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**A Protocol and Experimental Trial: The Checkpoint Desistance
Programme in Durham**

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Abstract

The movement from punishment to support for offenders is not new, and whilst research has continually built on the theoretical basis around deterrence and desistance, policy decisions appear to have moved much more slowly. As a consequence, there have been several calls to conduct more experiments in determining what actually works in reducing reoffending. Applying the theories of deterrence and supported desistance, this paper describes a protocol for conducting an experiment in the form of 'Checkpoint', a Randomised Control Trial in a police and partner setting. It will cover who will be eligible, what the treatment provision should be and why; what implementation considerations need to be addressed and how the outcomes can be collected and analysed. It will also describe and summarise Phase One of Checkpoint, which is the setting up of the experimental environment and securing and testing the treatment.

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1 Introduction

At the heart of why the police exist are the 'Principles of Law Enforcement' set by Sir Robert Peel in 1829. (Home Office 2012) The first of which states:

'The basic mission for which the police exist is to prevent crime and disorder as an alternative to the repression of crime by military force and severity of legal punishment'.

With this statement, and the legal changes to punishment, Peel moved the focus from punishing offenders to preventing offending. The current government has reiterated this aim. If offending is to be prevented, one of the central aspects must be to understand those who offend. Over the past decade there has been substantial focus on what and who can influence and affect the lives of offenders to reduce their offending, with the ultimate aim of fewer crimes and, most importantly, fewer people who become victims of crime.

There are research studies and theories that cover why offenders commit crimes, and when and why they stop, together with what can be done in supporting them to stop (Farrall & Calverly 2006). These studies show some promising findings in relation to what works, what doesn't, and what remains unknown. However, much of the work, particularly with adult offenders, has been done post 'sanction' where the initial route taken has been through criminal justice process, and where the offender has been charged and convicted. This is costly, and in certain cases little is done in attempting to understand what is driving their offending behaviour. In addition there is strong evidence to suggest that incarceration doesn't work,

particularly with young or juvenile offenders. Indeed, it may increase offending (Petrosino et al 2010).

The UK government policy, introduced in 2009, on Integrated Offender Management (IOM) described the processes by which all criminal justice agencies would 'bring together the management of repeat offenders into a more coherent structure' (Home Office 2009). The focus being those offenders who posed the most risk in terms of seriousness and frequency, and offering them pathways to services to reduce reoffending, e.g. drug treatment services. IOM continues to operate on these principles, managing the most persistent and problematic offenders (Home Office 2015).

Whilst this policy adheres to the principle of targeting resources to 'the power few' (Sherman 2007; Sherman 2013), this approach can only ever deal with a small proportion of serious repeat offenders at any time. This leaves a gap for lower level repeat offenders. The main disposal methods for the types of offences committed by these offenders are currently out of court disposals (OCD), usually by police, in police custody. OCDs include police cautions, cannabis and kaht warnings, penalty notice for disorder and community resolutions. There is no structured support for adult offenders via this route, and most leave police custody with little consideration of the causes of their offending, or what may be done to support their desistance, (i.e. to stop committing offences). Therefore many go on to re-offend.

Putting this into context, Durham Constabulary is one of the UK police forces where reducing re-offending and problem solving to prevent re-occurrence is part of the strategy (Durham Constabulary 2015). In 2013 there were approximately 16,000 arrests in Durham Constabulary that were committed by only 6200 offenders. Of all

of the offenders in the force area currently there are only 145 who meet the IOM criteria and are managed by Durham Constabulary IOM Unit (IOMU). This leaves the remaining 97% with no structured support.

In addition, the Ministry for Justice is currently determining the way forward for OOCs (HM Government & College of Policing 2014) and they clearly state that OOC should have 'meaningful and appropriate consequences for the offender' which 'should also have a positive impact on reducing their reoffending'.

There has already been some work done in Operation Turning Point (OTP) (Neyroud and Slothower 2013) which looked to fill some of the gap for offenders not eligible for IOM. The findings show benefits, particularly in relation to cost and victim satisfaction, but the effect on offenders is far less clear. For government to change policy the evidence that an approach works should be clear (Ayling et al 2009; Laycock and Mallender 2015).

The financial challenges involved in providing policing services are substantial. In 2013, HMIC reported that forces faced a 17% savings requirement over the spending period (HMIC 2013). This requirement is set to continue (HMIC 2014a) and changes to the police funding arrangements will also impact on many forces going forward (Home Office 2015). It is therefore vital that forces and partners understand what works to enable them to spend their money wisely. There are many estimates of the cost of offending. Home office figures in 2011 suggest that each dwelling burglary costs circa £5,000, and murder in excess of £1.7M (Home Office 2011). The National Audit Office (NAO 2011) suggests each young offender costs the criminal justice system on average £8,000, with the most prolific 10% costing £29,000 (NAO 2011).

Whatever calculation used, it is clear that in a time of austerity advocating the use of evidence to determine a way to deliver more efficient and less expensive policing is to be supported (Bueermann 2012).

However, what most criminologists appear to agree, is that there is currently no apparent single solution to stop offenders from offending. Therefore, an experiment will be designed and conducted in Durham Constabulary force area, called 'Checkpoint'. Checkpoint will target some of the 97% of offenders not in the IOM cohort in an efficient and effective way. It will not seek to offer a single route to support desistance, but rather tailor a range of one or more bespoke services, which an offender can access to a greater or lesser extent, depending on individual circumstances. These services, for example, housing, alcohol or drugs treatment, will seek to tackle the causes behind the offending and help offenders change their lives. The identification of the services will be done by trained professionals, called Navigators, and agreed with offenders in the form of a set of contract conditions that they must meet, or they will be prosecuted.

Looking to expand on the work in understanding what can be done to support offenders to desist sooner, reduce the level of harm caused or reduce the cost to the public purse, this paper sets out an experimental protocol for Checkpoint. Building on OTP, a randomised control trial based on the same theoretical foundation as Turning Point but not just targeting first time offenders (Neyroud and Slothower 2013). The protocol will test the hypothesis that offering a deferred prosecution to target offenders, and supported desistance via an individually tailored contract based on offender needs, when compared with progression through the standard criminal justice route (CJR) will reduce reoffending and/or have a reduced cost for

the same level of offending. Non-compliance with the contract conditions will result in prosecution. The major difference between OTP and Checkpoint is in the expansion to the types of offenders and offending; who completes and monitors the contract conditions and the breadth of interventions offered.

This paper will cover: the literature and theory to highlight the relevance to Checkpoint and highlight gaps; describe the experimental environment and the rationale for this type of research; the process for implementation in Durham Constabulary Force area; the protocol for conducting the experiment; suggest what data should be collected to track the experiment; and finally what outcome data needs to be collected. It will also provide a report on Phase One, which tests the case flow, and the ability to provide the necessary bespoke treatment.

In order that there is a testable programme in existence it is advisable to check the programme, case flow and treatment before the RCT is commenced (Boruch 2012). There needs to be clear and established criteria for who will be treated, how and by whom. There is a plethora of literature describing research in a justice environment, but little which describes the processes or experiences of actually establishing a successful RCT. In support of establishing a successful RCT Sherman and Strang (2009) set up Crim-PORT to define the steps required. The Methodology section of this paper will describe the experience of setting up Checkpoint as a testable programme in Durham using Crim-PORT as a guide.

Some of the wider considerations and implications are considered through out the report and only a summary of these will be found in the discussion chapter.

2 Literature Review & Theory

Given the aim of preventing crime and disorder, in this case with a focus on the offender, the question is how can reoffending be reduced in the most efficient and effective way, and how can the evidence be collected to prove what actually works and thus allow this to inform policy (Laycock and Mallender 2015).

There are numerous areas of criminological, psychological, management and developmental theories and literature that could be considered relevant for this topic (e.g. community social control, procedural fairness and routine activity theory, rational choice theory, to name a few). What criminologists appear to agree upon is that there is currently no apparent single solution. Therefore, this review will only focus upon the basic literature for the four areas considered most relevant: deterrence, desistance, gathering the best evidence and implementation.

2.1 Deterrence

The early origins of deterrence theory began with legal philosophers Cesare Beccaria (1767) and Jeremy Bentham (1789). Their theories were based on the utilitarian assumption that people are rational self-interested actors, whose primary focus are the avoidance of pain and the pursuit of pleasure. They didn't look at punishment alone as a route to prevent crime, but rather considered the appropriateness and severity of the punishment as the consequence. Considering the empirical evidence for deterrence, a systematic review of deterrence found that nine out of ten eligible evaluations reported statistically significant reductions in crime (Braga and Weisburd 2012).

In the simplest form deterrence is balancing the benefits of committing an offence, for example money, drugs, or the thrill seeking (Zuckermann 2007), against the relative cost of sanctions (Apel and Nagin 2011). However these 'balancing decisions' made by offenders are often far from balanced. Jolis et al (1998) showed offenders place a higher value on the utility now, than consequences in the future. Often these future consequences can have a severe impact on life chances, employment, health etc. This 'focus on the now' by the offender is exploited in the reverse context in the certainty and celerity of punishment discussed later. Likewise Kahneman and Tversky (1979) showed people in general, including offenders, have the propensity to inaccurately predict unlikely outcomes. These decisions, made if made with the benefit of hindsight may have been very different. If Checkpoint is to succeed consideration must be given to readdressing the balance of benefit now, to understanding the impact in the future. This is even more pertinent for young offenders, who could severely limit employment opportunities by virtue of their criminal record.

Perhaps a more useful and applicable definition of deterrence for Checkpoint is that of Bottoms and Von Hirsch (2010) who state that deterrence is 'the avoidance of a given action through the threat of adverse consequences'. If deterrence theory is to be used to reduce offending it must induce a behavioural response on the part of the offender via this threat (Bottoms & von Hirsch 2012; Nagin 2013). This positive response must be supported and encouraged then be tested in practice. Deterring criminals can take one of three forms: imprisonment, which simply removes the ability to commit crime but at considerable cost (Sherman 2012), but where it is hoped the incapacitation will change offending behaviour; general

deterrence, intended to prevent offending; and specific deterrence which is aimed at reducing reoffending. It is general and specific deterrence that require a behavioural change on the part of the offender. Checkpoint does not look at incarceration as an option (discussed later), so therefore must involve a threat of consequence for the offender to encourage a positive behavioural response.

There are three elements to deterrence, the certainty of being caught, the severity of the punishment and the celerity or swiftness of the administration. Nagin (1998) found evidence of the link between sanctions and crime rates, but little about specific policy, or long term effects. Doob and Webster (2003) and later Nagin et al (2009) argue there is little evidence of imprisonment having a specific deterrent effect when compared with non-custodial sentence, at worst it increased reoffending. Durlauf and Nagin (2011), and by Apel and Nagin (2011) go further to suggest there is evidence to support certainty and celerity but there is little evidence to support severity. This is also supported by Farrall (2002) and Petrosio et al (2010), who suggest that comparing custodial sentences in lower level cases with non-custodial sentences, show little deterrence effect and worst case it can increase reoffending by offenders and who conclude there is little evidence that severity of punishment is significant. There is also the risk of unintended consequences. Murray and Farrington (2009) found increased levels of Anti-Social Behaviour for children where their parents had been imprisoned. Nagin (2013) goes further, supported by Sherman and Neyroud with the 'Sword of Damocles' (2012), suggesting it is the threat, not actual punishment that is the stronger deterrent. In short, whilst incarceration has a deterrent effect and for some serious offenders this may be the only option, for low harm offenders the adverse wider societal consequences may

warrant avoiding this as an option. Therefore Checkpoint, and perhaps programmes more widely, should seek to avoid incarceration.

To conclude, the key elements of deterrence appear to be certainty and celerity, with a focus on the threat of punishment, rather than actual punishment or severity of the punishment to encourage a behavioural response on the part of the offender to change their behaviour. Checkpoint will apply this, in that the offenders will be offered an alternative to the normal Criminal Justice, where the offender will enter into a contract, one of the terms being that they will not reoffend. The threat or 'Sword of Damocles' is that if they do offend, or break the contract conditions, there will be quick and certain action to prosecute.

However, deterrence theory alone cannot conceptualise Checkpoint. Other theories must be considered in parallel for it to be operationalised.

2.2 Desistance Theory

Research into desistance truly began with Glueck and Glueck during 1930-1970, (Glueck and Glueck 1930) when they began to look at criminal careers and why people stopped offending. Until then, most criminologists had been interested in the onset of offending rather than why people stop. Farrall & Calverly (2006) define desistance as 'the process of ending a period of involvement in offending behaviour' and like others, (Bottoms 2012; McAra & McVie 2012) provide an excellent summary of the theory and research into what may support offenders to desist.

With much of the research there is a universally accepted link between age and crime (Warr 1998; Bottoms 2014) in that many offenders will naturally stop

offending, as they get older. More recent studies have challenged Hirschi and Gottfredson's (1983) original claim that there is a single age crime curve, for example, Laub and Sampson (2003) identified differences in the curve across crime types and offender groups, and Piquero et al (2007) identified five distinct trajectories, which have remained in the recent update by Farrington et al (2013). Accepting that there are several variations and developments on the 'age crime curve', the curve still shows that the aggregate number of offences peak when the age of the offender is around 17. Post 17 offending rates reduce towards age 25 when they enter adulthood. (Farrington 1986; Farrington et al 2013; Moffitt 1993; Piquero et al 2003; Piquero et al 2007). If Checkpoint can target offenders in the onset, and at the peak of the curve then perhaps reoffending can be reduced or stopped.

In the UK the age of criminal responsibility is 10 (UK Government 2015) and the form the consequences take for breaking the law show a sharp transition from support to prosecution at the age of 18. Despite the fact that 18-24 year olds are not sent to a full adult prison, the shift from support to sanction at 18 is clear. If natural desistance doesn't occur until 25, and psychological development theory suggests maturity is not reached until around 25, one could question why the transition has been set at age 18. Farrington et al (2012) make this argument well in their study of young adult offenders. If the age curve in Durham matches this, then the support to punishment shift could be extended to cover the age at which maturity is reached, and allow improved life chances and reduced offending for these offenders.

Whilst the definition of desistance is clear, the theory used to describe and operationalize the process is diverse (Bottoms and Shapland 2010). Some of the

theories involved in describing this transition are association theory, where Warr (1993) showed that removal from delinquent peers is linked to desistance. An expansion on this is reflected in the view that young people, in their adolescent groups and school friends and family, form social bonds and social controls (Farrall 2005; Farrall, Bottoms and Shapland 2010). With adults, it is the links with employment, work colleagues, relationships and parenthood that are the basis for these bonds. It is these bonds, that influence and control behaviour. Also, in his review of the literature Greenberg (2008) concludes: 'There is evidence that increasing levels of self-control contribute to the decline of crime with age, but other factors also contribute, including social bonds'.

Some of the most cited research on the 'Pathways and Turning Points' is that of Sampson and Laub (1997), who developed a theory of age graded informal social control to explain crime and deviance over the life span. They also built on, and reanalysed the data from the Gluecks' study of juvenile delinquency and adult offending (Glueck and Glueck 1950; 1968), to devise a framework with three major themes; firstly structural context, which is mediated by social controls by family and schools; the second is that there is a continuity of 'bad' behaviour running from childhood into young adulthood and beyond; and thirdly, that regardless of past criminal behaviour, social capital and social bonds can explain differences in criminal behaviour. So, as life changes and offenders make strong social bonds offering social control (Forrest and Hay 2011; Doherty 2005), (for instance getting married, finding employment etc. (Uggen 2000; Wright and Cullen 2004)) which offer a link to conformity, the desire to be an accepted member of society grows and therefore becomes a compelling reason to stop offending.

