than the sanction itself, that is providing the deterrence effect and this is what we needed to incorporate into the scheme, if we were to be successful in reducing reoffending.

Aligned to the deterrence and desistance theories, we found that the programme needed to focus on the threat of certainty and celerity of punishment whilst offering supported desistance in a manner tailored to the needs of offenders in order to have the best chance of success (Sherman,

2011). Checkpoint also needed to determine the causes of offending and offer pathways to desistance. Offenders also needed to work with individuals to break unhelpful social bonds and facilitate the formation of pro-social bonds and social control (Weir et al, 2019).

Victim perspective

Research was conducted by Durham Police which also showed that victim satisfaction was better when they were given regular updates by the police in relation to their case. Their needs were met if reassurances could be given that the offender would not be likely to repeat their behavior again in the future. In the majority of previous cases, the police were unable to fulfil this level of victim satisfaction - it proved difficult to explain the rationale of the traditional British out of court disposals to victims or be in a position to give any reassurances regarding reoffending, and it was felt that this may have contributed to a drop in victim satisfaction in the past. Checkpoint needed to re-address this by ensuring personal contact for each case referred to the programme and where possible giving full explanations to each victim. Restorative Justice should thus be offered with individual victims where appropriate, in order to give the victim "a voice" in the criminal justice process.

Public Perceptions-community perspective

In order to increase engagement with the public, a series of focus groups were conducted to assess the community perspective, but online and in group sessions. The Checkpoint programme was also 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.

Response

Checkpoint is problem-solving on both an individual basis but also on a more industrial scale. It is designed as a multi-agency programme that aims to reduce reoffending but also to improve awareness of, and access to, health-based services for all persons presenting at police custody suites and in time, improve public health, life chances, and wellbeing for both the individual and the community they live in.

Prior to Checkpoint being implemented, a lot of the community problems were being dealt with separately by various agencies, departments or individuals with no real structure or plan. What worked on one occasion was not necessarily applied on another occasion nor was any sharing of information carried out between the different agencies. This often meant that reoffending occurred and good practice was also missed by the lack of information-sharing.

It was agreed at a strategic multi-agency level that an intervention programme needed to be designed to address any individual critical pathways and ultimately support the offender in desistance from reoffending. The Durham Constabulary deferred prosecution scheme called Checkpoint has been designed to take a public health approach to policing based on desistance and deterrence theories as outlined in the literature review section. The objective is to reduce reoffending by giving offenders the opportunity to address the underlying causes of their offending behavior and improve life chances.

Checkpoint is an offender management programme that seeks to address the underlying reasons why someone has offended and places a greater degree of accountability on the offender to face up to the consequences of their offending behavior, receive the support they need to address the reasons they offend and help people move on with their lives, acknowledging the impact of their actions and try to repair any harm caused. Other police disposal methods offer very little in the way of problem-solving offenders and getting to the heart of their offending behavior. 1667 individuals have received the Checkpoint intervention.

The Checkpoint process begins when a suspect is arrested and brought to police custody and booked into detention by a qualified custody sergeant and the officer in the case conducts an interview. If the custody sergeant is satisfied the offence meets the CPS evidential test², s/he has responsibility for decision making for certain offences under the Police and Criminal Evidence Act 1984. If the most serious presenting offence is contained in the list of included offences and the subject meets the eligibility criteria for Checkpoint, then the sergeant asks if the offender wishes to take part in Checkpoint. The Cambridge Forecasting model is used to specify the criteria for people being put on to the Checkpoint project; the Checkpoint Programme will be used with those that the model predicts to be moderate risk offenders. Having targeted the offender cohort for recruitment into the Checkpoint experiment, subjects were randomly assigned into either the treatment group (Checkpoint) or the control group (Traditional Criminal Justice Prosecution Process).

For those who agree and are randomised into the treatment group, the offender is asked to re-attend the police station to meet a 'Navigator', and they are reported for summons. In line with deterrence certainty and celerity principles, the meeting is scheduled at the earliest opportunity, usually within 24-72 hours and the offender becomes a Checkpoint subject. If the subject does not agree, s/he is processed as per traditional criminal justice processes.

In the event of failure to comply, the report for summons means they will not need to be brought back into custody and they are called before the court.

Needs Assessment

For those who do comply, they meet their 'Navigator' for their first meeting at the police station. During the first meeting the Navigator completes an in-depth risk and needs assessment (appendix 1-form 1) with the subject. The focus of this is to build a relationship, trust, and confidence in order to elicit any criminogenic needs ('critical pathways') which may have contributed to their offending. These 'critical pathways' are used to determine the needs of the

² CPS evidential test means that there is sufficient evidence to charge (Moreno and Hughes, 2008); Home Office, 2008; ACPO, 2009).

individual and the actions which will form the interventions as part of the 'contract' to engage. The 'critical pathways' used in the needs assessment are: accommodation; alcohol; attitudes and behavior, children and families; drugs, employment, training and education, finance, budgets and debt; mental and physical health; and sexual exploitation.

To cover ethical considerations and compliance with the Data Protection Act, the subject signs a consent form to agree that data can be shared with all relevant agencies who will be offering interventions to address the critical pathways, as part of the contract and their information will be used in the evaluation.

The Contract

Based on the needs assessment, the Navigator agrees a 'contract to engage' with the subject (See appendix 1-form 2 for full account) which lasts for four months. This allows sufficient time for the file to be prepared and the subject prosecuted in line with the six-month deadline, if the subject does not comply.

This contract is bespoke and tailored to each subject, based on the number of critical pathways identified, therefore it varies in terms of types and number of conditions. However, Neyroud and Slothower (2013) found that engagement and compliance is reduced with five or more conditions. Hence, we decided that the tailored contract can have up to five conditions as per table 1:

<i>Table 1-Contract Conditions</i>	
1. Offending Condition:	Not to reoffend over the period of the contract (mandatory)
2. Victim Condition:	To take part in a Restorative Approach if the victim wishes (mandatory)
3. and 4. Interventions:	To attend sessions with relevant services to address needs

5. Community Condition:	To complete 18-36 hours of voluntary community work and/or wear a GPS tag.
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The 'Navigators' work with offenders for the 4-month period, encouraging them to engage with services designed to help them to desist and address their problems, and deliver a broad spectrum of cognitive behavior techniques designed to change their behavior. As Checkpoint was always intended to be a multi-agency approach, the 'Navigators' were recruited from specialised partner agencies, such as drug & alcohol workers, mental health specialists or council support workers. There are currently 12 'Navigators', with a third of these being ex-offenders themselves in recovery from drug misuse as it was deemed most effective to utilise their life experiences when working with the more chaotic offenders of a similar background. There are 2 Navigator supervisors, one administrator, one Detective Inspector and one Detective Superintendent who offer operational and strategic support to the project.

The offence is classed as a deferred prosecution, which can be invoked at any point should the subject breach the contract. In the event that the offender subsequently fails to comply with the agreement and it is felt that the offender should be prosecuted, the officer can then proceed with a formal criminal justice disposal. Completion of Checkpoint results in an exit from the Criminal Justice System and no criminal conviction.