The work of Thornberry et al (1991: 30) provides an additional linked 'interactional theory' describing the circular dynamic of delinquency leading to weak social bonds in childhood, that leads to increased delinquency, further weakening the bonds, and this combination makes it extremely difficult to re-establish these bonds later in life. Sampson and Laub (1993) agree that early delinquency predicts weak social bonds, which in turn predict concurrent and later crime and deviance. The contrary is also true, strong adult social bonds can support desistance.

Sweeten et al (2013) provide a recent study that builds upon social control, association and other theories to look at the longitudinal impact of life events, and their contribution to a 'desistance pathway'. In their study, they not only use the theoretical perspectives of social control (e.g. having a partner, a child or a job) and learning (or association with delinquent or anti-social peers) but also procedural justice (the perceptions of a fair and legitimate legal system) strain (victimisation or relationship breakup) psychological maturity (impulse control, self-regulation and moral disengagement) and rational choice theory. They look at the combined effect of these different theoretical perspectives by using multi level longitudinal models and conclude that collectively the effects of several of these can explain 69% of a drop in crime.

Many of these theories are not new and previous studies to a greater or lesser extent have tested them but in this study Sweeten and colleagues relate them to age and attempt to build on Hirschi and Gottfredson's (1983) claim that the decline in offending is due to 'the inexorable aging of the organism' by attempting to determine the sociological and/or psychological reasons for desistance.

In summary, Sweeten et al (2013) accept the existence of the age crime curve but support others, for example Laub and Sampson (1993), who state that turning points can divert offenders away from crime with their statement that 'one need not simply wait for age to have its effect, but can peruse strategies to accelerate desistance from crime'. If Checkpoint can build on social bonds and social control theories, and the additional theoretical perspectives put forward by Sweeten et al (2013) the potential for success would be increased. The process must be seen as fair and legitimate, and focus on developing the psychological maturity of offenders, particularly in understanding the short and long term consequences of their actions.

Having discussed some of the pathways to desistance, the offender themselves must want to change via some self-motivated route (Laub and Sampson 2003; Gadd 2006). The individual must become an agent of their own change (Giordano et al 2002) by giving them the vision, choice and power to accept the hooks or turning points that become available. Giordano et al describe 4 steps, the openness and desire to change; the opportunity to change (the hook); the ability to see a 'replacement self' and identify with who they want to become; the acceptance that former behaviour is negative. Maruna, who states the inner agent must be present with the offender, coupled with the ability to develop a pro-social identity supports this (Maruna; 1997; 2000; 2004). Maruna (1997; 2000; 2004) also makes a clear distinction between labelling theory (Lemert 1951; Becker 1963) and the language of condemnation script; the story of persisters and redemption script; the story of desisters, when dealing with offenders. Arguing that if the 'looking glass concept' of self is one of stigmatism and condemnation by society, this is how the offender will view himself or herself, whereas redemption is associated with desistance. Maruna

and Mann (2006) also suggests using the natural reaction in everyone to make 'excuses' when we have done something that is socially unacceptable Zuckerman (1979) could be a way of identifying risk factors and criminogenic needs which can then be addressed to support desistance rather than attributing blame or judgement to these actions when the offender shares them.

Linking social bonds and social control together, research has also found that often old social bonds need to be broken and new ones formed to totally support a change in behaviour. Looking specifically at drug use, Coleman and Vander Laenen (2012) conclude that desistance from crime is subordinate to desistance from drug use, and whilst the 'alternative self' was clear and the individual as an agent (i.e. the offender wanting to change) was present with offenders, they needed to address their need to take drugs before they could stop offending. The offender in Checkpoint will need to have a desire to change, and the people working with the offenders will need to be skilled in 'redemption' conversation and assisting in visualising an alternate self. Arrigo (2015) suggests that recovery and transformation begins with a diagnostic enquiry and cultural critique with the offender. This would need to be facilitated by someone as part of the Checkpoint process.

Research looking at education as a hook, turning point or pathway for desistance shows success with carceral and post carceral programmes (Chappell 2004; Allred et al 2013; Livingston-Runel 2015) on the basis that an experience of adopting new attitudes and behaviours are incompatible with reoffending. It is an opportunity to connect with and learn from prosocial peers.

What is clear from all of the studies is successful interventions depend on the offenders willingness to change, and addressing the specific needs of the offender,

for example drug use, mental health employment etc., identifying pathways to address these needs thus enhancing social control. Given the complexity of programmes and evidence around what contributes to desistance, the conclusion which appears the most sensible is that of Dubber (2005), who argued that the focus should be on treating each individual offender in a way that works for them to get them to desist from future offending. This could include prison for those that posed the most risk but the hope is placed on rehabilitation. Combining this with Goldstein's problem-oriented policing (Goldstein 1979; 1990), which is well accepted and established in UK police, and where additional evidence exists to prove it works (Weisburd et al 2008) suggests a strong basis for problem solving individual offenders. Therefore the treatment conditions for Checkpoint will start with a facilitated conversation to jointly assess the needs and help the offender visualise an alternative future.

To the question of who should support offenders to desist, and how this should be done. Peel began this with his principles of 1829 when he suggested the police should prevent crime rather than punish offenders; therefore one possibility is for the police to support offenders by diverting certain offenders from prosecution.

When looking at successful rehabilitation programmes, albeit post conviction, MacKenzie (2006) and Ward and Maruna (2007) determined that in those that work best there is 'substantial and meaningful' contact between the personnel and the participant, with them standing along side the offender offering support and practical help. If the police were to support offenders, then a consideration would have to be the findings of Flexon et al (2009) where there was a negative relationship between trust and vicarious experiences. This may impede the

formation of a close, supportive relationship with a police officer. In addition, Turning Point utilised police officers in the programme and whilst the programme is showing positive results on victim satisfaction and cost, the difference in offending is less clear. Therefore Checkpoint will not use police to be the support to the offender, the police will divert them from prosecution with the threat of a sanction.

Checkpoint will use 'Navigators' who are trained specialist personnel. The Navigators will offer the support and help needed, encourage the formation of social bonds, and help offenders to identify an alternative self. They will hold a 'Checkpoint' meeting to conduct a needs assessment to determine the causes of offending and identify appropriate pathways to desistance.

So in conceptualising the complex theories aligned to desistance with Checkpoint as a process, the Navigators must do several things, identify the anti-social drivers or causes for offending (drugs, alcohol, attitude etc.), expose them to the hook, ensure they have the correct attitude and self concept, secure the services of providers who can offer programmes which meet the bespoke needs of offenders, ensure they are there to support and encourage participation to facilitate the formation of pro social bonds and social control and finally celebrate the successful completion of their Checkpoint in a positive and interactive way. Sherman (2011) describes this as Offender Desistance Policing, linking deterrence with supported desistance.

2.3 Experiments and Forecasting

A challenge for using quantitatively derived evidence in policing is that it is hard to sell and doesn't naturally appeal to the reactionary, clinical, 'System I' way of thinking (Sherman 2013; Kahneman 2011). Sherman (2013) argues the triple 'T' should be applied. Targeting resources to where they will have the most impact, testing if the activity works, and tracking activity, should allow leaders to think about gathering and understanding evidence in an integrated way (Sherman 2013). This provides a framework against which not only evidence based policing can be done to a high standard, but also can allow the most robust experiments to be done. This, in turn will have the best chance of influencing policy (Ruane 2005; Sherman 2013; Welsh and Farrington 2011). Checkpoint will aim to use all three T's. Targeting treatment to a specific cohort, tracking the activity as part of the treatment and testing, using the most scientifically valid evaluation research, usually based on theory, to obtain the empirical evidence required (Bachman and Schutt 2014) to determine if, and how well, it works.

Obtaining valid evidence can prove costly and time consuming; therefore, it is key that it is collected to the highest standards. Sherman (2009) argues there must first be a clear understanding of what is important, and this issue conceptualised to allow the research to be done and expanded to demonstrate any cost benefit analysis of policing methods which achieve better outcomes, or the same outcomes at a lower cost. In his chapter on Offender Based Desistance, Sherman (2012) also calls for a programme of experiments to test what works and build up effective knowledge on tactic.

Shadish, Cook and Campbell (2002) state that the methodological quality of evaluation studies depends on four criteria: statistical conclusion validity, internal validity, construct validity and external validity. To take each of these in turn: for statistical conclusion validity to be present the power of the experiment must be sufficiently high, the statistical techniques reliable and a significant difference found with a clear calculation of effect size; for the internal validity of causal references, or statistical conclusion validity to exist there must be no alternatives as to why the outcome occurs (Bachman & Schutt 2014), or using Sherman 2009 'the extent to which a research design can eliminate competing explanations of a correlation'; construct validity requires adequate coverage of the concepts or investigative questions (Bachman & Schutt 2014); finally, external validity is present when results are obtained that are representative of, or generalizable to the total population.

If Checkpoint is to support policy change, it must demonstrate all four. Ensuring the power of the research by using an appropriate sample size, a true experiment, the correct measures related to the conceptualisation and attempting to adhere as closely to a realistic environment will assist in addressing these. However, the internal validity and power of experiments is most often criticised.

Braga and Weisburd (2014), state weak experimental design can often create debates around the success of the initiative long after it has been completed. Operation Ceasefire in Boston (Braga et al 2001) is still debated around its effectiveness at reducing gun related homicides over 10 years later (Harless 2013). This is arguably due to the strength of the quasi-experimental design. Braga and Weisburd (2014) suggest the driving factor in the design was the imperative to make the public safe by reducing homicides therefore, experimental design was forfeit in

favour of this. The risk with not putting the policing objective before the experimental design is not so pressing with Checkpoint and therefore it is critical we conduct an experiment with the highest possible internal validity.

To achieve high internal validity, 3 things must be proven, 1) an association between the variables; e.g. Checkpoint is associated with reduced reoffending. 2) temporal order; i.e. Checkpoint happened before reoffending reduced. 3) elimination of all other causes of why the change happened i.e. only Checkpoint could have resulted in reduced reoffending (Bachman & Schutt 2014). Weisburd et al (2001) suggest that random assignment to groups is the only way to achieve this. In 1997, Sherman et al devised the 'Maryland Scale' to rank studies for internal validity and concluded that a level 5, the highest level, could only be awarded to a Randomised Control Trial or RCT. (Sherman et al 1997). In an RCT 50% the population are randomly assigned to either a treatment or control group. Hence allowing the best chance of any other factors not being responsible for subsequent differences in treatment and control samples. Welsh and Farrington (2011) refer to the RCT as the gold experimental standard, and Braga and Weisburd (2012) call for stronger research design in these theoretical areas. As Checkpoint needs to remove all other sources of variation, and therefore offer the best chance of changing policy and practice, the protocol described will be for an RCT.

However, there are constraints with an RCT, and what is within the power of the police to directly influence. The police can only decide the outcome on certain offences (Out of Court Disposals or O OCD) and therefore the offence for which an individual is arrested, or the 'presenting offence' must fall within this category. What is not known at this stage is what future harm an offender may cause if they are

offered a deferred prosecution. Turning Point (Neyroud and Slothower 2013) overcame this risk by only allowing first time offenders to take part. An alternative approach suggested by Sherman (2011) is by using statistical risk forecasting to determine potential future offending harm and only allowing those with an acceptable level of risk to divert to a ‘ “Damocletian” regulatory regime’. Sherman and colleagues have already shown they can correctly classify low risk offenders with a 96% accuracy rate (Sherman, Cosma and Neyroud 2012). Whilst this thesis will not cover the theory or literature associated with forecasting, the expertise of Dr Geoffrey Barnes, building upon his work with Professor Richard Berk in Pennsylvania, is being used to build random forest forecasting models to predict future offending, (Barnes and Hyatt, 2014 forthcoming). This will reduce the risk of offenders committing a serious offence whilst on a Checkpoint diversionary programme.

2.4 Implementation

Conducting RCTs can be challenging in any environment, and many in the area of policing give little or no airtime to the actual implementation and management of experiments in the field. If Checkpoint is to succeed as an experiment, then it must be implemented well. In summarising several trials, Boruch (2012) articulates two clear lessons. Firstly, expect the unexpected. Changes in the environment and systems in which RCTs are conducted are almost inevitable. Secondly, someone must be in the field to monitor and adjust for the unexpected; this second view is strongly supported by Sherman (2015 forthcoming). The unexpected can often come from the operational decision makers on the ground.

Equipoise is critical from a research perspective. The whole reason for an experiment is to test a hypothesis. However, from a practitioner perspective this may not be true. Where discretion exists, and it does with the custody officers in Checkpoint, they will exercise this to dodge or subvert random assignment, often resulting from a heart felt belief that this is the right decision (Kilburn 2012). These 'feelings', or experiential decision making of practitioners, may cause bias when allocating population to either treatment or control, and consequentially affect the experiment, which is specifically set up to randomly assign and remove any other causes for differences in the results obtained. Having several embedded research staff as part of the RCT will ameliorate this risk, ensuring fidelity to randomisation. This resource is in place with Checkpoint as the author has secured an additional researcher to work on Checkpoint.

Boruch (2012) also states that the number of expected cases will often drop by approximately half when the experiment commences, usually due to issues with eligibility and agreement to participate. In other examples, Cook et al (2012) found difficulty with the promised services being ready, and Kilburn (2012) found misconceptions and mis-perceptions about the selection and also that people whom she expected to accept refused to be part of the RCT.

In an attempt to support successful implementation of RCTs, Meyers et al (2012) have devised a Quality Implementation Framework that synthesises the information from 25 implementation frameworks (including that of Fixsen 2005) and identifies 14 critical elements, categorised into 4 steps, which are:

- Step one: Initial considerations regarding the host setting;
- Step two: Creating a structure for implementation;

- Step three: on-going structure once implementation begins;
- Step four: improving future applications.

Their aim was to focus on the practical ‘how to’ elements of implementation which they describe as ‘a systematic process of that involves a coordinated series of related elements’. 10 of the 14 elements should be completed before the implementation begins. They helpfully describe the questions that should be asked and answered before, during, and after implementation. This framework has been used, with slight amendments to some of the terms, for use in Checkpoint implementation. A representation of the model is shown in Figure 1 below.

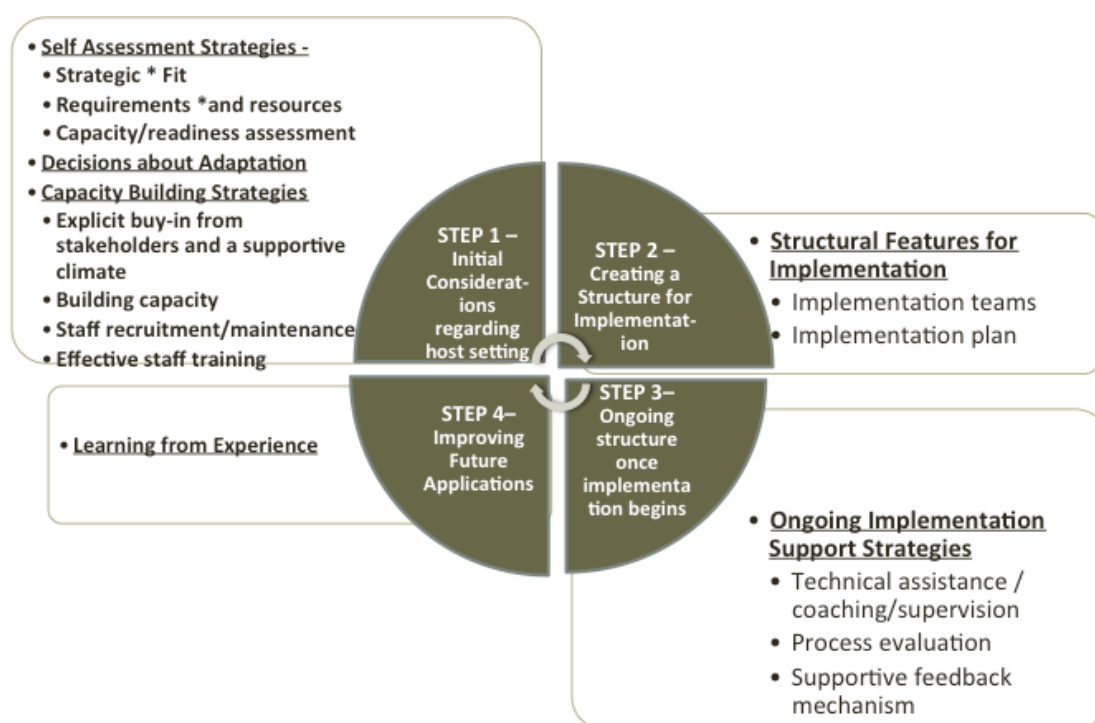


Figure 1 – Quality Implementation Framework

Finally the advice given by Hawken (2012) and Boruch (2012) (amongst others) will be heeded to run an initial phase or ‘test the pipeline’ before the RCT

commences, where case flow can be tested and baseline data on tracking and outcomes can be obtained. Whilst the data may be useless or ambiguous at this stage it will allow issues with collection, recording, accuracy and definitions to be rectified before the RCT begins.

Although not covered in detail, the theory and empirical evidence in relation to restorative justice is strong, and the use of the practice is a key aim for Durham Constabulary. The Campbell Collaboration meta analysis (Strang et al. 2013) and the work by Bergseth and Bouffard (2013) suggest that using RJ as an integral part of Checkpoint to achieve the desired outcomes is worthwhile.

2.5 Summary

To summarise the literature and the relevance to Checkpoint, deterrence should focus on the threat of the certainty and celerity of punishment whilst offering supported desistance in a manner tailored to offenders needs to have the best chance of accelerating desistance. Checkpoint will need to determine the causes of offending and offer pathways to support desistance. Offenders will work side by side with the navigators to break unhelpful social bonds and improve positive social control.

Any experiment to test what works should collect the best empirical evidence and cognisance should be given to the huge challenges associated with gathering the evidence. Checkpoint will be an RCT that is tested in phase 1 to identify and ameliorate implementation challenges and ensure accurate data collection.

3 The Research Methodology

According to Neuman and Wiegman (2000), good research follows a particular cycle of firstly formulating the research idea; focusing the research question, clear conceptualisation, operationalization and a literature review; designing the study; collecting; analysing and interpreting data and finally writing up the findings. Given the timescales necessary to run an RCT, this thesis will only cover the cycle to the point of what and how data will be collected, and will also describe Phase 1. The full analysis and findings will be covered in future documents.

3.1 The Research Question

The research idea and literature review have been covered in previous sections. This section will focus on specifying the research question the RCT will seek to answer.

‘Project Checkpoint’ in Durham Constabulary will build on the work in Operation Turning Point (OTP) (Neyroud & Slothower 2013) by including several changes and new concepts. OTP was a RCT, which ran from 2012-2014, and designed to test the effectiveness of a deferred prosecution with conditions, that were supervised by the police, with standard prosecution. The experiment found increased victim satisfaction, significant cost savings and ‘promising’ findings in relation to harm and reoffending frequency. OPT also concluded that treatment integrity carries enormous importance when testing any hypothesis in an experiment (Neyroud & Slothower 2013). In OTP only first time offenders were taken, or later, those who were forecast at low risk of harm. Checkpoint will take

repeat offenders. In OTP assessment and support offered to offenders was done by police officers. In Checkpoint Navigators (e.g. alcohol services) will be used. Also, whilst in phase 1, acceptance onto Checkpoint is largely a clinical decision using eligibility criteria, ultimately this will be based on a forecasting model that will predict level and severity of future offending, to mitigate the risk of offering a deferred prosecution to offenders, who then go on to commit serious offences in the future. Checkpoint will not cover serious offences; the law is clear in these cases, they must be referred to the Crown Prosecution Service to determine the route. Checkpoint will target the gap in support for lower level offences where the disposal decision sits with the police.

The intention is to conduct evaluation research in the form of a randomised control trial. Based on the main theories of deterrence and desistance, the specific aim is to test the hypothesis that offering a deferred prosecution and supported desistance via an individually tailored contract based on offender needs, compared with progression through the standard criminal justice processes will reduce reoffending and/or have a reduced cost for the same level of offending. Offenders will have to agree to comply with a set of contract conditions with the added 'stick' or sword of Damocles articulated by Sherman and Neyroud (Sherman 2011; Sherman & Neyroud 2012) in that if offenders do not comply with the conditions they will be swiftly prosecuted.

Checkpoint will test the following questions:

- Are there significant differences in:
 - Reoffending rates (frequency and prevalence) of offenders in Checkpoint versus the normal Criminal Justice Route (CJR)?

- Harm caused by offenders who have undergone Checkpoint versus the normal CJR?
- The average cost for each offender in Checkpoint versus the normal CJR?
- Victim satisfaction of victims for an offender in Checkpoint versus the normal CJR?
- Changes in offender self reported behaviour before and after Checkpoint.

Checkpoint will also attempt to understand offender attitudes and behaviours and provide qualitative comments where they are of interest.

It is clear from the literature that more empirical evidence, and therefore experimental research is necessary. Checkpoint could change policy, so it is critical the hypothesis is robustly tested to earn the trust and confidence of the public and policy makers.

3.2 Ethical Considerations

Ethical decisions on whether it is necessary and appropriate to conduct research, specifically for experiments where services will be withheld from certain people and given to others, should be based on a realistic assessment of the potential for harm in the subjects involved (Bachman and Schutt 2014). The aims being 'first do no harm'. There is currently insufficient evidence to suggest that offering a deferred prosecution, based on police disposals with supported desistance from independent 'Navigators', will reduce reoffending for moderate risk offenders. Nevertheless, the decision to conduct an experiment must consider any likely harm

caused. The decision for inclusion into Checkpoint occurs after there is sufficient evidence in line with CPS evidential test, i.e. there is a realistic prospect of a conviction and the decision to proceed taken. Therefore, for offenders being offered Checkpoint versus following the normal CJR, there are no obvious reasons why the effect of Checkpoint may be worse. Serious offences are excluded, as these must be referred to the CPS. Presently, persons presenting at custody for lower level (eligible) offences do not receive any support, therefore the harm could be reduced for the treatment group, who receive the contract and support. The disposals and court sentences will need to be monitored to ensure those who do not agree to Checkpoint, or who fail are not unduly affected by being summonsed for prosecution where higher severity sentences could be a risk given the court will know that the offender has failed to complete Checkpoint.

Informed consent from those going into randomisation should be sought; information-sharing agreements on sensitive personal data need to be agreed. This should include the provision to process and analyse data and publish findings on an anonymous and aggregated basis. It is imperative this is finalised and documented during phase 1.

Checkpoint will only allow eligible presenting offences (see later) to be taken where the police make the disposal decision. With these cases there is a time limit to prosecution of 6 months post offence (Magistrates' Courts Act 1980). Therefore the length of treatment time must allow sufficient time post completion to prosecute if needed. To allow for this treatment will be 4 months and leave the remaining 2 months to prepare the information for court and bring the prosecution to bear.

4 Experimental Environment

This section will cover the essential elements for consideration in assessing the host setting (Meyers et al 2012). It will consider the fit with the host organisation (Durham Constabulary), look at partnership support, how to establish the resources and the team, and look at ways of highlighting potential failure areas by conducting a pre mortem.

4.1 Durham Constabulary

Gaining support for an RCT in Durham Constabulary has not been difficult. During his tenure with Durham Constabulary the current Chief Constable has been a staunch advocate of restorative justice, (Durham 2015; Northern Echo 15th January 2014) recognised by HMIC as ‘widespread and innovative’ (HMIC 2014) and of using Problem Oriented Policing (Goldstein 1990), recognised as good practice in the HMIC PEEL assessments (HMIC 2014). He believes in supporting desistance and encourages officers and staff to signpost offenders to schemes that ‘change lives’ (Durham Constabulary 2013; HMIC 2014). The force strategic plan puts the victim at the heart of what is done and ensures there is robust evidence to back operational practice (Durham 2015). Therefore, conducting an experiment that supports offenders to stop offending, uses RJ and problem solving, putting victim satisfaction as a clear outcome and using an evidence-based approach fits closely with the Durham Philosophy.

Durham Systems can also be used to track actions taken with offenders.

4.2 Partnership Support

Durham Constabulary cannot deliver checkpoint in isolation. It will require resources from other partners and funding support from the Police and Crime Commissioner (PCC). Strang (2012) describes three foundations that support 'coalitions for a common purpose' when a programme involves a number of partners. The first is that the intellectual foundations need to bring together an operational motivation with a testable hypothesis. The partners and PCC have two direct drivers that constitute the motivation; the financial situation driving the need to reduce demand and costs; and the shared vision to reduce reoffending (Durham Partnership 2015). As the objectives of Checkpoint are associatively coherent with existing partnership plans this will induce cognitive ease (Kahneman 2011a) and assist in partnership acceptance. The agreement to conduct an RCT based on the theory, the research question, and previous research brings the testable hypothesis, building on the principle that 'research is more likely to be adapted than adopted' (Nutley et al 2007).

The second are the social foundations, where relationships and networks are established. The Durham and Darlington partners already have strong relationships and networks via the IOMU and other partnership working arrangements (e.g. joint risk assessments, objectives and working groups). Checkpoint should build on these to have the best chance of success.

The third are the formal foundations. Checkpoint will need to be managed via a Multi-agency Governance Board with a strong, influential chair; will need to have robust practices and procedures, and clear funding and resource provision. It cannot

fail on implementation, or be open to criticism given the potential policy implications. Since the PCC has the responsibility to secure an efficient and effective service, set the force budget, and bring together community safety partners (Police Reform and Social Responsibility Act 2011) the PCC or Office of the PCC (OPCC) is suggested as chair. The Board should report to existing partner structures e.g. the Safe Durham Partnership Board, the Darlington Community Safety Board and the Durham and Darlington Reducing Re-offending Group. Terms of Reference should be agreed and the membership should include all relevant partners. Information sharing agreements need to be established, which include the ability to share personal and sensitive data, and thus allow a full evaluation of Checkpoint to take place. Ethics, project timelines, action plans, issues logs data collection and analysis, navigator roles, finance and checkpoint processes will all be reported and signed off by the Board.

4.3 Establishing and Training the Team

Strong leaders can institute change when the correct support is in place (Fixsen 2005; Iszatt-White & Saunders 2014). Having a strong project manager, implementation team, research manager and research team with the correct support will give Checkpoint a chance of success.

Initially a Project Team in the form of a Superintendent, Detective Inspector and 2 Detective Constables will need to be established with the dual aim of implementing the programme (Meyers et al 2012), and also as the catalyst for examining the 'community strength', increasing awareness and driving planning activities (Fixsen et al 2005). The Superintendent is critical in that he is already

responsible for the IOMU and has the influence, drive and experience to select his team and drive the implementation, practitioner training and ensuring quality and fidelity to the programme.

Secondly the Research Team should be established, separate to the project team, to eliminate bias in experimental trials where the project team will often have a strong desire for the experiment to succeed (Kahneman 2011; Kahneman et al 2011). The Research Team should include academic advisors and on site researchers. The on site researchers would have the role of monitoring and adjusting for unexpected changes (Boruch 2012; Sherman 2014)

Finally the 'Navigators' need to be recruited. The role of the navigator would be to meet with offenders once it has been determined they were eligible for Checkpoint. They would carry out a personalised needs assessment for the offender, offer support, and work alongside the offender, to ensure they had access to treatment services that it was determined were necessary to support their desistance. To ensure some of the lessons from Fixsen's (2005) work were embedded in checkpoint, the Navigator job description should also include a requirement to be involved in refining the programme following successful completion of the training, coaching and successful evaluation of competent performance. (Appendix 1 – Navigator Job Description)/ Based on the findings of Flexon et al (2009) that navigators would not be police officers they should therefore be selected from relevant partner agencies.

The Navigators will need to be assessed for current skills and abilities and be provided a full training programme around what Checkpoint is, why it is being done, Durham IT system and also treatment provision etc. Effective training is a key part of

implementation (Fixsen 2005; Meyers 2012). A suggested training programme can be found at Appendix 2.

It is hoped that the careful selection of these early adopters, with the critical networks already established with these people and relevant partners, will assist in Checkpoint reaching a Tipping Point for running a successful RCT (Gladwell 2006).

4.4 Anticipating failure.

Programmes often fail in the early stages due the complex nature of change, and the reactions to it. The competing forces of changes in skill, capacity, culture against the inertia, and resistance to change, the current processes and practices are often the cause of failure (Macallair and Males 2004). Ensuring the 'Coalitions' exist (Strang 2012) will mitigate this to an extent but there will also need to be an understanding of where Checkpoint itself may fail. A simple method to do this is the 'pre-mortem' (Klein 2004) and this should be conducted prior to Checkpoint going live. The pre-mortem is regarded as a simple but effective tool where a facilitator creates a safe, and permission-giving environment, and then invites all stakeholders in a project to imagine the initiative has failed spectacularly. The group then work backwards to determine all the things that could have potentially led to the failure. Klein (2004) stated that asking "Why?" has a very powerful effect as it removes pressure from those that are sceptical but are fearful of appearing disloyal by voicing their concerns, and stakeholders should feel liberated to find ever more convincing reasons for future failures. Plans to mitigate the issues raised should then be put in place.

4.5 The treatment and Service Providers

What works in supporting desistance is complex and individual to the offender. Two things need to be in place, a capable Navigator and effective treatment or desistance pathways. The Navigator must not only be able to 'walk side by side' providing practical help and support, for example taking offenders to appointments, but also help offenders to identify with an alternative self (Sampson and Laub 2003). They must have the ability to use questioning as a way to establish the needs of the offender and the appropriate pathways, interventions and services required. What is clear in securing pathways for offenders' services must include mental health support, alcohol and drugs programmes, finances, employment, accommodation and behavioural counselling. Providers for all of these services must be identified and offers of service agreed prior to phase one. Some are already in existence, for example drugs treatment, but others will have to be sourced. In addition there is a timeliness element, and treatment must be swift and of a good quality to allow proper 'treatment' and to ensure it is done within the timeframe.

5 Implementation Methodology (Design and Implementation)

Checkpoint is a RCT conceptualised from the theory and literature above to determine if lower level offenders could be equally, or more successfully dealt with, via a contract to engage with pathways to reduce their offending. This section will describe the methodology for conducting the RCT, the phases of implementation, what sample size will be required and how cases will be found and referred.