Eligibility

To ensure that offenders are eligible to take part in Checkpoint, there are criteria that must be met. These are found in the table below:

<i>Table 2-Eligibility Criteria</i>
1. Subject must live within County Durham and Darlington
2. Offence must have taken place within County Durham and Darlington
3. Subject must be over 18
4. Offence must be suitable to be tried at a Magistrates court

5. Subject must not be subject to an order imposed by the courts or be on police/court bail
6. There must be admissions OR sufficient evidence to charge
7. Offence must not be more than 3 months old
8. Subject must score moderate on the forecasting model
9. Presenting offence must be eligible

Included Offences

Checkpoint has an agreed list of offences deemed suitable:

Table 2-Included Offences	
Affray	Neglect of Children
Assault Actual Bodily Harm	Possession of Offensive Weapon/Bladed Instrument
Assault-Common	S.4 Public Order
Assault Police	S.4a Public Order
Assault-without injury	S.5 Public Order
Burglary in a building other than a dwelling	Theft from the person
Burglary in a dwelling (discretionary)	Theft or unauthorised taking of a pedal cycle
Criminal Damage	Shoplifting
Criminal Damage-Threat with intent to commit	Theft in a dwelling other than from an automatic machine or meter
Drugs – Possession	Theft by an employee
Drunk & Disorderly	Theft of mail
Drunk & Incapable	Theft from Vehicle
Fraud or Forgery	Dishonest use of electricity
Found on Enclosed Premises	Theft from automatic machine or meter
Going Equipped	Other theft
Handling Stolen Goods	Taking without Consent (TWOC)
Making Off Without Payment	Vehicle Interference

The decision making-process for eligibility criteria and included offences for the Checkpoint programme was made by the multi-agency Checkpoint Governance Board.

Implementation Issues

In the initial stages, the governance board created an issues log and a risk log, to ensure the smooth running of the project and the experiment. Whilst there were local issues around admin, technology, treatment integrity as well as wider legal issues around partnership working, for

example in relation to data protection and the sharing of confidential information, these were resolved quickly with the assistance of the governance board. Cost was also an implication in the early stages of the implementation phase however these were resolved through early consultation and the sharing of costs between local government, with the successful bid for Home Office Police Innovation Fund Money, Police and Crime Commissioner funding and in kind partner organization funding.

An implementation phase, known as the testable treatment phase was introduced to allow for any implementation difficulties to be resolved before the commencement of Randomized Control Trial, and to allow the team and the police to adapt their processes according to any identified issues.

Assessment

The Checkpoint scheme was designed to improve the police effectiveness in reducing crime. Our hypothesis was that a deferred prosecution approach can rehabilitate suspected offenders and reduce reoffending – by asking suspected offenders to participate in interventions as a condition of the deferral. If these are effective they can address some of the causes of offending (such as drugs, alcohol or mental health issues) and help individuals build upon positive factors to move away from offending behavior.

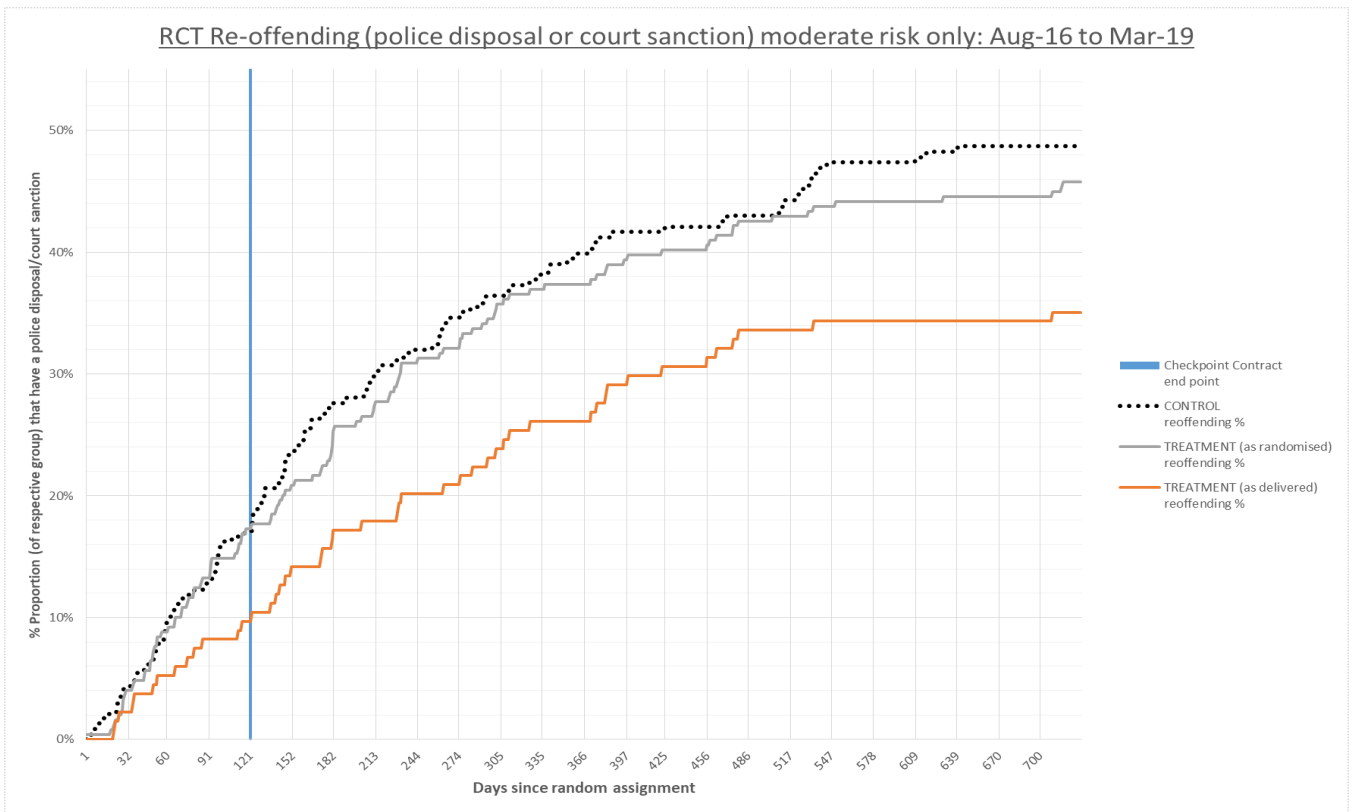
Other benefits are far less certain, but early information suggests that if designed and run effectively, it may be possible for a deferred prosecution scheme to also reduce costs (if the saving from removing a case from court outweighs the costs of any interventions delivered) and improve victim satisfaction (if victims believe the intervention will prevent reoffending and they are more engaged with the process) (Weir et al, 2019).

In order to understand the extent to which Checkpoint is an effective intervention in comparison to traditional out-of-court disposals (OOCs) in terms of reoffending, a Randomised Control Trial took place between August 2016 and April 2018.

Checkpoint RCT reoffending rates

As you can see from the chart below, there is a consistent gap developing between the treatment cohort (dotted line) and the control cohort (orange line). There is also a meaningful and consistent gap already developed in favour of the treatment group in comparison to the control group.