5.1 Implementation Phases

If Checkpoint is to be a successful RCT a testable treatment must first be established before the experiment commences. The best way to do this is to carry out a phased implementation testing the treatment works and ironing out any issues first.

Durham has 4 custody suites, East, West, South and Darlington. Checkpoint will be ultimately implemented in all 4. However, a parallel research project beyond the scope of this protocol, a forecasting model using random forest forecasting to categorise offenders as high medium or low for their future offending risk, is being developed by Cambridge. This can then be used to make informed decisions on eligibility and pathways, and reduce the risk for checkpoint and is included in the phases. In the first phase, to check the pipeline without the forecasting model, a clinical decision to run the phase with 3 offences or less was made by the project team and the research team.

Checkpoint will be introduced in 4 phases shown in figure 2:

Phase 1a – Set up and running in Darlington in April, followed a second site mid May.

No Forecasting model but the eligibility criteria of 3 offences or less will be used. This will test the needs assessment, referral to service providers, current IT systems, etc.

Phase 1b – Scale up to all 4 custody in August/September (with planned parallel forecasting experiment east and west) and IT will write the COMET programme (Checkpoint Offender Management and Engagement Tracker) that will be used to capture offender details, needs assessment, contract conditions actions taken and by whom.

Phase 2 - Introduce the forecasting model and the Cambridge Gateway (Ariel et al 2012) to record eligibility and randomise when the RCT commences.

Phase 3 – RCT - Commenced November until required sample is achieved.

Phase 4 – Evaluation results and decision to rollout.

	2015									2016										
	April	May	June	July	August	September	October	November	December	January	February	March	April	May	June	July	August	September	October	
Timeline	<u>PHASE 1</u> : Implement and test the pipeline					<u>PHASE 2</u> : introduction of forecasting model, trial randomisation, IT to write COMET				<u>PHASE 3</u> : Commence RCT with forecasting model 400 cases per cohort			<u>PHASE 4</u> : EVALUATION CONDUCTED to include 2 years offending data							

Figure 2 – Checkpoint Timeline

In Phase 1 and 2, all eligible cases will be put through the checkpoint process without the randomisation process. Phase 2 will run with the randomiser live but no random assignment. The forecasting model will also be tested. Phase 3 will be full RCT in all suites with 50% in treatment and 50% in control. Randomisation is the only way to control for known and unknown confounders (Weisburd et al 2001) and

Strang (2012) discusses how the integrity of the experiment is only as good as the integrity of the randomisation process; this process must remain in the hands of the research team, as half of the research team are on site randomisation should be outside of the Durham area and therefore the Cambridge randomiser (the Gateway) will be used (Ariel et al 2012).

The design of this RCT has built on the lessons learnt in OTP (Neyroud and Slothower 2013) who found perhaps custody officers were not best placed to adhere to the randomisation decision or negotiate the OTP contract, and that often the conditions set were not S.M.A.R.T. (Specific, Measurable, Achievable, Realistic, Timely). They suffered from some of the bias and experimental issues described by Sweeten (2013), the risk to accurate randomisation is mitigated in some way by having the process run remotely from the experimental site. Officers could still choose to apply discretion in actually flagging offenders for Checkpoint, but they will be tracked via the audit and metrics described in Section 7. In Checkpoint navigators will be recruited who are not police officers and be responsible for managing offenders in Checkpoint; including conducting the first needs assessment, and setting S.M.A.R.T. objectives, mitigating the issues with officers setting and agreeing the conditions.

5.2 Experimental Power Calculations

The internal validity of the experiment is ensured providing the RCT is implemented in line with the protocol, and there is fidelity to the treatment and control groups, and the treatment processes. These issues should be mitigated if the RCT is tracked and monitored as described in later sections.

To achieve the necessary power of the experiment the sample size must be carefully calculated to ensure a significant level of statistical power whilst balancing the complex nature of the interventions and ensuring fidelity to the treatment (Britt & Weisburd, 2010). During phase one, estimates of eligible cases will be determined to allow a priori-sample size to be calculated. This is designed to show the probability that the included sample will provide statistically significant results and show if the treatment had an effect (Cohen 1988).

To allow initial calculations to be done, early estimations based on historical data for arrests for eligible offences will be used. Using 2013 custody data there were 16,147 arrests made across all 4 custody suites, with an average of 1336 per month. A typical month showing these figures in 2013 was August. Of the 1336 cases in August each individual record was then reviewed to take out cases which would have been classed as ineligible for checkpoint, for example indictable only offences, domestic abuse, offenders under 18 etc. This left 65 cases remaining from the 1336 in August sample, eligible for Checkpoint. At this stage it is unclear exactly how many cases will drop out, or what the forecast for future offending will be but the estimate taken from OTP is 25% leaving circa 49 referrals to Checkpoint each month. Table 1 summarises these figures.

Custody Hub	Number of arrests 2013	Average Arrests per month	Number of Arrests August 2013	Estimated Eligible Cases per week	Estimated case with 25% drop out
Bishop Auckland	3782	315	316	14	10.5
Darlington	4190	349	329	17.6	13.2
Durham City	4976	415	424	21	15.8
Peterlee	3199	267	265	12.2	9.2
All Hubs	16147	1346	1334	65	48.7

Table 1 : Estimated Case Flow

5.2.1 The Forecasting Model

Whilst the forecasting model is not covered in detail in in this report, it is worthwhile giving a general overview, based on an initial version demonstrated by Dr. Geoffrey Barnes , showing how it will be used in determining the risk of re-offending within two years of arrest. Examples of a serious offence include murder, threats to kill, sexual offences, wounding, kidnap etc. A general definition of Low/moderate/high risk of offending is shown in figure 3, a detailed breakdown is given in Appendix 3.

LOW	No new offending Within 2 years of the presenting arrest
MODERATE	Non-serious re-offending Within 2 years of the presenting arrest
HIGH	Serious re-offending (e.g. Serious violence/Sexual Offence/Robbery) within 2 years of the presenting arrest

Figure 3 – Offending Definitions

Using Durham custody data from Jan-08 to Dec-14 inclusive, the forecasting model has been developed on the basis of forecasting risk of reoffending during Jan-13 to Dec-14 inclusive, i.e. the data from Jan 08 - Dec 12 has been used to forecast offending during the following two years Jan 13 - Dec 14. The model shows that 10% of offenders with an eligible presenting offence will go on to commit a serious offence within 24 months (as defined above) see figure 4 below.

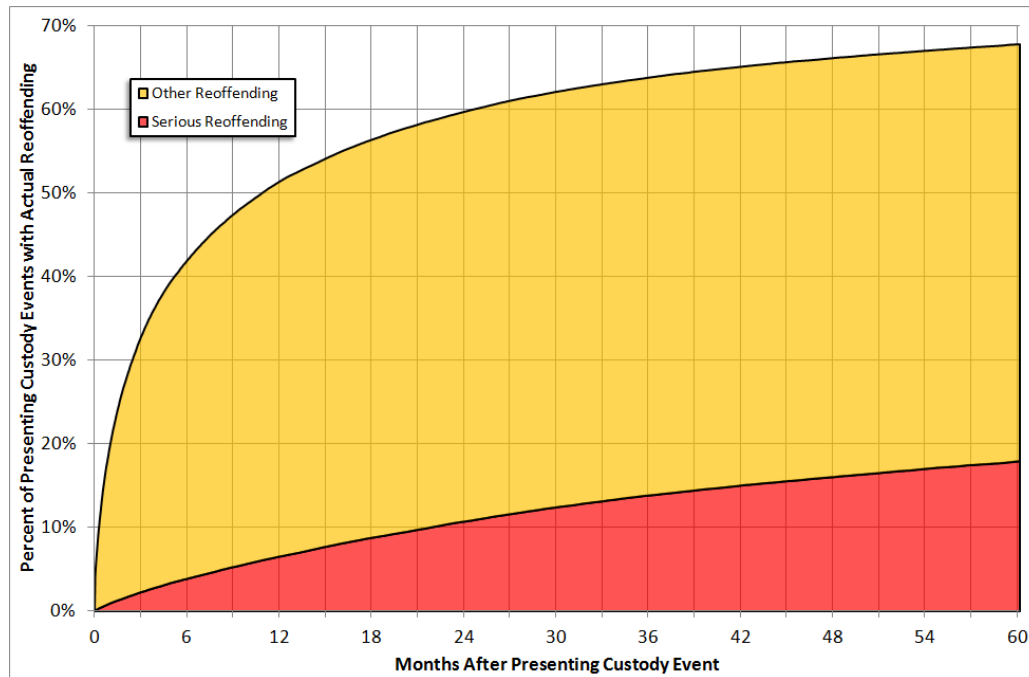


Figure 4 – Reoffending Curve

Those forecast as ‘moderate’ risk are shown in the yellow area, with key findings as follows:

Just over 40% of moderate risk cases will re-offend within 6 months,

Around 50% of moderate risk cases will re-offend within 12 months; &

60% of moderate risk cases will re-offend with 24 months.

The Matrix

Figure 5 shows the forecasting confusion matrix results, where the accuracy of the forecasting predictions and where false negatives and false positives may occur.

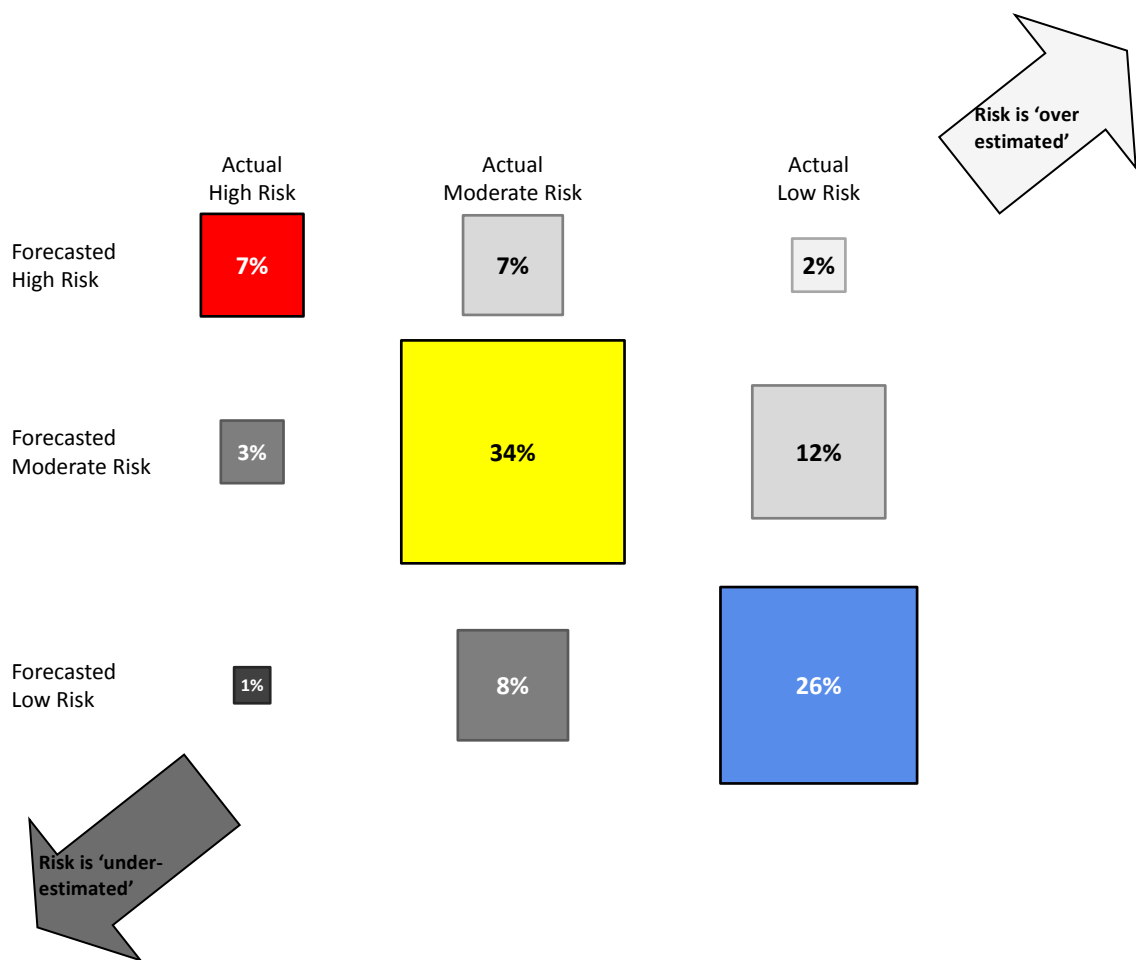


Figure 5 – Forecasting Confusion Matrix

On the basis of data from Jan-08 to Dec-12, the matrix shows that about 11% of offenders in County Durham and Darlington (left hand column total) actually commit a serious offence during Jan-13 to Dec-14, i.e. the two-year follow up period. The model is set to forecast around 16% of offenders as 'High' risk (see top row of matrix).

The dynamics of the model have already been tested to show that increasing this allowance for high risk cases, i.e. the 16% setting, can impact on the accuracy of the model elsewhere, most notably in an increase in **actual** high risk cases that are forecast as 'low', i.e. an increase in the 1% box (these are 'false positives' which should be kept as small as possible).

The red (7%), yellow (34%), and blue (26%) boxes, show where the model has accurately forecast 'actual' high, moderate, and low risk cases respectively; this represents a 67% accuracy for the model. The remainder is split between progressively darker grey boxes, with corresponding worsening in the error illustrated by a darker shade.

5.2.2 Estimated Case Flow with Forecasting

Given there are 6000 individual offenders per year this equated to circa 500 per month. Applying the ratios above will give 80 high-risk offenders (16%) 245 moderate risk (49%) and 175 low-risk (35%). A recognised issue with RCTs and randomisation is obtaining the cases and the speed at which cases 'disappear' meaning experiments "go on for a long time, often longer than planned" (Strang 2012a). Changes in systems, law, policy, staff and leaders all present a risk to the validity of the research over time and this increases the longer the experiment continues. What is unknown is the level of desistance, if offenders do not re-offend, they will not present. Also if they present and they have already been assigned to Checkpoint at any stage, either as treatment or control, they cannot be reassigned to the RCT. An estimate is made of losing 1/3 of all cases at this stage giving 163 eligible cases per month, to be split equally 82 to treatment and 82 to control. To reach the required sample would take circa 3 months but given the experience of Neyroud and Slothower (2012) the RCT is likely to run for much longer to obtain the sample required.

Looking at arrest data for all arrests from 2008-2012, for prevalence of re-offending the data, shows that 75% of low risk offenders will never re-offend. Also

that 60% of offenders will go on to re-offend within 2 years, see 4. If Checkpoint is to have an effect on reducing reoffending this should be seen within 2 years of completing the RCT. (For a list of 'serious' offences see Appendix 3)

Statistical power, defined by Cohen (1988; 1992), is the possibility of detecting an effect size should one actually exist. The sample size needed to complete the experiment must balance the operational needs; the allocation of police resources, the impact on offenders and victims, and how long the experiment can actually run for, together with ensuring the highest possible experimental power is obtained. Using G*Power (Faul et al 2007), if the experiment were designed to only detect a large effect size ($d=0.8$) with a probability of 0.05 and a power at 80% then the sample required would be 52 (See Appendix 4 for examples of G*Power curves). However, Clarke & Weisburd (1994) suggest that designing an RCT with this level of power is 'doomed to failure' and the allocation of resources or the impact on offenders could not be justified. Taking the opposite position where the experimental power is high, i.e. has the ability to detect a small effect size where $d=0.1$ with a probability of 0.01 and power at 80% would require a sample of 3142, this is clearly unrealistic. Figure 6 shows the relationship between the number of cases required to achieve the relevant effect size. The suggested compromise in sample size for Checkpoint would be 800 split evenly between treatment and control that should detect an effect size of circa 0.2 with a probability of 0.01 and power at 80%. Nevertheless, in line with Boruch 2012, Checkpoint RCT will attempt obtain as many cases as possible given the time available.