Figure 3- Checkpoint Randomised Control Trial Reoffending Rates August 2016-March 2019



The impact figures in table 4 show a difference of 12% in the rearrest rate (45% vs 57%) and a 13% in the reoffending rate (35% vs 48%) between the Checkpoint cohort compared to traditional criminal justice disposals:

Table 4- Checkpoint Randomised Control Trial Rearrest and Reoffending Rates August 2016-March 2019

Indicator Description	Geography	2017-18	2018-2019			
			Q1	Q2	Q3	Q4
Checkpoint RCT Arrests: TREATMENT as delivered	County Durham & Darlington	30% (35 of 115)	34% (46 of 135)	40% (53 of 134)	43% (58 of 134)	45% (60 of 134)
Checkpoint RCT Arrests: CONTROL	County Durham & Darlington	41% (94 of 229)	45% (103 of 231)	53% (120 of 228)	56% (129 of 229)	57% (127 of 222)

Checkpoint RCT Reoffending: TREATMENT	County Durham & Darlington	24% (27 of 115)	26% (35 of 135)	31% (41 of 134)	35% (47 of 134)	35% (47 of 134)
Checkpoint RCT Reoffending: CONTROL	County Durham & Darlington	34% (78 of 229)	36% (83 of 231)	44% (100 of 228)	48% (109 of 229)	48% (111 of 222)

The Checkpoint scheme has expanded to include suspects who agree to attend a police interview voluntarily (voluntary attendees) and offences related to domestic abuse. Since the start of the programme, over 2000 offenders have received the Checkpoint intervention. Early indication (table 5) shows that over 86% of those completed the 4 month scheme successfully and did not receive a criminal record. 8.3% failed due to lack of engagement, and 5.6% fail due to reoffending whilst on the scheme:

Table 5- Overall Compliance Rates for Checkpoint Project, March 2019

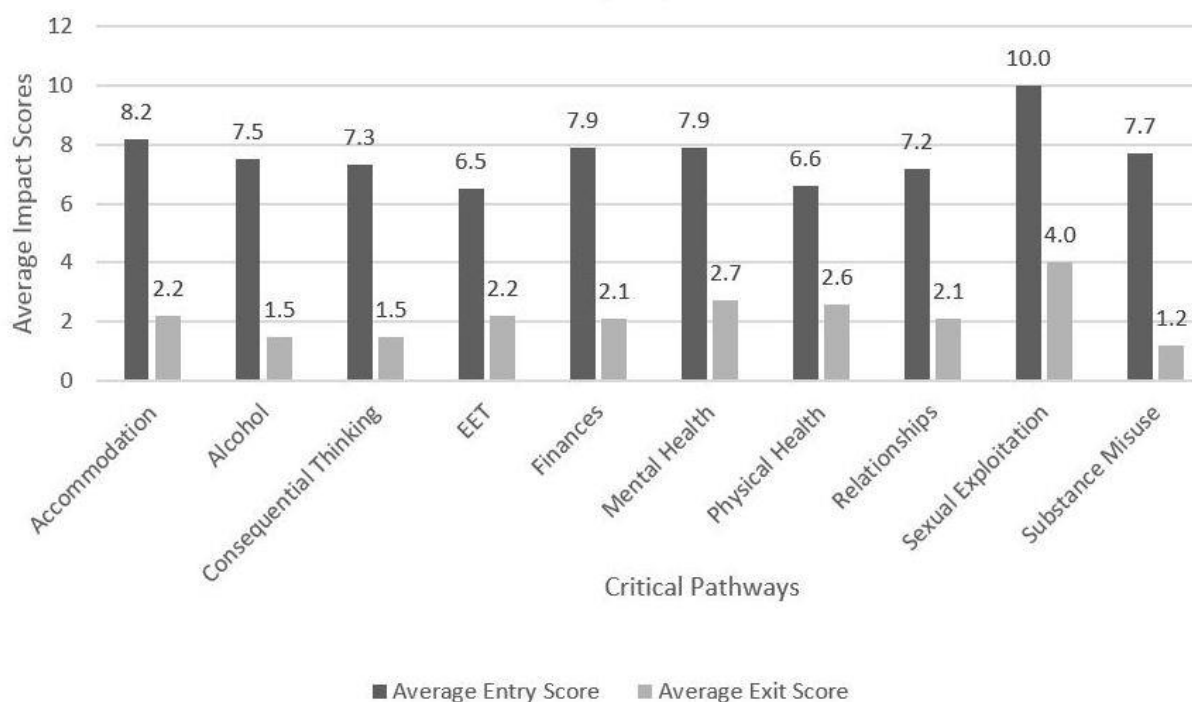
Status	Checkpoint (Arrested nominals through RCT)	Checkpoint 3D (first time offenders and voluntary attenders)	Domestic Abuse	Total
Active	106	75	81	262 (15.7%)
Concluded	316	534	289	1139 (68.2%)
Non-Compliance-Engagement	48	47	42	137 (8.2%)
Non-compliance-Reoffended	45	21	27	93 (5.6%)
Pending	15	9	12	36 (2.2%)
Total	530	686	451	1667 (100%)

Critical Pathways

In addition to reoffending rates, we wanted to assess Checkpoint's effectiveness in addressing offenders' critical pathways. At the end of the scheme, the offender is asked to complete an evaluation form (appendix 1, form 3) outlining any improvements on a scale of 1-10. Self-reported data shows that offenders' critical pathway needs are reduced by 18% during the 4 month period

(figure 5), suggesting that the scheme is addressing the underlying causes of offending, and is improving offenders' lives and wellbeing. Examples of how the scheme has changed people's lives can be found in appendix 3.

Figure 5-Critical Pathway Scores for Checkpoint Nominals



Participants on the scheme complete an evaluation form at the end of their contract in order for best practice to be identified, any feedback to be given where appropriate and to allow the programme to evolve organically. An example of the feedback received from a client can be found here and this demonstrates how the Police Checkpoint intervention is effective in improving offenders' lives whilst reducing reoffending:

Table 6-Checkpoint Example Evaluation Form
Tell me what your life was like before you had your Intervention
My life was absolute chaos, looking back it is actually frightening what my life was like back then. I was drinking at least a litre of vodka a day and I was homeless. My children didn't want to know me and my mental health was at rock bottom.
What problems were you experiencing and how did you deal with them?
What problems wasn't I facing? I was homeless and wandering around the streets. I had been in a very toxic and abusive relationship which affected me massively. My mental health was at an all-time low which was made worse by the amount of alcohol I was drinking. I was very chaotic and struggled to keep any appointments I was offered.
Tell me about your experiences within Intervention

Checkpoint is absolutely brilliant. Steph and Gary (Navigators) were there when I was at my worst and Steph rang the hospital every single day when I was admitted to see how I was getting on. Instead of kicking me when I was down and charging me, I was supported instead.
What has made a difference and what is your life like now?
The biggest thing for me was the accommodation that Checkpoint found. I was really reluctant to go as it was all the way in Blyth, but what choice did I have? The manager (Phil) at the supported living where I was placed wanted me to leave after a day as I was so disruptive. Gary and Steph spoke to the manager and tried their best to sway him. On my second night there I had an alcohol induced seizure and I was hospitalised for over a week. This was an absolute life saver as I did a full detox from alcohol and my withdrawal was managed. Steph rang me every day and spoke to the nurses and even persuaded Phil to let me go back to Marlow Lodge when I was discharged. I went back to Marlow Lodge and I have been there for 12 weeks now and I have not touched a drop of alcohol. I am even volunteering as a support worker and I support other tenants with alcohol related issues where we complete drink diaries together. I see my children every single week, I even get the Metro and a bus back to Seaham on my own. My mental health is still working progress, however I am fully in control now and take my medication every single day. I could not be prouder of how far I have come in 12 weeks.
What do you do now that stops you having the same situation?
I don't drink alcohol!! I take all of my medication properly which helps and I now have a great relationship with both of my children. I have cut out all of the toxic people in my life and I have made new friends here who are very supportive.
What has the intervention done for you and why?
It has completely changed my life. I didn't realise it at the time because I was drunk all of the time. I didn't even realise it was Checkpoint who sorted my accommodation out. I was so chaotic and I am embarrassed about my behavior. I messed Checkpoint around quite a bit and used to turn up at various police stations demanding to speak to you. I didn't even know what I was doing. Despite all that though Steph and Gary supported me and I couldn't be more thankful.
Are there any additional areas you need help and support with?
I still have a long way to go, I have an amazing support worker now here where I live. I am so much more confident and independent.

It is becoming widely accepted both within the UK and internationally, that the criminal justice system is not always the best place or a viable solution for individuals who have complex health issues such as alcohol and drug addictions or mental health. Checkpoint offers an alternative “out of court” rehabilitative option for certain offenders and this is believed to be much more beneficial and suitable for long-term positive change, making the police more effective at reducing and preventing crime. The scheme has thus far been replicated in 5 other police forces in England and Wales and other pilots are introduced by the Ministry of Justice.

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Agency and Officer Information

Key Project Team Members:

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Appendix 1 - Checkpoint Forms

Form 1-Checkpoint Needs Assessment Form Template

Subject Details			
Surname			
Forenames			
DOB		Ethnic Appearance	
Nat Insurance		NHS No	
Mobile Phone		Email	
Offending Area			
Barnard Castle <input type="checkbox"/>	Bishop Auckland <input type="checkbox"/>	Crook <input type="checkbox"/>	
Chester le Street <input type="checkbox"/>	Consett <input type="checkbox"/>		Darlington <input type="checkbox"/>
Durham <input type="checkbox"/>	Newton Aycliffe <input type="checkbox"/>		Peterlee <input type="checkbox"/>
Seaham <input type="checkbox"/>	Spennymoor <input type="checkbox"/>		Stanley <input type="checkbox"/>
Cultural, Lifestyle, Disability, Religious Requirements, Literacy Issues or Traveller Background or communication issues, including speech and language difficulties?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Assessment Location	Police Office <input type="checkbox"/>	Street <input type="checkbox"/>	Other <input type="checkbox"/>
Person Completing	Name		No:
Date	Time		
Ex-Forces			
Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Details:			
Vulnerable Offender			
Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Details:			
List any other agencies you are involved with (Include Phone Nos, Names, Times and Dates such as DWP, Doctors etc)		Details:	
Are you experiencing difficulty in accessing these services/agencies and are they effectively supporting you around your offending/needs or vulnerability?		Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	
Subjects Account of the Offence (include Behavior, Involvement, Victims, Ages, Vulnerability, Motivation, Mitigation, Planning, Breach of trust, etc)		Details:	

Taking into account your own actions, thoughts and behavior what would have prevented this situation from occurring again (this can include physical measures at the scene, electronic monitoring / GPS Alcohol and anything else)				Details:			
Are there any other outstanding matters which need to be considered e.g. further offending which hasn't been dealt with?				Details:			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
CJS Involvement							
No CJS Involvement <input type="checkbox"/>		Previous to YOS <input type="checkbox"/>		Recorded on PNC <input type="checkbox"/>		Previous to CRC <input type="checkbox"/>	
Current to CRC <input type="checkbox"/>		Previous to NPS <input type="checkbox"/>		Current to NPS <input type="checkbox"/>			
Previous Order Types							
ARR <input type="checkbox"/>		ASB Order <input type="checkbox"/>		Binding Over Order <input type="checkbox"/>			
Community Order <input type="checkbox"/>		Community Payback <input type="checkbox"/>		Confiscation Order <input type="checkbox"/>			
Community Protection Warning (Council) <input type="checkbox"/>		Court Fines (Outstanding) <input type="checkbox"/>		Forced Marriage Protection Order <input type="checkbox"/>			
Depravation of Ownership <input type="checkbox"/>		Disqualification <input type="checkbox"/>		Disqualification of Ownership - Animals <input type="checkbox"/>			
Drinking Banning Order <input type="checkbox"/>		DRR <input type="checkbox"/>		Exclusion Order <input type="checkbox"/>			
Football Banning Order <input type="checkbox"/>		Forfeiture Destruction Order <input type="checkbox"/>		Mental Health Order <input type="checkbox"/>			
Not Applicable <input type="checkbox"/>		Other <input type="checkbox"/>		Parenting Order <input type="checkbox"/>			
Police Information Notice (PIN) <input type="checkbox"/>		DVPN/DVPO <input type="checkbox"/>		Fines /Compensation <input type="checkbox"/>			
Prison <input type="checkbox"/>		SOPO <input type="checkbox"/>		Suspended Sentence Order <input type="checkbox"/>			
Restraining Order <input type="checkbox"/>		Fines, Costs & Compensation (offender) <input type="checkbox"/>					
SOPO <input type="checkbox"/>		Non Molestation / Occupant Order <input type="checkbox"/>					
Why have your needs not been met/why are you still offending/vulnerable if you have been issued an order or offered help and support through a previous order?							

Victim of Crime

Have you ever been the victim of a crime?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Crime Type		Year	Reported to Police	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Violence <input type="checkbox"/>	Fraud <input type="checkbox"/>		Summary of crime – If this crime type is similar to the referral-why commit a crime of asimilar nature knowing the effects this has one someone		
Sexual Offence <input type="checkbox"/>	Theft <input type="checkbox"/>				
Damage / Arson <input type="checkbox"/>	Other <input type="checkbox"/>				
Crime Type		Year	Reported to Police	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Violence <input type="checkbox"/>	Fraud <input type="checkbox"/>		Summary of crime – If this crime type is similar to the referral-why commit a crime of asimilar nature knowing the effects this has one someone		
Sexual Offence <input type="checkbox"/>	Theft <input type="checkbox"/>				
Damage / Arson <input type="checkbox"/>	Other <input type="checkbox"/>				
Crime Type		Year	Reported to Police	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Violence <input type="checkbox"/>	Fraud <input type="checkbox"/>		Summary of crime – If this crime type is similar to the referral-why commit a crime of asimilar nature knowing the effects this has one someone		
Sexual Offence <input type="checkbox"/>	Theft <input type="checkbox"/>				
Damage / Arson <input type="checkbox"/>	Other <input type="checkbox"/>				
Crime Type		Year	Reported to Police	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Violence <input type="checkbox"/>	Fraud <input type="checkbox"/>		Summary of crime – If this crime type is similar to the referral-why commit a crime of asimilar nature knowing the effects this has one someone		
Sexual Offence <input type="checkbox"/>	Theft <input type="checkbox"/>				
Damage / Arson <input type="checkbox"/>	Other <input type="checkbox"/>				