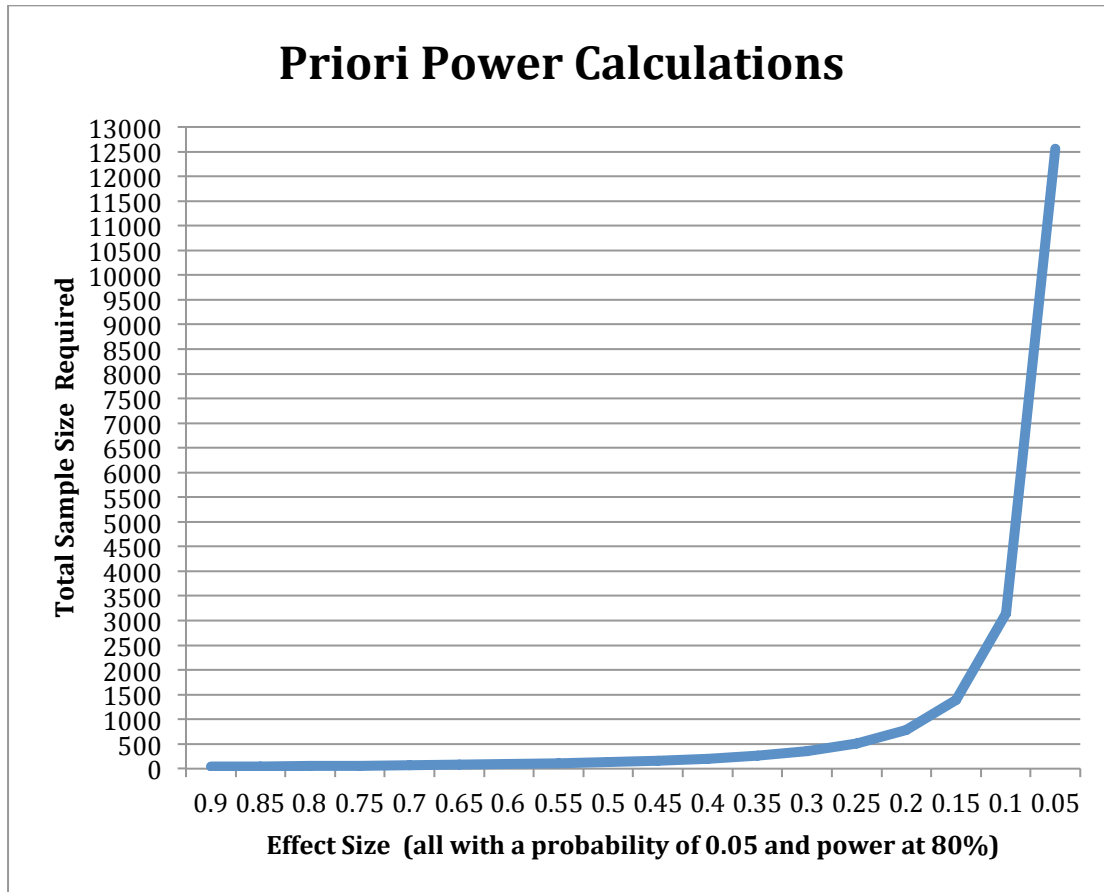


Figure 6 – Power Curve

To ensure any findings from the RCT can be more representative of the general environment, rather than the experimental environment, the calculations on significant differences and effect sizes will be made on intention to treat (ITT) samples, i.e. the numbers in each of the groups will be taken from the time they are allocated, by random assignment to either treatment (Checkpoint) or control (normal CJR) on an equal basis and the statistical calculations carried out on these groups. Different approaches to data analysis could be used, for example, as treated or per protocol. However ITT has become recognised as the gold standard as this is not susceptible to bias when estimating treatment effects and can be used more effectively to demonstrate and estimate effects in a real life setting (Armijo-Olivo et

al 2009). In the case flow shown in figure 7, the point at which ITT samples are taken is when an offender is deemed to be eligible to progress onto Checkpoint.

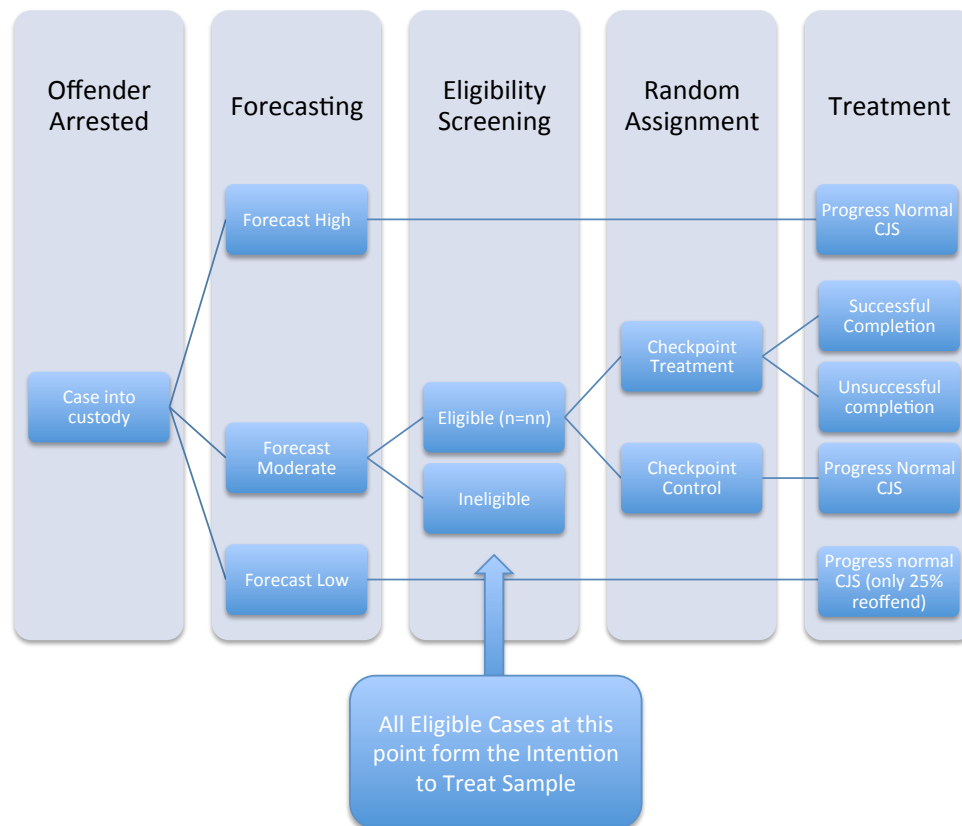


Figure 7 – Intention To Treat Diagram

5.3 Outcome measures

If the hypothesis tested in Checkpoint is to withstand scrutiny and change policy, not only must the research design be robust and experimental power be high, but also the measurement of the outcomes from the RCT, i.e. reoffending, harm, victim satisfaction and cost, must be reliable and valid. Reliability of measurement exists if the data collection techniques, and analytic procedures can be repeated at different times, and by different researchers and still produces consistent findings (Saunders, Lewis and Thornhill, 2012). The research also needs to ensure that the

constructs are valid, i.e. the extent to which the measures actually measure what was intended (Bachman & Schutt 2014).

The output measures collected will be as follows:

Reoffending rate – the prevalence and frequency of offences taken primarily from the PNC with additional intelligence checks on Durham systems, the unit of analysis will be the offender.

Offending Harm - harm caused will be calculated using the Crime Harm Index which weights crime on the basis of sentencing guidelines (Sherman Neyroud and Neyroud 2014); the unit of analysis will be the offender.

Victim Satisfaction: Durham currently carries out satisfaction surveys for several categories of crime in line with Home Office (HO) (Home Office 2014) guidance. The same survey will be used. HO mandated offences are domestic burglary, vehicle and violent crime. Durham also survey criminal damage victims. The survey will be further expanded to cover the additional offences which are referred to offences not covered e.g. Assault without injury (Home Office codes 104 and 105), burglary other, making off without payment, shoplifting. These data will be collected and cross-referenced with treatment and control group victims. The unit of analysis will be the case.

Cost –The systems used in Checkpoint treatment and control will capture the time; person and activity undertaken to calculate treatment costs. Costs will be calculated on reduced offending i.e. the saved cost based on the reduction in the number of times an offender is processed through custody. Then unit of analysis will be the case.

Offender Attitudes – Crim-pics II survey will be used that has 5 scales measuring General Attitude to Offending, Anticipation of Re-offending, Victim Hurt Denial, Evaluation of Crime as Worthwhile, and Perception of current life problems. (McDougall et al 2009; Sadlier 2010). The unit of analysis will be the offender.

6 Checkpoint Described

This chapter covers the detail behind how Checkpoint will actually work in practice. It covers the process from the offender presenting in custody post arrest, through the eligibility criteria, needs assessment and setting the contract conditions.

6.1 The Process

The process begins when a suspect is arrested, brought to police custody and the Custody Sergeant is satisfied the offence meets the CPS evidential test, i.e. there is sufficient evidence to charge in line with national guidance (Moreno & Hughes 2008; Home Office 2008; ACPO 2009). At this point the custody sergeant has responsibility for disposal decision making for certain offences under the Police and Criminal Evidence Act 1984. If the most serious presenting offence is such an offence and is one which is contained on the list (see Appendix 3) then the forecasting model (written by Dr. Barnes) will then be run to determine the risk of future offending. High risk offenders will be prosecuted and not progress into the experiment. Low risk offenders will also not progress in the experimental phase of Checkpoint given the reduced likelihood of reoffending and to control the case flow for the navigators and to target the treatment. Those forecast with a moderate risk of reoffending will be screened for Checkpoint eligibility, with the data entered onto the Cambridge Randomiser.

The sergeant will then read a pre-prepared script describing Checkpoint and asking if the offender wishes to take part or be dealt with via the normal CJR (see Appendix 5). All offenders who are forecast as moderate and meet eligibility criteria will

constitute the intention to treat population for the RCT. If they agree to checkpoint they will be asked to sign a consent form that includes permission for partners to share and analyse personal data and then be randomised to either checkpoint treatment or checkpoint control groups. The intention is to use the Cambridge Randomiser (Ariel, Vila & Sherman 2012). This will create a control group and a treatment group in line with the RCT.

Offenders in Checkpoint will be bailed for 28 days to allow for biometric data and DNA samples to be sent away and for the eligibility to be validated by the Checkpoint Project team. If there are issues then a more appropriate disposal can be made. The offender will also be given an appointment by the custody sergeant to meet with a navigator and agree to a set of conditions that they must fulfil. In line with the certainty and celerity principle in deterrence, the meeting must be scheduled as soon as possible, usually within 24 -72 hours. They will then be 'reported for summons' i.e. instructed to appear at a particular date, time and place. In the event where there is a failure to comply with the requirement to meet with the navigators, the report for summons means they will not need to be brought back into custody and formally charged with the offence (Appendix 6 shows the bail letter). The first condition is they attend the meeting. If they do not they will be reported for summons which will be issued quickly (celerity). This will not be invoked if the offender engages with Checkpoint and adheres to the contract conditions.

On attendance at the meeting, the navigator will complete a needs assessment (Appendix 7) as part of a conversation with the navigator to understand what support is needed, e.g. access to benefits, alcohol services or an appointment with a GP. The navigator will explain that there are also two mandatory conditions,

they must not offend during their Checkpoint Contract and they must agree to a restorative justice conference if the victim is in agreement. The remainder will be offender specific. The navigator will secure quick access to services and the offender will be monitored for compliance.

6.2 Eligibility

To ensure that offenders are eligible to take part in Checkpoint and progress there are 10 criteria that offenders must meet, the exception is that the criteria at number 6 will be different for phase 1 and for the RCT (see below):

1. Evidential requirements must be met. The suspect either has to admit the offence or the Crown Prosecution Service charging guidelines must be met in that there must be sufficient evidence to charge and it must be in the public interest to do so.
2. Must have committed an offence where the police can make the disposal decision, i.e. is eligible for an OOC.
3. Be aged 18 or over. There are existing diversionary and legal arrangements for those offenders aged 17 and under.
4. Live within the Durham force area. This is driven by the legal obligation of service providers to only cover those living within their area. Statutory and third party providers are largely contiguous with the force area. Living outside of this area would also make it difficult for offenders to travel to services and would impact on the ability of navigators to support them.
5. Have offended in the force area.
6. Offence must not be more than 3 months old

7. Offender must not be subject to an order imposed by the courts or be on police bail for outstanding offences.
8. Offence must not be domestic or hate related.
9. Offender must forecast as moderate risk with the forecasting model
10. Presenting offence must be eligible (See Appendix 8 for list of eligible presenting offences)

Crimes over 3 months old cannot be accepted into the scheme, as CPS advise there cannot be “two bites of the cherry”. Their view is that if a crime is reported or identified which is 3 months old, offer Checkpoint and at month 4 the subject fails this will be viewed by the CPS and the Courts as an abuse of process. This may have an impact on the victim if we cannot effectively process the subject through the Justice System.

6.3 Assessing the Needs

In assessing offenders’ need partners already have in existence several assessment tools, for example the Alcohol Use Disorders Identification Test (AUDIT). (NHS 2015) and the mental health wellbeing question set. The relevant partners have been consulted to determine what needs assessment tools they have based on the services above. This has then been collated into a needs assessment form that is used by the navigators to complete during the first interview with offenders. The needs assessment captures offender personal details, including National Insurance Number, NHS Number, PNC id (Police National Computer identification number) that will allow the matching of data from various partner source systems. To cover ethical considerations and comply with the Data Protection Act on sharing sensitive

personal data, the offender also signs the form to agree that data can be shared with all agencies involved, including the police. It also captures information for the following needs based areas:

- Family dynamics and support network (partner and Children);
- If they have been the victim of a crime;
- Accommodation;
- Employment/Education/Training;
- Finances;
- Mental Health;
- Physical Health;
- Substance Misuse (including what, how much and how often);
- Alcohol Misuse (using AUDIT);
- Relationships;
- Sexual Exploitation.

For the final 9 areas offenders are asked to rate on a scale of 1-10 how much they believe this area is impacting on why they offend and also asks the offender to identify which 3 contributed most. The next section collects previous Youth Offending Services (YOS) management, if they have been previously interviewed by police under caution and any PNC and current orders. Finally, in line with establishing a positive alternate self and involving the offender in goal setting the navigator will ask what the offender wants to achieve in life, where they want to be in the future and how do they think they could get there. The assessment data and time is auto populated and the navigator will make an assessment around the

vulnerability of the offender (Wexler 2001). The completion of the form is more than a 'checklist' exercise with the Navigator. It is a conversation to begin to build a relationship. This initial conversation can take an hour to an hour and a half.