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Housing

Current Accomodation type (mark one box)	Hostle <input type="checkbox"/>	Housing Association <input type="checkbox"/>
	Living with Parents or relative <input type="checkbox"/>	No Fixed Abode <input type="checkbox"/>
	Owner Occupied <input type="checkbox"/>	Private Tennent <input type="checkbox"/>
	Rough Sleeping <input type="checkbox"/>	Shared Living Accomodation <input type="checkbox"/>
	Sofa Surfing Family / Friends <input type="checkbox"/>	Supported Accomodation <input type="checkbox"/>
Issues (mark all Issues)	Advice and Application <input type="checkbox"/>	Utilities <input type="checkbox"/>
	ASB <input type="checkbox"/>	Community Integration <input type="checkbox"/>
	Environmental / Hygine <input type="checkbox"/>	Fire, Safety & Security <input type="checkbox"/>
	Application / Utilities <input type="checkbox"/>	Safe House <input type="checkbox"/>
	Financial Management <input type="checkbox"/>	Food Voucher <input type="checkbox"/>
	Other <input type="checkbox"/>	Notice to Quit <input type="checkbox"/>
	Released from Prison <input type="checkbox"/>	Previous Eviction Warnings <input type="checkbox"/>
	Travel / Transport <input type="checkbox"/>	Rent Arrears <input type="checkbox"/>
	Warden Services <input type="checkbox"/>	Rent & Debt Arrears <input type="checkbox"/>
	Social Issolation <input type="checkbox"/>	

Is there a working smoke alarm in the property	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you or any members of your household have a rent or mortgage arrears at your current property or previous addresses	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details
Have you ever given up a home, failed to do something for which you knew or would cause you to lose your home or are you threatened with homelessness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details
Is this particular pathway linked to this referral?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the subjects wider offending linked to this pathway?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Free Text (if housing is an identified issue please include the subjects previous addresses from the last 5 years, this will assist the housing provider. Record any relevant rationale and information below)			

On a scale of 1-10 (1 low impact- 10 high impact) how much do you feel accommodation issues have 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment / Education / Training

Status (Mark one box)	Full Time Education <input type="checkbox"/>	Full Time Employment <input type="checkbox"/>
	Incapacity Benefit / Sickness <input type="checkbox"/>	Part Time Education <input type="checkbox"/>
	Part Time Employment <input type="checkbox"/>	Retired <input type="checkbox"/>
	Temp / Casual <input type="checkbox"/>	Unemployed <input type="checkbox"/>
	Unknown <input type="checkbox"/>	
Time Frame	0-6 Months <input type="checkbox"/>	6-12 Months <input type="checkbox"/>
	1-2 Years <input type="checkbox"/>	3-4 Years <input type="checkbox"/>

(Mark one box)	5-6 Years <input type="checkbox"/>	7-8 Years <input type="checkbox"/>
	9-10 Years <input type="checkbox"/>	10 + Years <input type="checkbox"/>
Current Occupation		
Previous Occupations		
Highest educational Qualification	A Level <input type="checkbox"/>	Degree <input type="checkbox"/>
	GCSE 1-4 (A-C) <input type="checkbox"/>	GCSE 5+ (A-C) <input type="checkbox"/>
	GCSE Other <input type="checkbox"/>	No Formal Qualification <input type="checkbox"/>
	NVQ 1-3 <input type="checkbox"/>	NVQ 4-5 <input type="checkbox"/>
	Other (please specify below) <input type="checkbox"/>	Post Graduate <input type="checkbox"/>
	Professional Work Qualification <input type="checkbox"/>	Declined to say <input type="checkbox"/>
Education Leaving Age	0-14 <input type="checkbox"/>	15 <input type="checkbox"/>
	16 <input type="checkbox"/>	17 <input type="checkbox"/>
	18 <input type="checkbox"/>	19 <input type="checkbox"/>
	20 <input type="checkbox"/>	21 <input type="checkbox"/>
	22+ <input type="checkbox"/>	
Hobbies, Interests, Skills, Experiences & Ambitions		
Reading and Writing Ability & Issues		
Qualification / Skills Sought		
Restrictions/ Availability/Work Commitments (who is work coach?)		
Preferred Work		
Is the Subject currently claiming any form of benefits in relation to their employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the subject in possession of an acceptable form of Identification such as Passport, Driving License including EEA, National ID card, Identification or Travel documents?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are these documents in possession or control of someone else?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Free Text to provide further details		
Is this particular pathway linked to this referral?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the subjects wider offending linked to this pathway?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
On a scale of 1-10 (1 low impact- 10 high impact) how much do you feel employment, education & training issues have contributed to your offending and how is this impacting upon your current health and wellbeing?		
None <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
9 <input type="checkbox"/>	10 <input type="checkbox"/>	
Finances (Mark all relevent boxes)		
Issues	Arrears of Benefits <input type="checkbox"/>	Carer Paid <input type="checkbox"/>
	Carer Unpaid <input type="checkbox"/>	Child Credits <input type="checkbox"/>
	Credit Card Debt <input type="checkbox"/>	Currently Sanctioned <input type="checkbox"/>
	DLA/Pip <input type="checkbox"/>	ESA <input type="checkbox"/>
	Food Voucher <input type="checkbox"/>	Gambling <input type="checkbox"/>
	Housing Benefits <input type="checkbox"/>	Income Support <input type="checkbox"/>

	JSA <input type="checkbox"/>	Mortgage Arrears <input type="checkbox"/>
	Other (specify in Notes) <input type="checkbox"/>	Pay Day Loans <input type="checkbox"/>
	Personal Loan(s) <input type="checkbox"/>	Previous Sanctions (No. Times) <input type="checkbox"/>
	Transport / Travel Issues <input type="checkbox"/>	Universal Credit <input type="checkbox"/>
	Unofficial Loans <input type="checkbox"/>	Utility Arrears <input type="checkbox"/>

Access to a Bank/ Building Society or Credit Union	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

Are you currently committing crime / vulnerable due to financial hardship?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details
Are you currently committing crime / vulnerable to pay off a debt to the Criminal Justice System?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details
Are you currently borrowing money from an unofficial source?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details
Does a third party exercise and control over your financial situation or circumstances?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details
Have you ever been deceived into any work through false contracts or promises and not being paid?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details
Is the subject under the impression they are bonded by debt, or in a situation of dependance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details

Free Text to provide further details

Is this particular pathway linked to this referral?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the subjects wider offending linked to this pathway?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

On a scale of 1-10 (1 low impact- 10 high impact) how much do you feel your financial issues have 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Financial Management

Income Sources	Budget	Actual	Difference

Total Income £

Expenditure

Items of Expenditure	Budget	Actual	Difference

Difference in Income / Expenditure £

Mental Health (Mark all relevant boxes)

Anger Management <input type="checkbox"/>	Attempted Suicide <input type="checkbox"/>
Bi-Polar <input type="checkbox"/>	Body Dysmorphic Disorder <input type="checkbox"/>
Bereavement Issues <input type="checkbox"/>	Dementia / Alzheimer's <input type="checkbox"/>
Depression (Clinical Diagnosed) <input type="checkbox"/>	Depression (Self Diagnosed) <input type="checkbox"/>
Eating Disorder <input type="checkbox"/>	Learning Difficulties <input type="checkbox"/>
Medication Issue (Self / Missing / Abusing) <input type="checkbox"/>	Obsessive Compulsive <input type="checkbox"/>
Other <input type="checkbox"/>	Panic Attacks <input type="checkbox"/>
Personality Disorder <input type="checkbox"/>	Phobia (specify in Notes) <input type="checkbox"/>
Post -Traumatic Stress <input type="checkbox"/>	Schizophrenia <input type="checkbox"/>
Self Esteem <input type="checkbox"/>	Self-Harm <input type="checkbox"/>
Sleeping Problems <input type="checkbox"/>	Social Isolation <input type="checkbox"/>
Stress / Anxiety (Clinical Diagnosed) <input type="checkbox"/>	Stress / Anxiety (Self Diagnosed) <input type="checkbox"/>
Suicidal Feelings <input type="checkbox"/>	Trauma / Traumatic events <input type="checkbox"/>

Have you ever attempted suicide?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> < 6 months <input type="checkbox"/> <12 Months <input type="checkbox"/> >12 Months <input type="checkbox"/> > 24 Months <input type="checkbox"/> > 5 years <input type="checkbox"/>
Have you ever had suicidal thoughts	Yes <input type="checkbox"/> No <input type="checkbox"/>	Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> < 6 months <input type="checkbox"/> <12 Months <input type="checkbox"/> >12 Months <input type="checkbox"/> > 24 Months <input type="checkbox"/> > 5 years <input type="checkbox"/>
Have you ever self harmed in the past	Yes <input type="checkbox"/> No <input type="checkbox"/>	Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> < 6 months <input type="checkbox"/> <12 Months <input type="checkbox"/> >12 Months <input type="checkbox"/> > 24 Months <input type="checkbox"/> > 5 years <input type="checkbox"/>

Free Text to provide further details (Include whether **clinically diagnosed or self diagnosed**)

Medication, Triggers & Aggravators

Trauma Questions ** OPTIONAL Questions**

Have you ever experienced an event which provokes fear or pain	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever experienced an event which provokes loss?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever experienced an event which has resulted in exclusion from others?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever experienced an event which has resulted in harm?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever experienced the absence of care or neglect?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever witnessed any of these events?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is there anything you are experiencing which is holding you back in your life because you cannot overcome these thoughts?		
How would you like to move forward and manage your life with the important matters you've told me about?		

Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)

Question	None of the time	Rarely	Sometimes	Often	All of the time	Total				
I've been feeling useful	1	2	3	4	5					
I've been feeling relaxed	1	2	3	4	5					
I've been feeling interested in other people	1	2	3	4	5					
I've had energy to spare	1	2	3	4	5					
I've been thinking clearly	1	2	3	4	5					
I've been feeling good about myself	1	2	3	4	5					
I've been feeling close to other people	1	2	3	4	5					
I've been feeling confident	1	2	3	4	5					
I've been feeling loved	1	2	3	4	5					
I've been interested in new things	1	2	3	4	5					
I've been feeling cheerful	1	2	3	4	5					
I've been dealing with problems well	1	2	3	4	5					
I've been feeling optimistic about the future	1	2	3	4	5					
I've been able to make up my own mind about things	1	2	3	4	5					
Total Score										
0-32 Points Wellbeing is very low <input type="checkbox"/>	32-40 Below average wellbeing <input type="checkbox"/>	40-59 Average wellbeing <input type="checkbox"/>		59-70 Above average Wellbeing <input type="checkbox"/>						
Is this particular pathway linked to this referral?			Yes <input type="checkbox"/>		No <input type="checkbox"/>					
Is the subjects wider offending linked to this pathway?			Yes <input type="checkbox"/>		No <input type="checkbox"/>					
On a scale of 1-10 (1 low impact- 10 high impact) how much do you feel your mental wellbeing has contributed to your offending and how is this impacting upon your current health and wellbeing?										
None <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>

Physical Health (mark all relevant boxes)

Asthma <input type="checkbox"/>	Blood Borne Virus (HIV, HEP etc) <input type="checkbox"/>
Brain Trauma <input type="checkbox"/>	Circulation Problems, Angina, Nigh Blood Pressure <input type="checkbox"/>
Cosmetic Issues <input type="checkbox"/>	Dental Hygiene <input type="checkbox"/>
Difficulty in Driving, Walking, Daily Activity <input type="checkbox"/>	Diabetes <input type="checkbox"/>
Dermatitis / skin Problem <input type="checkbox"/>	Disability <input type="checkbox"/>
Ear / Nose / Throat / Sinus Problems <input type="checkbox"/>	Health Awareness <input type="checkbox"/>
Heart Disease <input type="checkbox"/>	Illness <input type="checkbox"/>
Immunisation <input type="checkbox"/>	Kidney / Bladder Condition <input type="checkbox"/>
Migraines / Headaches <input type="checkbox"/>	Muscle / ligaments Issues (Joint Problems, Back, neck etc.) <input type="checkbox"/>
Nutrition / Diet <input type="checkbox"/>	Other (specify) <input type="checkbox"/>
Pain Management <input type="checkbox"/>	Problems waiting to be treated <input type="checkbox"/>
Recurrent Headaches, Dizziness, Blackouts, Loss of balance <input type="checkbox"/>	Seizures, Blackouts, Loss of consciousness <input type="checkbox"/>
Sensory impairment <input type="checkbox"/>	Sexual Health (STI's) <input type="checkbox"/>
Sexual Risk Taking <input type="checkbox"/>	Sleep Deprivation <input type="checkbox"/>
Stomach / Bowel Condition <input type="checkbox"/>	Visual Impairment - GLASSES <input type="checkbox"/>
Weight (Loss /Gain) /Obesity <input type="checkbox"/>	

Free Text to provide further details (include whether clinically diagnosed or self diagnosed)

Smoker

Yes					No				
<input type="checkbox"/>					<input type="checkbox"/>				
Non Smoker <input type="checkbox"/>	<5 day <input type="checkbox"/>	6-10 <input type="checkbox"/>	11-15 <input type="checkbox"/>	16-20 <input type="checkbox"/>	21-25 <input type="checkbox"/>	26-30 <input type="checkbox"/>	31-35 <input type="checkbox"/>	36+ <input type="checkbox"/>	Unknown <input type="checkbox"/>

A & E Attendance (last 12 months)

None <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4+ <input type="checkbox"/>
Circumstances				

Registered with GP ?

GP Name

Yes No

Registered with Dentist ?

Dentist Name

Yes No

Pregnant

Yes No

How many times have you attended an Urgency care / Drop in centre within the last 12 months

Are you currently receiving ongoing treatment for a medical condition
Yes
No

Is this particular pathway linked to this referral? Yes No

Is the subjects wider offending linked to this pathway? Yes No

On a scale of 1-10 (1 low impact- 10 high impact) how much do you feel your physical health has contributed to your offending and how is this impacting upon your current health and wellbeing?