Appendix 7 shows the needs assessment form.

6.4 The Contract

Based on the needs assessment the navigator will agree a 'contract to engage' with the offender. The contract will be for 4 months and contain 4-5 conditions, 2 of which are mandatory; not to reoffend and to participate in a face-to-face restorative justice conference (Strang et al 2013; Bergseth 2013) if the victim so wishes, the remainder of the conditions are needs based. Neyroud and Slothower (2012) found if there were more than 5 conditions the engagement and compliance is reduced. The Contract is a single page document that lists what the Checkpoint nominal must do in simple terms and is signed by them. A copy can be found at Appendix 9. The navigator will make contact with the service providers for the identified needs. All service providers are listed in the Critical Pathways Directory, and arrange treatment and appointments as necessary. They will support the offender both practically and psychologically to ensure they have every opportunity to complete the contract conditions. The 4-month duration is to allow sufficient time for the file/ case to be prepared and the offender prosecuted in line with the 6-month deadline for these offences (Magistrates' Courts Act 1980)

7 Tracking Checkpoint

The manner in which the change is introduced is almost as important as the change itself, (Kotter 1995; Borins 2001; Lum 2009) therefore Checkpoint must be introduced with full support of the partners and practitioners (Fixsen 2005; Meyers 2012). The agreed practices must be implemented effectively, only then can the effectiveness of the treatment be understood and evaluated (Fixsen 2005). Fixsen states “Newly-learned behavior is fragile and needs to be supported in the face of reactions from consumers and others in the service setting” so support and collective learning is crucial. There must be excellent tracking mechanisms and feedback loops with key data and message getting back to the relevant people at the relevant time.

This section will describe the tracking of both the cases and case flow and the treatment data required to monitor and manage Checkpoint as a process. The Outcome data is described in 5.3 above.

The key elements that must have the ability to be tracked are:

- Cases and case referrals from custody to the Checkpoint Navigators, to minimise case loss.
- Eligibility failures, also to minimise case loss.
- Swiftiness of the meeting and has it actually taken place.
- Completion and accuracy of the needs assessment.
- Commonality of the navigator assessed needs and offender assessed needs.
- Has the contract been set and do the conditions match the needs.
- Have the services been secured and in a timely manner.

- Have the contract conditions been adhered to and if not why not.

There are a number of risks associated with Checkpoint and why the above should be robustly tracked. Fixsen (2005) highlights a key risk, that the police serve a broad population base with wide demographics and a complex combination of complex problems. This means at decision-making stages the rules and algorithms set for selection into Checkpoint don't always neatly apply. He also highlights that we operate within a culture of discretion and trust. Officers in Durham are encouraged to do 'the right thing' based on 'their own good judgment'. The risk is that officers' use this discretion to override either the forecasting model or the randomisation process or both. Other risks are that the Navigators don't correctly assess or apply the pathways for individual offenders; or that the documentation for data sharing and mitigating the ethical considerations is not completed and returned. Also that the data to allow effective evaluation of Checkpoint is not accurately and consistently collected. Training and communication alone are not enough to ensure fidelity (Fixsen 2005) and this can result in an eclectic mix of intervention styles and quality. The tracking of cases, case-flow and fidelity is key and data needs to be collected to ensure that these risks are mitigated.

Data will be collected in a COMET (Checkpoint Offender Management and Engagement Tracker) tool. This will include:

- Nominal details for all eligible cases (Name, date of birth, PNC id, resenting offence etc.).
- Key dates, offence date, arrest date, appointment date, Checkpoint start date, anticipated end date, actual end date (this will be 2 dates, when the offender actually failed Checkpoint but also, if the reason for failure is that

the commit an offence, the date of the offence will also be captured. The rationale being that whilst a crime will be recorded on the date it was reported to the police, the offender may not be identified immediately), CPS prosecution limit date, 6 month critical date.

- Offence type, crime number and victim details.
- Custody details: Custody suite, arresting officer and custody officer making the referral.
- Navigator allocated, completed needs assessments, contracts and contract conditions.

Durham Constabulary Sleuth IT system will be used to track case and victim information. The crime and case management system (Sleuth Caseman) will be used to track and monitor the actions associated with obtaining the services associated with meeting the conditions and tracking what actually happened. The outcome of the crime will be initially recorded under outcome 8 in line with the Home Office Counting Rules (HOCR 2015) with the additional detail of 'offender on Checkpoint'. The Sleuth 'Vicman' system will be used to track the information on how and when the victim has been kept informed of their case. It will also include information in relation to an RJ process. Finally PNC will be updated with a marker to show that the offender is on Checkpoint the message will read 'Subject is a Durham Constabulary Checkpoint Nominal. Please notify the Checkpoint Team, Durham Police of any stops, arrests, encounters & associates via email; checkpoint@durham.pnn.police.uk. This will be used to determine if the offender has failed their contract condition not to reoffend.

Management information from COMET will be regularly produced, at least weekly, and tracked for key data, e.g. time from offence to arrest, arrest to meeting; navigator caseload; needs assessed and conditions set, referral data and numbers. This will be presented and discussed at weekly meetings with the Checkpoint team and the navigators allowing issues to be quickly highlighted and addressed. For example, a particular custody officers isn't referring, or the days between arrest and meeting go beyond the 72 hours compromising the celerity etc.

In addition there will need to be an audit programme that covers the key areas of data collection and quality; needs assessment accuracy, contract condition accuracy, adherence to conditions and quality of treatment provided. The Governance Board will be required to identify and appoint a "Quality Inspection Team" (QIT) from across the partnerships and service providers who will be experts in their relevant fields. This team, together with the Checkpoint Project Team will be required to conduct a suggested audit regime as follows:

Data collection and quality – A full check of missing and inaccurate data is conducted for all nominal and nominal details on checkpoint. This will be conducted by the Project Team and results fed back to the Navigators as part of a weekly performance meeting.

Needs assessment accuracy, contract conditions accuracy and completion – A full check of missing information is conducted for all Checkpoint Nominals, conducted weekly by the project team. In addition a random sample of 12 needs assessment and contract conditions will be compared against the details for the offender, the interview notes and if possible verified by conversations with the offender and the navigator. This will be done by the QIT.

Treatment provision – A random sample of 12 treatments per month will either be observed, or discussed with the providers, offenders and navigators to determine what intervention has taken place that will be compared with the expected level of service to identify variations. This will be done by the QIT.

Feedback to officers and staff will be copstat, feeding back to officers to ensure they understand and adjust the process; rather than compstat, using figures and league tables to 'shame' people into improving performance (Sherman 2014) where data from the audits and Sleuth will be summarised by the Research team and presented on a monthly basis to the Checkpoint team. Summary information on all of the data together with qualitative checks with victims and offenders will be monitored and reviewed by the Research Team and summary findings reported to the Governance Board.

8 Communication and Engagement

Given the Peelian Principle that policing is by consent, the view of the public and their elected representatives will be critical. Therefore Checkpoint will need a Communication and Engagement Strategy with a tactical plan. It should cover both the internal and external perspectives ensuring that staff from all agencies, MPs and key stakeholders. The Governance Board will identify a lead agency that will own and prepare the plan and associated tactics. It should include:

- Key messages, what Checkpoint is and why it is being done
- Key dates, pre trial, go live, first completion, early findings, full findings etc.
- Frequently asked questions, for example is Checkpoint the soft option? What are the victims views etc.
- Target audiences, e.g. internal staff, media, MPs general public etc.
- Medium for sending the messages, e.g. social media, press conference, face to face briefing session etc.

The plan should include a review process on if the messages have reached the audience and what effect they have had on opinions and perceptions.

9 Phase 1 Findings

This section describes Phase 1 of Checkpoint and will cover building the capacity to actually allow offenders to be treated under Checkpoint, some of the issues and lessons learnt. It will cover the Governance and the findings from the pre-mortem. It will also provide the initial pipeline tracking data, some offender demographics, needs assessment and conditions summary to date. It will conclude with an assessment of if there is a 'testable treatment' to allow Checkpoint to move to the RCT stage.

9.1 Building the Capacity

A Checkpoint Governance Board has been established to oversee the ethics, successful implementation and findings of the experiment. The Board is chaired by the Chief Executive from the Office of the Police and Crime Commissioner and with representation from Durham Constabulary, Probation, CRC, Department for Work and Pensions, National Health Service, Youth Offending, Public Health for Mental Health and Drugs and Alcohol, Community Safety and Housing, together with the Project Team and the Research Team. The Terms of Reference have also been agreed (see Appendix 10) and include sign off of information sharing protocols, the project plan, timeline, media strategy and navigator job descriptions etc. The Board are also responsible for considering any changes to legislation and risks to delivery. Some notable discussions have taken place for example:

- Victims Right To Review (ACPO 2015), expansion on the CPS scheme that was expanded to police disposal decisions on 1st April 2015. The

decision of the board was Checkpoint could be subject to VRR and each case would be considered in line with the policy;

- The potential for judicial review if they were allocated to the Checkpoint, internal legal advice is that, despite the need and rational for an RCT this could be a possibility and there may be grounds in law for offenders to take this route. OTP has set precedence in this area, however the Board requested that further work was undertaken to look at RCTs in a medial context and determine if this risk could be further mitigated;
- Inclusion of low-level child neglect as an eligible offence. The rationale for including these cases was that many of the low level cases would result in a caution and, as with other eligible offences, no other intervention would take place and often the offenders would continually represent in custody. To allow the Inclusion of these offences in phase one the team have ensured the correct safeguards are in place for experts to ensure that the offenders are checked and eligible for Checkpoint. There is some very early evidence to suggest that the programme may be successful in these areas with 2 offenders having completed checkpoint successfully, changed their behaviour and are now fully engaging with support services where previously they have not. Nevertheless the 'Media' publicity risk for these cases was presented to the board with the potential to completely derail the RCT. The board remain largely supportive but further work is being undertaken with Children's Charities and the Local Children's

Safeguarding Board to ensure they are fully supportive of including these types of offences. These cases will be removed without full Board support.

The project plan, risk register and action log are all managed by the Strategic Project Manager and made available to the Research Team and the Board for scrutiny. To date there are around 190 actions, 132 of which have been successfully resulted, the remainder are allocated and awaiting responses or pending awaiting advice from the project manager or board. Actions cover the spectrum of securing services, changes to processes, or guidance and information required from partners or which needs to be provided to others, for example change to the MG5 for the CPS to inform the courts that the suspect is on checkpoint, or a briefing sheet written for solicitors etc..

Eight Navigators have been recruited in line with the job description and the person specification: four National Probation officers, three from Lifeline, the drug treatment provider in Durham and one from NECA the drug treatment provider in Darlington. Whilst the role for the navigators is the same one probation navigator and one drug treatment navigator have been allocated to each custody hub so they are able to train and support each other as necessary. A training programme has been designed and delivered to all of the navigators and a training refresher schedule is in place. The navigators have been instrumental in amending the needs assessment forms, contract conditions and identifying additional service providers where necessary. They have been an integral part of the learning and improvement involved in establishing the treatment and the process. They have identified 'reluctant' custody sergeants and worked with them to explain Checkpoint and gain

their support. They have been the early adopters and built up the networks to ensure officers are trained and aware of the Checkpoint process. In addition they have worked with the project and research team to collect and improve the quality of the data collected to inform the evaluation.

Durham Constabulary Sleuth IT system has been amended to capture the Checkpoint actions resulting from the contracts and also the outcomes together with the victim updates and comments. The PNC marker has been set up with notification processes to add and remove in place with the force PNC bureau. COMET was initially planned as a bespoke IT system that was to be written by Durham IT department. However, due to other demands the timescales for this system have been delayed until early 2016. The Project and Research Team determined this to be unacceptable and an alternative was devised. COMET is based on an excel spreadsheet with macros running reports and hyperlinks to Sleuth, the needs assessment form and the contract conditions form for each offender. Work is still progressing on the formal IT solution to ensure that this is ready should Checkpoint succeed and require full implementation.

There are currently circa 150 offers of service to support pathways for offenders, categorised as follows: 23 from Employment and Training; 5 from Housing providers; 15 offers involving Finance and financial support; 7 relating to Substance Misuse; 25 which could cover Physical/Mental Health & Learning Support; 4 which look at Relationships; offers from Offender Service providers (NPS and CRC); 2 victim support; 35 which cover Diversion activities; and a growing number (currently 38) from Community Volunteering agencies and local volunteer support networks including the Princes Trust and the Salvation Army. All service providers are asked to

complete and sign an offer of service to secure explicit buy in and commitment to providing the service as promised to checkpoint nominal. It is critical that this is done as part of this test phase to ensure any issues in relation to securing treatment from providers are highlighted before the experiment goes live. All service providers are listed on a Critical Pathways Directory, which are grouped in line with the pathway categories and provides a short summary and contact details. This is regularly updated by the project team and made freely available to officers and staff from all of the partner agencies. In addition the project team have secured 100 GPS tags that offenders can wear voluntarily as part of breaking some of the negative social bonds that encourage reoffending.

9.1.1 The Pre Mortem

Part of the preparation for Checkpoint was to conduct a pre-mortem. Given the potential for bias from the Project Team and possibly from the Research Team, 2 independent facilitators from Durham Constabulary were found with the requisite skills and experience to conduct the pre-mortem. They independently reviewed and amended the methodology shown in Appendix 11, determined that there should be a Strategic and a Practitioner Pre-Mortem, facilitated the sessions and summarised the results. The key findings included: concerns around the case load for the navigators and the balance between the number of cases being managed by each navigator and the treatment and support they were able to provide; poor performance by navigators; flawed needs assessments; changes in staff or partner buy in at a strategic and practitioner level; negative impact on victims; poor communication; lack of a positive attitude from the custody staff and navigators

leading to a consequential impact on participants; the ability to secure on-going funding and the major risk that an offender will go on to commit a serious offence whilst they are on Checkpoint. (See Appendix 12 for full pre-mortem summary). Where possible some of these risks can be mitigated by existing processes that are already in place, for example the tracking data and the performance framework for the navigators. Others have been fed back to the Project Board and Governance Board for consideration

9.1.2 Data Quality and Outcome Data

To ensure Checkpoint can be properly evaluated both the tracking data and the outcome data need to be collected as described in the protocol. Data quality checks during Phase 1 for information on the COMET and Sleuth showed that there were some minor issues with missing or inaccurate data and that there were some inconsistency issues with the needs assessments and the contract conditions set. The resulting action by the project team to conduct a daily check on all nominal entries has improved COMET data quality, feedback to the navigators and discussion during the weekly meetings with the Checkpoint Team have resulted in some changes to the Needs Assessment and Contract Forms and ensured that all of the Navigators are now completing these to a consistently high standard. However, the full audit requirement around dip sampling the treatment quality has not yet been established. However, The Quality Reference Group is established and a full audit plan is being taken to their next meeting for consideration.