None <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
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Substance Misuse

Amphetamine <input type="checkbox"/>	Benzos <input type="checkbox"/>	Cannabis <input type="checkbox"/>
Cocaine <input type="checkbox"/>	Crack Cocaine <input type="checkbox"/>	Glue <input type="checkbox"/>
Ketamine <input type="checkbox"/>	Legal Highs <input type="checkbox"/>	GHB <input type="checkbox"/>
Fentanyl <input type="checkbox"/>	Gabapentin <input type="checkbox"/>	MDMA <input type="checkbox"/>
Methadone <input type="checkbox"/>	Methamphetamine <input type="checkbox"/>	Opiates <input type="checkbox"/>
Other <input type="checkbox"/>	Over counter Meds <input type="checkbox"/>	Prescription Meds <input type="checkbox"/>
Solvents <input type="checkbox"/>	Steroids <input type="checkbox"/>	Suboxone <input type="checkbox"/>
Tobacco <input type="checkbox"/>	Valium <input type="checkbox"/>	Zanax <input type="checkbox"/>

Drug Type	Price Paid	Weight	Weekly Expense (£)	Time Used Months/ Years	Means Taken

Overdoses last 12 months

None <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4+ <input type="checkbox"/>
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Hospital Admission re overdoses last 12 months

None <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4+ <input type="checkbox"/>
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Time frame using Substances

Not Applicable <input type="checkbox"/>	< 6months <input type="checkbox"/>	6-12months <input type="checkbox"/>	1-2 years <input type="checkbox"/>	3-4 years <input type="checkbox"/>	5-6 years <input type="checkbox"/>	7-10 Years <input type="checkbox"/>	10+ Years <input type="checkbox"/>	Unknown <input type="checkbox"/>
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Time frame in treatment services

Not in Treatment <input type="checkbox"/>	< 6months <input type="checkbox"/>	6-12months <input type="checkbox"/>	1-2 years <input type="checkbox"/>	3-4 years <input type="checkbox"/>	5-6 years <input type="checkbox"/>	7-10 Years <input type="checkbox"/>	10+ Years <input type="checkbox"/>	Unknown <input type="checkbox"/>
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How is the substance misuse being funded?

What are the triggers to substance misuse?

Free Text to provide further details

Is this particular pathway linked to this referral? Yes No

Is the subjects wider offending linked to this pathway? Yes No

On a scale of 1-10 (1 low impact- 10 high impact) how much do you feel your substance misuse has contributed to your offending and how is this impacting upon your current health and wellbeing?

None <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
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Alcohol Misuse

Question	0	1 Point	2 Points	3 Points	4 Points	Score
How often do you have a drink that contains alcohol?	Never	Monthly	2-4 per Month	2-3 Per weeks	4+ Times per week	

How many standard alcoholic drinks do you have on a day when you are drinking?	1-2	3-4	5-6	7-9	10+	
How often do you have 6 or more standard drinks on one occasion	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you found you were not able to stop once you had started drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you needed an alcoholic drink in the morning to get you going?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you had a feeling of guilt or regret after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you not been able to remember what happened the night before when drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes but not in the last year		Yes during the last year	
Has a relative, friend, doctor or health worker been concerned about your drinking and advised you to cut down?	No		Yes but not in the last year		Yes during the last year	

Total Score

Weekly Expense

N/A <input type="checkbox"/>	<£10 <input type="checkbox"/>	£11-£20 <input type="checkbox"/>	£21-£30 <input type="checkbox"/>	£31-£40 <input type="checkbox"/>	£41-£50 <input type="checkbox"/>	£50-100 <input type="checkbox"/>	£100+ <input type="checkbox"/>
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Free Text (Include Trigger, Aggravators and Funding)

Does the subject hold a full or provisional driving licence?

Yes
No

Hospital Admission re overdoses last 12 months

None <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4+ <input type="checkbox"/>
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Is this particular pathway linked to this referral?

Yes No

Is the subjects wider offending linked to this pathway?

Yes No

On a scale of 1-10 (1 low impact- 10 high impact) how much do you feel your alcohol misuse has contributed to your offending and how is this impacting upon your current health and wellbeing?

None <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
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Relationships

Status

Civil Partnership
Common Law

Cohabiting
Divorced

(Mark one box)	Engaged <input type="checkbox"/>	In Relationship <input type="checkbox"/>								
	Married <input type="checkbox"/>	Other <input type="checkbox"/>								
	Separated <input type="checkbox"/>	Separating <input type="checkbox"/>								
	Single <input type="checkbox"/>	Widow <input type="checkbox"/>								
Has the subject ever been part of children services or in the looked after care system	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details								
How many dependants/children under the age of 18 are currently residing with you?										
Who do you respect within your family / peer group who have some control / influence over your behavior / vulnerability?										
Mark all relevant boxes										
Child Care Issues <input type="checkbox"/>	Offender Peer Group <input type="checkbox"/>	Unstable Family Background <input type="checkbox"/>								
Child Protection Issues <input type="checkbox"/>	DV Perpetrator(Subject) <input type="checkbox"/>	DV Victim(Subject) <input type="checkbox"/>								
Educational Welfare <input type="checkbox"/>	Emotional Control (Perpetrator) <input type="checkbox"/>	Emotional Control (Victim) <input type="checkbox"/>								
Family Interventions <input type="checkbox"/>	Gang Relationship <input type="checkbox"/>	Injunction / Bail / Court Conditions <input type="checkbox"/>								
Injuries to Self/ Others <input type="checkbox"/>	Missing from Home <input type="checkbox"/>	Neighbourhood Issues <input type="checkbox"/>								
Other <input type="checkbox"/>	Parental Issues <input type="checkbox"/>	Peer Pressure / Bullying <input type="checkbox"/>								
Previous to Care System <input type="checkbox"/>	Physical, Emotional & Financial Control (perp) <input type="checkbox"/>	Relationship Breakdown <input type="checkbox"/> (Partner)								
Unreasonable and non-negotiable demands	Reduced / Restricted Contact or Activities (Vic)	Physical, Emotional & Financial Control (Perp)								
Social Isolation <input type="checkbox"/>	Social Media Pressure <input type="checkbox"/>	Witness to Domestic Violence <input type="checkbox"/>								
Threats, Harassment & Stalking <input type="checkbox"/>	Reduced Family / Friend contact <input type="checkbox"/>	Physical, Emotional & Financial Control (victim) Physical <input type="checkbox"/>								
Details:										
Is this particular pathway linked to this referral?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
Is the subjects wider offending linked to this pathway?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
On a scale of 1-10 (1 low impact- 10 high impact) how much do you feel your relationship status has contributed to your offending and how is this impacting upon your current health and wellbeing?										
None <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
Attitude, Thinking & Behavior										
Were you with anyone at the time of the offence and how did they influence your behavior?										
Why did you feel that you needed to go along with them?										
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?
What harm do you think you have caused the victim?
What harm do you think your behavior has had on the community?
What would you do differently in the future?
How do you think your attitude and thinking has affected the victim?
How do you think you can resolve what you've done?
How are you going to take responsibilities for your actions to prevent this situation or similar circumstances from occurring again in the future?
Free Text

Is this particular pathway linked to this referral?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
Is the subjects wider offending linked to this pathway?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
On a scale of 1-10 (1 low impact- 10 high impact) how much do you feel your attitude, thinking and behavior has contributed to your offending and how is this impacting upon your current health and wellbeing?										
None <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>