The outcome data collection is in place. PNC and force systems are checked by Durham's DQIT (Data Quality and Improvement Team) on a weekly basis for all

nominal who have completed checkpoint and recorded on COMET. This will be used to calculate re-offending frequency and prevalence and also the harm using the Crime Harm Index (CHI). The CHI has been slightly modified based on the amendments made by Bland (2014) in his report. The contract with the service provider for the victim surveys has been amended and the process modified to identify, refer and survey Checkpoint Victims. Given the costs associated with obtaining this data actual surveying will not commence until the RCT goes live. Data in relation to obtaining response rates and how many contact attempts are made are all available for reporting as part of the finding. The Crim-Pics survey has been purchased in sufficient quantities to cover Checkpoint participants. The process for ensuring this data is captured has been discussed and agreed as follows: All Checkpoint treatment group will have to agree to complete the survey pre and post treatment as part of their contract conditions. They will complete the survey at time 1 as part of the initial meeting with the navigator and at time 2 before the offence is written off as no further action (NFA). This will ensure a captive audience and secure the highest possible response rates. The situation is slightly different for the control group. There is no true motivation to complete the survey at time 1 and even less so at time 2. However, every attempt will be made to obtain responses at time 1, time 2 will be trialled and if the offenders cannot be located or the response rate is too small time 2 surveying of the control group may be abandoned. The baseline cost data for custody and the normal CJS route are still being prepared and provision has been made to capture treatment times and costs as part of COMET and Sleuth for the treatment group.

9.2 Phase 1 and Tracking the Pipeline

Checkpoint was introduced in stages, the navigators were not all recruited together and the training for navigators and custody staff had to be staggered to ensure there was no significant impact on service delivery. The go live dates for each custody hub were as follows: Darlington 7th April 2015, Bishop Auckland 21st April, Durham & Peterlee 1st June 2015.

The original estimated caseload, based on presenting offences with the option of a police disposal and no maximum previous number of offences was 260; with the estimated drop out this would be 190. This has been capped in Checkpoint phase 1 at 3 offences or less to control the caseload during the pilot stage and to mitigate the risk of having no forecasting model at this stage. Nevertheless, as can be seen from the referral number June and July in Table 2 with all custody hubs on line there were concerns about the pipeline in at this stage there were only around 50 cases per month from all custody suites. The COMET tracking data allowed the Checkpoint Team and the Navigators to intervene and target the custody suites and staff where the referrals were low. Referrals increased this to 85 in August and, with a constant refresh of this message to custody, the expectation is that this will level at around 100 cases per month. Table 2 shows these figures, with months May to August showing actual referrals and September onwards projections.

As issue raised in the Pre mortem was the balance between quantity of cases managed at any one time by the navigators and the quality of the service provided. In early September the project team and research teams reviewed the referrals, the case load and the treatment to determine the maximum case load per navigator that

mirrored a realistic expectation if Checkpoint were fully operationalized and also delivered an acceptable level of treatment and support. It was suggested that the level should be set between 30-35 active cases per navigator. The Governance Board subsequently agreed this. An estimate of case flow was made based on the pilot eligibility criteria of 3 offences or less and no forecasting model and it appeared navigators would reach capacity during November, see table 2.

No Randomisation - Capped at 3 eligible Cases

Month	No of Referrals (capped at 3 or less)	No Exiting	No of active cases	Active Cases Per Navigator
May	28.0	0.0	28.0	14.0
June	58.0	0.0	86.0	21.5
July	52.0	0.0	138.0	34.5
August	85.0	28.0	195.0	24.4
Sept	90.0	58.0	227.0	28.4
Oct	100.0	52.0	275.0	34.4
Nov	100.0	85.0	290.0	36.3
Dec	100.0	90.0	300.0	37.5
Jan	100.0	100.0	300.0	37.5
Feb	100.0	100.0	300.0	37.5
Mar	100.0	100.0	300.0	37.5
April	100.0	100.0	300.0	37.5

* Referrals are calculated based on missing 1/3 of cases in custody

Table 2 : Phase 1 Case Flow

Actual referrals in September were 107, much higher than expected, and as at 15th October appointments for that month stood at 49, this risked navigator capacity being exceeded in October. This increased the need to begin randomisation if only to manage the navigator caseload and this was presented to and accepted by the board.

The current data in relation to Checkpoint phase 1 shows that as at 15th October there were 367 referrals to Checkpoint, 270 of these were still active cases, with 43 successful completions, 17 fails, 16 pending (awaiting appointment or contract conditions) see Table 3.

Case Status	Number	Percentage
Active	270	73.6
Completed	43	11.7
Declined/Refused	5	1.4
Failed	17	4.6
Not Suitable/Eligible	11	3.0
Other	5	1.4
Pending	16	4.4
TOTAL	367	100.0

Table 3 : Checkpoint Offender Status

The ‘other’ category contains offenders who live outside of the UK or, on checking their history were not eligible for Checkpoint.

The meeting with the navigator is a critical part of the celerity of deterrence and to commence the desistance support. The aim was for the navigator to meet with the offender within 24-72 hours (1-3 days) of the offender being arrested and presented in custody. Tracking data shows this aim isn’t being achieved. Since the launch of phase 1 the average number of days from arrest to meeting is 4.2, with a minimum time of zero, or same day meeting, and the maximum time 54 days, which is clearly unacceptable. The 54 days was an outlier where the Navigator could not make contact with the offender and it was later established that the offender had

not intention of engaging. The definitions have been amended in light of this to ensure dates are accurately tracked to relevant subcategories.

Tracking over time is shown in figure 8 and highlights variations over the weeks, and a step increase in the average number of days occurring at around week 15/16 in Mid July, from 3.2 days to 4.5 days. This corresponds with the intervention to increase referrals with custody staff at around this time. It should also be noted that Navigators only work Monday – Friday, so any arrests for offenders made on a Friday evening will not be able to see a navigator until Monday at the earliest. It is therefore unrealistic that the 24-72 hour range will be met. This range will be amended to 48-96 hours and will need to be closely monitored alongside navigator case load to ensure these times are met.

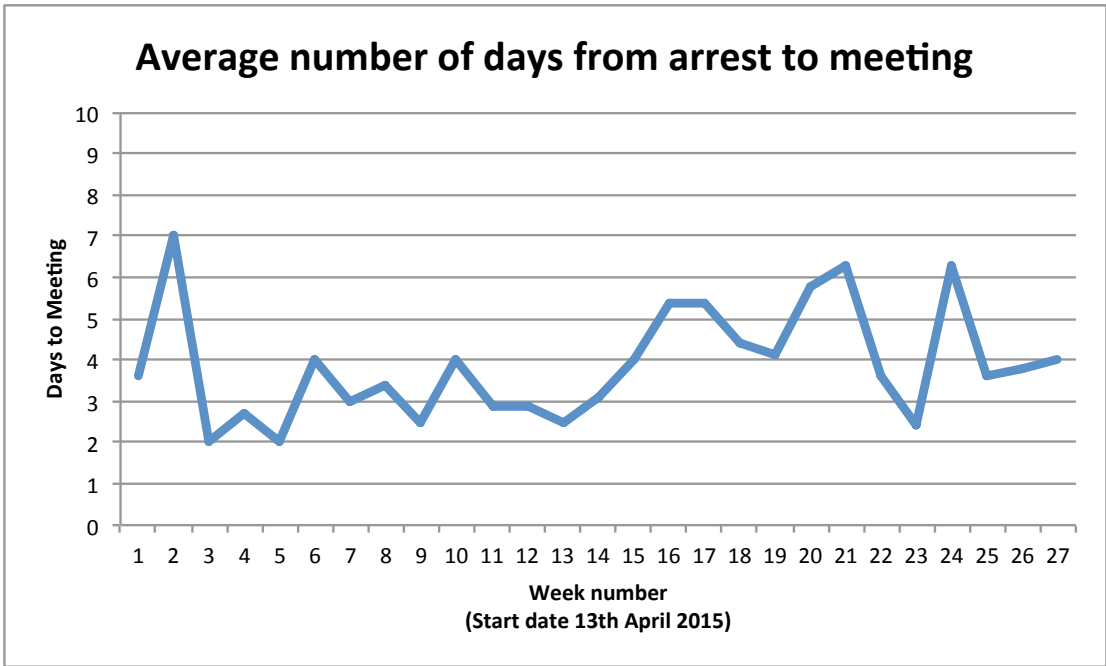


Figure 8 – Arrest to Meeting Tracking Data

For the 17 offenders who failed, the average number of days to failure was 28 days. The average time to appointment for failures was 3.8 days. The types of

failures also appear to fall into 3 broad categories, they reoffended, they weren't seriously going to engage in the first place, or the disengaged during the programme. 3 of the offenders are known to have reoffended. For the remainder, they have either failed to engage at the initial stages or disengaged during the process. In the RCT these definitions will have to be included in a coding frame for the reasons for failure. Also, in looking at the comments from Navigators, it may be useful to define what level of effort a Navigator is expected to make to contact offenders who miss their first appointment due to their chaotic lifestyles or if this is direct fail, and also how much effort is expected in trying to contact offenders who initially engage and then cannot be traced.

9.3 Offender Descriptive Data

The data held on offenders on force systems, the PNC and collected via the COMET can be used to provide some basic descriptive information based on the offenders who have been involved in the pilot phase of Checkpoint. This descriptive data will be presented in this section.

65% of the Checkpoint offenders are male and 35% are female. The average age for all offenders is 30, broken down it is 28.7 for males and 33 for females. The age crime curve largely follows that described in the literature and can be seen in figure 9.

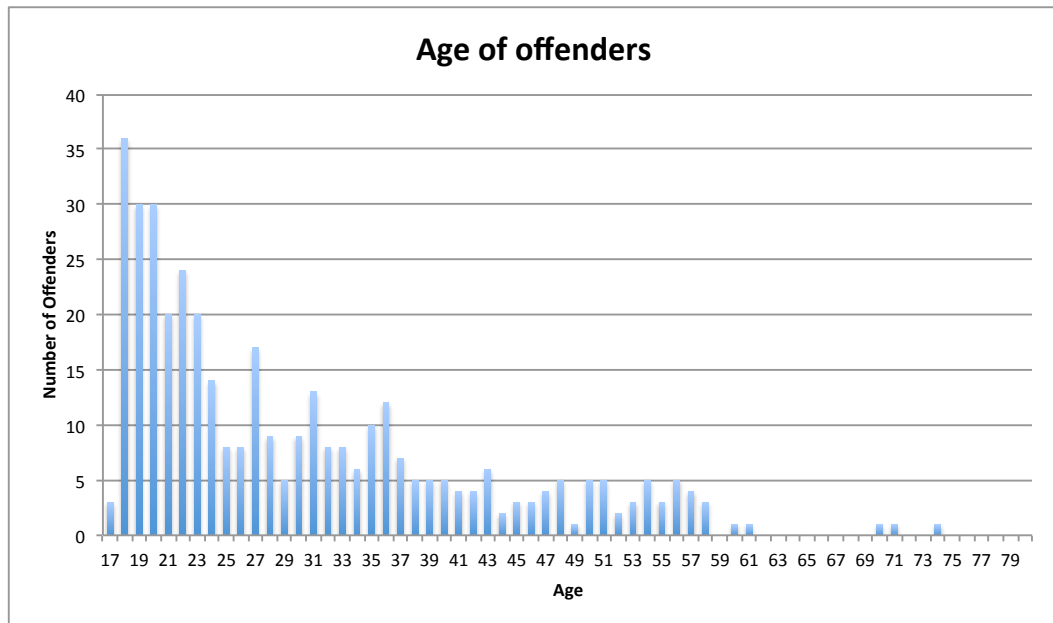


Figure 9 – Checkpoint Age Crime Curve

Tracking the age of offenders highlighted three 17 year olds who had been referred outside of the 18 or over eligibility criteria, these were referred to the Youth Offending Service.

When compared with the age crime curve of all offenders in Durham since January 1, 2008 and continuing up to and including March 31, 2015 there appears to be little difference in all offenders and those referred to Checkpoint, see figure 10.

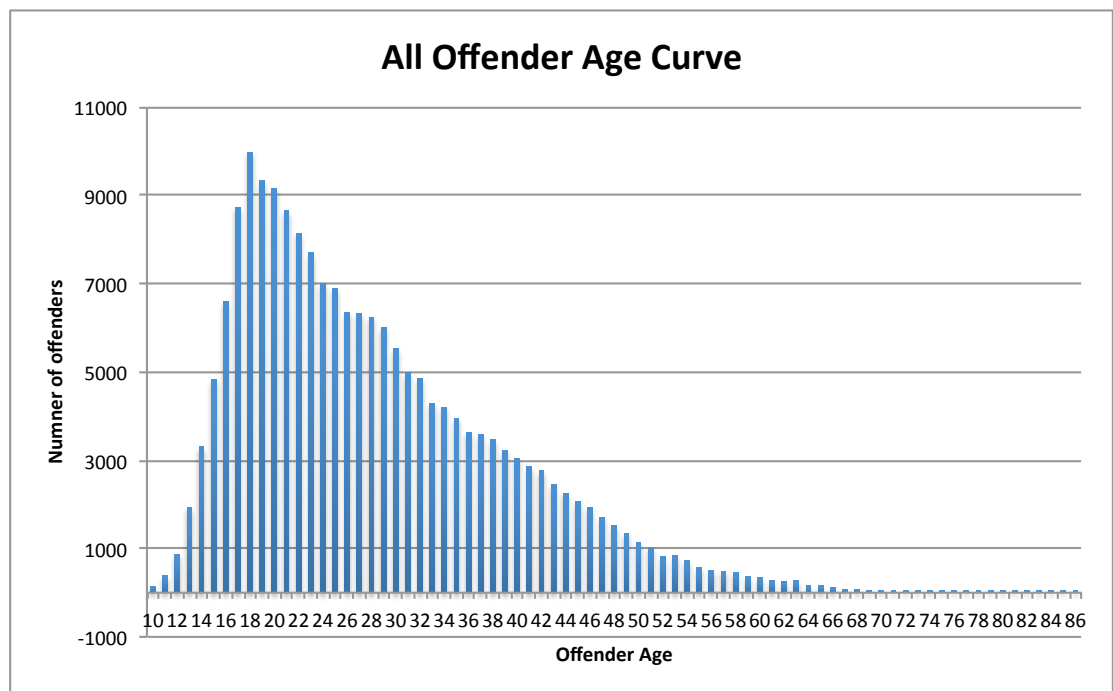


Figure 10 – All Offender Age Crime Curve

As at 15th October 306 of the 367 nominals had been checked on PNC. Only 63 were first time offenders leaving 243 as repeat offenders who had, on average, been offending for 5 years. The average number of arrests per repeat offender was 5.5, higher than the average arrests per offender for the whole of Durham offending population at around 2.3.

The breakdown of the presenting offence for the 356 offenders who were referred and eligible for Checkpoint is shown in figure 11, showing that the majority of offenders are arrested for theft, for being drunk and disorderly, possession of drugs or common assault. Together these account for 50% of all presenting offences. Aggregating all of the theft offences accounts for 20% of all of the presenting offences. Neglect of children, highlighted as a risk to the project, accounts for 19 offences or just over 5% of the total.