Sexual Exploitation

Abusive Relationships <input type="checkbox"/>	Access to U/K Transport / Vehicles <input type="checkbox"/>	Clipping (Running upon Payment) <input type="checkbox"/>
Declines / Withdraws complaint <input type="checkbox"/>	Evidence of Coercion / Control <input type="checkbox"/>	Failes to engage with service /appointments <input type="checkbox"/>
Forced Imprisonment <input type="checkbox"/>	Gang Relationships <input type="checkbox"/>	Lacks knowledge of Sexual Exploitation <input type="checkbox"/>
Multiple Phones / Social Media Accounts <input type="checkbox"/>	Observing other sexual acts <input type="checkbox"/>	On-line / older acquaintances(s) <input type="checkbox"/>
Peer pressure /bullying <input type="checkbox"/>	Physical Injuries <input type="checkbox"/>	Placement breakdown <input type="checkbox"/>
Repeat Offending <input type="checkbox"/>	Running away/ Missing <input type="checkbox"/>	Sexting <input type="checkbox"/>
Sexually Active <input type="checkbox"/>	Social Issolation <input type="checkbox"/>	Social Media Pressure <input type="checkbox"/>
Staying out without explanation <input type="checkbox"/>	Unknown Associates(s) <input type="checkbox"/>	

Have you ever paid or exchanged sexual acts for accommodation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details
Have you ever paid or exchanged sexual acts for Drugs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details
Have you ever paid or exchanged sexual acts for any other needs including food?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details

Are you committing crime due to exploitation and pressure from a third party/Person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details								
Have you ever been harmed or deprived of food, water, sleep, medical care or other life necessities?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details								
Can you freely contact friends or family? Do you have limited social interaction or contact with people outside your immediate environment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details								
Is this particular pathway linked to this referral?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
Is the subjects wider offending linked to this pathway?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
On a scale of 1-10 (1 low impact- 10 high impact) how much do you feel your exploitation has contributed to your offending and how is this impacting upon your current health and wellbeing?										
None <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>

What Pathways does the SUBJECT believe is causing the offending and how can their Life Chances be improved

Attitude, Thinking & Behavior <input type="checkbox"/>			Accommodation <input type="checkbox"/>			
Employment, Education & Training <input type="checkbox"/>	Mental Health <input type="checkbox"/>		Physical Health <input type="checkbox"/>		Substance Misuse <input type="checkbox"/>	
Relationships <input type="checkbox"/>	Alcohol <input type="checkbox"/>		Finance <input type="checkbox"/>		Sexual Exploitation <input type="checkbox"/>	

Are there any particular triggers or factors which have led to the situation you are in?

What do you feel would be the most effective way to stop/reduce your re-offending in the future?

What do you feel would be the most effective way to improve your health and life chances?

What do you want to achieve in life?

Where do you see yourself in the future?

How do you think you can get there?

Sensitive Data (Specify any data which cannot be shared, which is specific to the offender eg. employer notification, family or relatives)

Signature/s

I certify that the details recorded within this document 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 the actions undertaken within and my level of engagement at any of my appointment/s. I also request that my Navigator can act as an advocate on my behalf with any service where my support is required.

Subject Signature		Date	
Appropriate Adult		Date	
Officer / Navigator		Date	

Form 2- Checkpoint Contract Template

Subject				
Surname:				Date of Birth:
First Name(s):				Sex:
Ethnicity:				PNCID:
Address :				
Contact Details				
Contract				
I agree to undertake the following inventions as part of my contract and will FULLY engage with my navigator throughout the period of this contract.				
This contract commences on _____ (Date)				
Conditions				
Number	Pathway	Conditions	Proof of Compliance	Completion Date
1				
2				
3				
4				
5				
6				
7				

Navigator Point of Contact

Collar No of Navigator:

Name :

Email:

Navigator Telephone Number:

Terms of Contract

If these contract conditions are NOT met or I fail to engage with the Navigator/Officer this may render me liable to prosecution and support and services withdrawn. If I am prosecuted through the criminal courts then the courts will be informed of the interventions provided. This contract commences on the date show on this form. If I fail to comply with any of the above conditions then this will render me liable to prosecution. I am aware that, and consent to, my details being sent to any partner agencies who may work with me and that information about my involvement, attendance and engagement will be shared with Durham Police. This contract may also be shared with the victim(s) of the crime if deemed appropriate. All data contained within this assessment and contract will be retained by the police in accordance with current police policies and procedures.

I also request that my Navigator can act as an advocate on my behalf with any service where my support / consent and engagement is required.

Information regarding this incident / crime will be recorded on Police databases. Employment requiring an enhanced disclosure and barring service certificate may result in disclosure of this disposal if deemed appropriate.

If you have been referred into Domestic Abuse Diversion Project - There maybe disclosures made under Clare's Law with your current partner.

If participating in a voluntary diversion scheme and any aspects of the agreement / contract are not complied with then support may be withdrawn, other agencies and those within the Criminal Justice System / will be informed, other lines of engagement and enforcement may be considered as an alternative option

Form 3- Checkpoint Evaluation Form



Subject Details

Surname :

Forename:

DOB : (Must be 18 Years or older) Sex : Male

Ethnic Code : PNC ID :

Address :

Post Code :

Contact Details :

Mobile Number:

Evaluation

Completed Date :

Tell me what your life was like before you had your Intervention

What problems were you experiencing and how did you deal with them?

Tell me about your experiences within Intervention

What has made a difference and what is your life like now?

What do you do now that stops you having the same situation?

What has the intervention done for you and why?

Are there any additional areas you need help and support with?

.

Is there anything else you would like to say?

Pathway changes post Checkpoint

Accommodation

Neighbours have moved and it is a nice place to live again.

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?

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?

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?

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?

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?

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?

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?

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?
Attitude, thinking and Behavior
On a scale of 1-10 (1 low impact - 10 high impact) how much do you feel Attitude/Thinking and Behavior issues now impacts on your offending / vulnerability and your current health, wellbeing and quality of life?
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?
No Pathway Identified
Are you willing to assist in mentoring and support of others ? : NO
Are you willing to assist in any media work to promote the work you've undertaken? : NO
Have you experienced difficulties in accessing any help and support from partner services around your needs? :
What can could be done to improve the experiences and opportunities for those who participate in the Checkpoint / Diversion processes?
As the manager of this subject what have you noticed in their critical pathways, offending behavior or vulnerability throughout the time you've managed this subject?

Appendix 2-Case Studies

Offender A; a known alcoholic, who was living in a community where anti-social behavior 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 anti-social behavior and the incidents escalated significantly. Offender A was eventually arrested for reacting to these incidents when he caused damage to one of the gang member's car and subsequently referred to Checkpoint. The Checkpoint navigators 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 significantly reduced his alcohol intake and described feeling better able to deal with the issues within his community; the anti-social behavior lessened considerably. Other residents within that community also benefited from the reduction of crime and disorder.

Offender B; 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 she continued drinking and socialising with other alcoholics for the next 10 years of her life. At the age of 18 years she was released from the social care system and left to fend for herself with no means of financial income, no home, no job and no support. Things deteriorated rapidly for her; she ended up stealing alcohol for herself from local shops. It was at her third offence when she was referred onto the Checkpoint programme. With the help of the navigator, this young woman managed to turn her life around – she sorted her finances out, she reduced her alcohol intake significantly and she secured her own accommodation. She even secured herself a job in the community. This was all achieved within the 4 months of her contract period on the Checkpoint programme and she was extremely grateful for the support and interventions given.