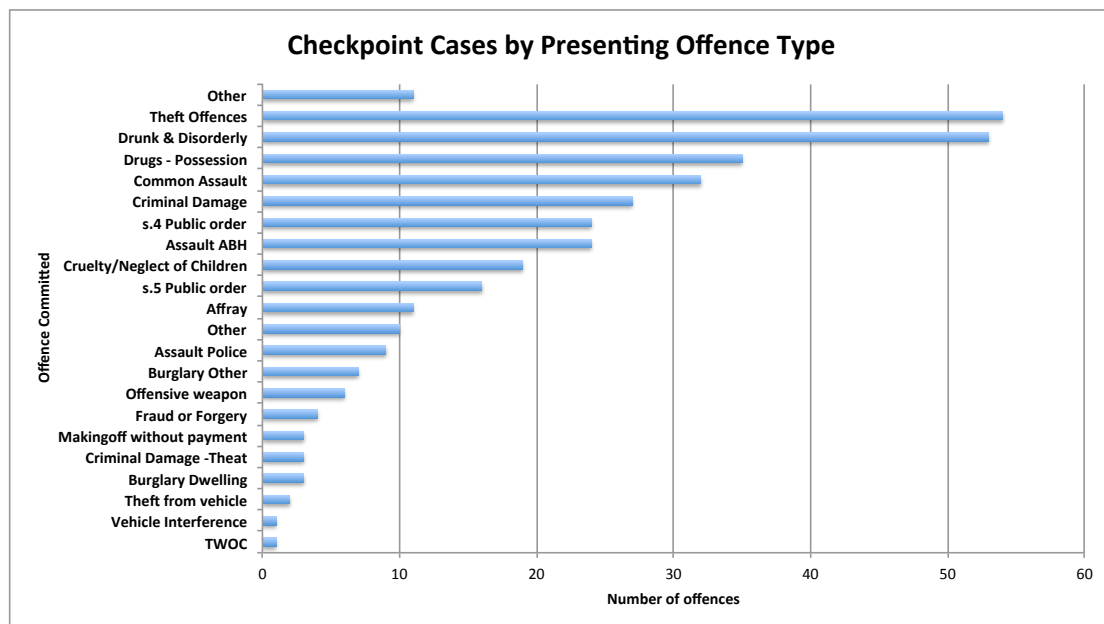


Figure 11 – Checkpoint Presenting Offences

Feedback from the Navigators suggests that completing the needs assessment for each offender can be done relatively easily during the first meeting. The average number of pathways identified is 3.4 for each offender, the minimum is 1 and the maximum is 6. The RCT as designed will never establish the effect of individual interventions, but rather if a bespoke programme of interventions designed for each and every offender works. However if Checkpoint RCT is to succeed, the pathways for offenders must be secured in the numbers required, and there must be an understanding of which pathways appear to be the most important and the most needed by each offender. This will also provide valuable information in costing the pathways as delivered and therefore the cost of treatment for each offender. The most commonly identified pathway with a count of 122, or 25% is mental health. Encouragingly the least identified is sexual exploitation at 2, followed by physical health and housing at 37. A full pathways breakdown is shown in figure 12.

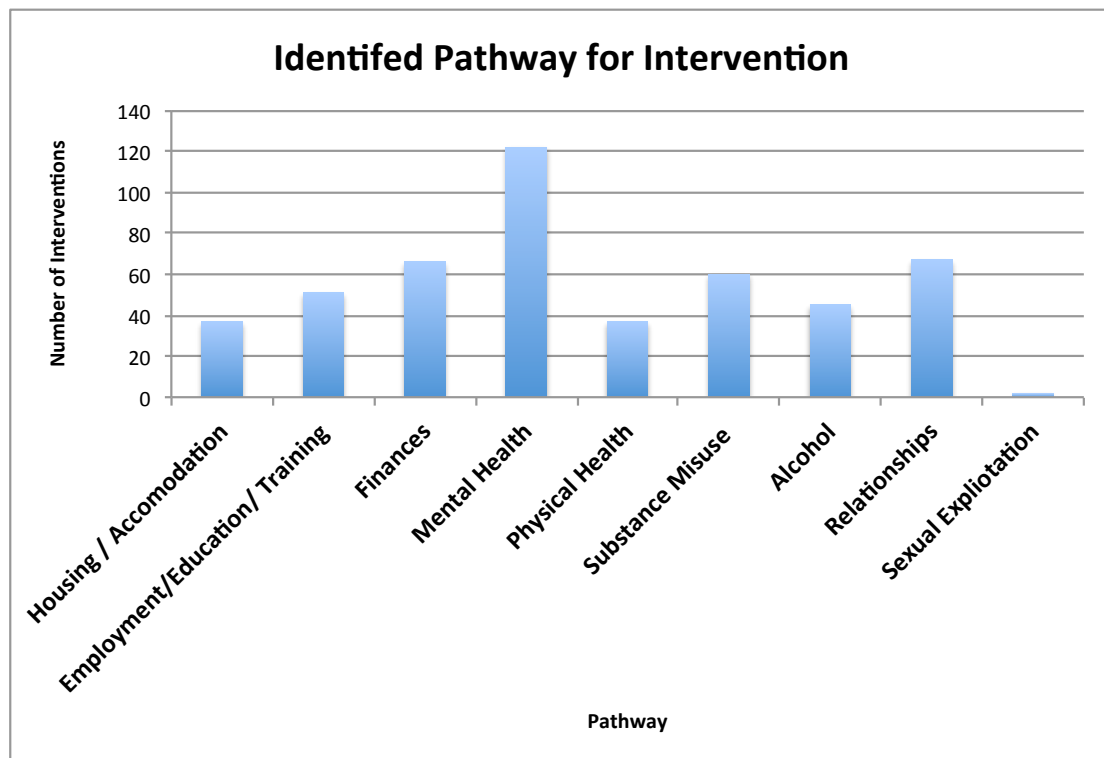


Figure 12 – Identified Needs Pathways

For every pathway except alcohol the navigator assesses the seriousness of the need on a 1-10 scale. Looking at the average scores, not surprisingly exploitation is the highest at 10, followed by substance misuse and 7.7 and Mental Health at 7.6. A full range of average needs scores is shown in figure 13.

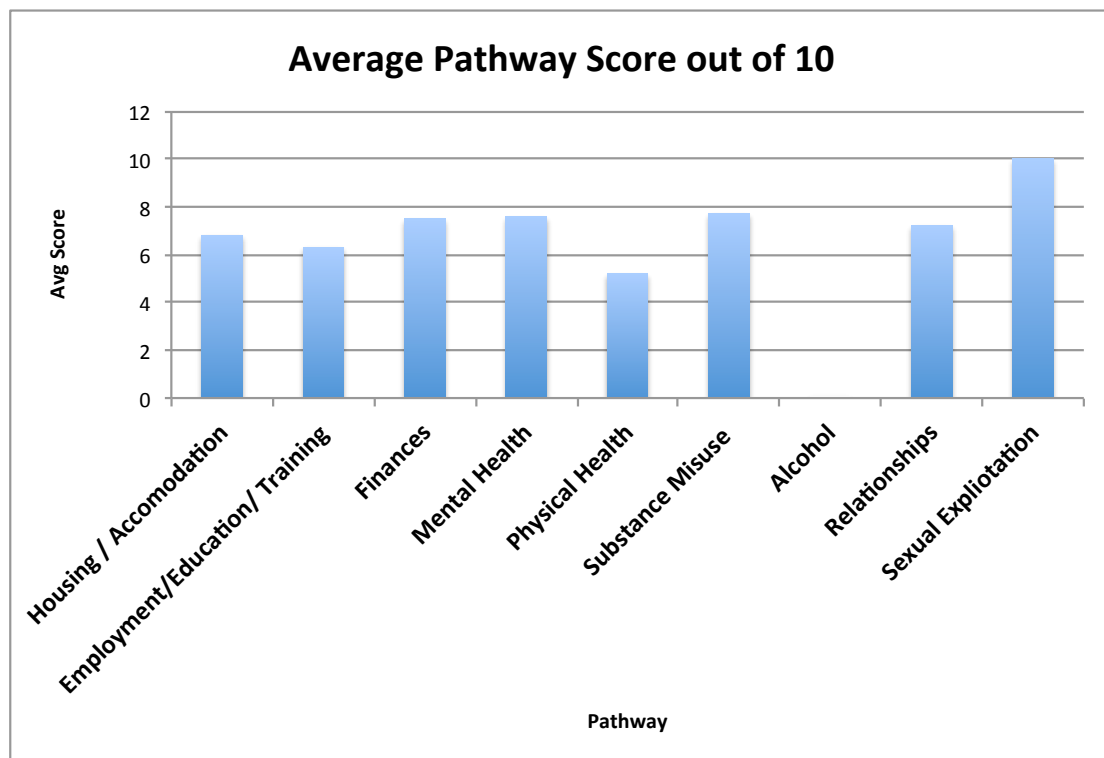


Figure 13 – Average Pathway Score

An alternative way of looking at the ‘seriousness’ of the pathway needed is to calculate the total possible score of each of the pathways selected and then calculate the actual total score and represent this as a percentage. For example Housing was identified as a need in 37 cases giving a total possible score of 370, the actual total need score was 253 giving a percentage of the total of 68.4%. figure 14. shows this calculation for all needs and replicates the findings in the average scores, with exploitation scoring 100%, substance misuse 77% and mental health 76.4% suggesting the most needed pathways, aside from exploitation, are substance misuse and mental health.

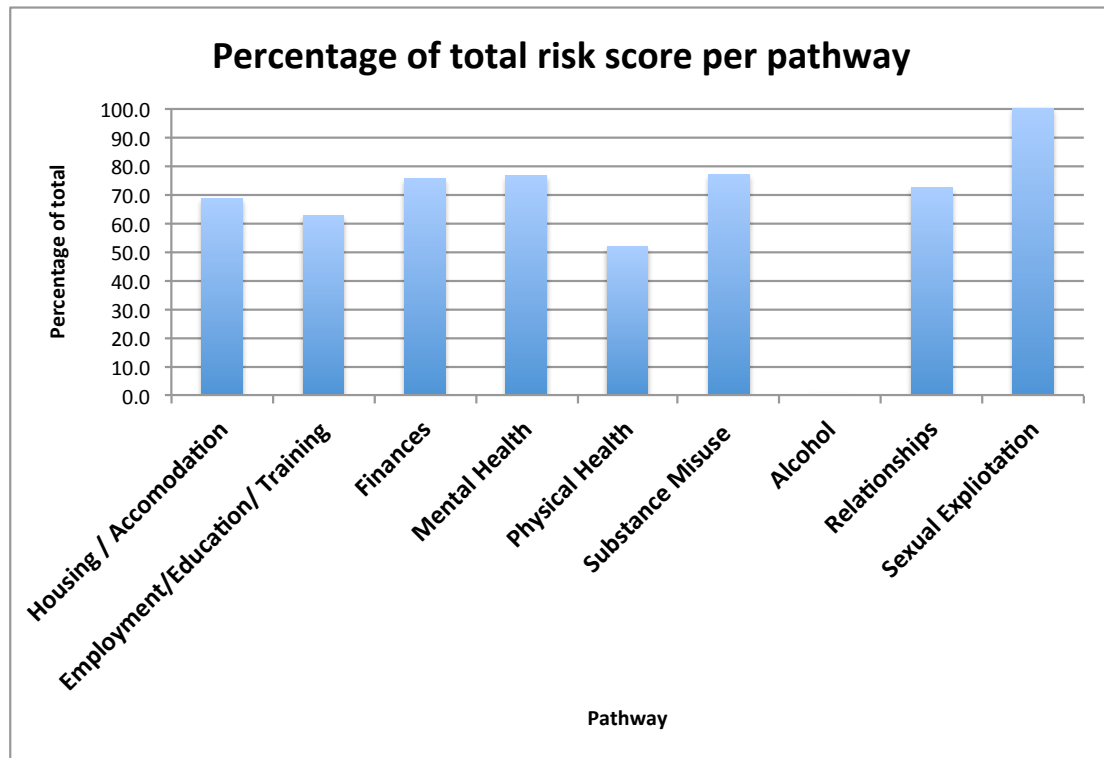


Figure 14 – Percentage Score for Each Pathway

10 Discussion

Writing the protocol and implementing Phase One has shown that it is entirely possible to run a RCT in the Durham Constabulary environment. Offers of service have been received from across statutory bodies and from many voluntary services across the area. It has involved a considerable amount of time and effort. In line with other researchers findings there have been changes to processes, treatment and policy during the relatively short period. There are also planned changes to legislation and government policy that may have an impact on the ability to conduct Checkpoint, at this stage the changes to the OOCs is being monitored closely by the teams.

Some remaining decisions need to be made by the project board before the RCT goes live. In addition, the forecasting model needs to be finalised and set up by Durham IT to allow it to run in custody and the Cambridge Gateway will require some modification before randomisation can commence to allow unique reference numbers for offenders to be tracked to prevent offenders who have already been randomised re entering Checkpoint.

There are still limitations with the tracking data for the treatment, particularly for the timeliness of the treatment provision, the contract conditions and if the needs assessment matches the conditions. These will need to be addressed quickly to ensure the treatment is taking place quickly and in line with the needs or Checkpoint will not have a testable treatment to evaluate.

Nevertheless the offender demographics and pipeline data show that custody staff can, and indeed want to refer offenders to Checkpoint and a welcome,

but perhaps risky bias now being observed in some cases is a desire to refer cases which are not eligible.

The needs data has been analysed in isolation and there will need to be more work done in future stages to look at the combined pathways and joint needs for offenders and to perhaps secure joint services to address these needs. Provision of this data in a timely manner to the project board and service providers will allow them to plan for the RCT and beyond.

Finally the case flow suggests that the target sample size of 800 (split evenly treatment and control) will be achieved relatively quickly, perhaps within 5-6 months. However the results from the experiment will not be available until 24 months after the date the last treatment is completed, which is 36 months from when the full RCT starts.

11 Conclusions

In reviewing the literature it became clear that there were several calls for high quality, empirical evidence to determine if changes to policy and procedure in relation to when and how offenders are dealt with needed to be made. Looking particularly at deterrence and desistance, and the work that had already been done in these areas, highlighted a target gap in the research that Checkpoint will fill. Using a forecasting model to predict future offending will allow the programme to be targeted at moderate risk offenders, and determine if a bespoke treatment plan based on individual offender needs could deliver successful outcomes. The power calculations and case flow estimates show that the experiment can be conducted in a realistic time frame.

Carrying out experimental research on a large scale in a police force has been challenging and building on the lessons from others some risks have been avoided. Conducting Phase One allowed the Governance arrangements, experimental environment and resources to be established. Also it allowed a testable treatment to be set up and stabilised before the RCT commenced. The remaining outstanding actions are entirely achievable within the timescales but will require the continued, unwavering effort of the Project Team to secure their delivery.

Completing the RCT and analysing the findings from Checkpoint will assist evidence based policing and allow some significant policy and practice decisions to be made around the efficient and effective use of resources.

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13 Appendices

Appendix 1 – Navigator Job Description

CRITICAL PATHWAYS NAVIGATORS

Location: Forcewide cover; based at various locations across, providing an Outreach service. (Main working hubs, Darlington, Bishop Auckland, Peterlee & Durham)

Salary:

Hours: **Flexibility around working hours will depend on the individual employers terms and conditions**

Job Type: Checkpoint Navigator - 1 year position

Qualifications: As required by the individual employer

The successful candidate will be required to work alongside the Offender Management Team in order to capitalise upon links already in place with partners addressing the needs of offenders. Referrals will come through the CHECKPOINT programme.

Applicants must possess a full, current driving licence or have access to a means of mobility support.

Applicants should also have basic numeracy skills together with enhanced literacy skills, e.g. composing either original memos, letters, short reports on a regular basis, statement writing and enhanced keyboard skills e.g. use of spreadsheets, inputting into database systems, etc. where accuracy is essential but speed is not a key demand.

Applicants need to be excellent communicators working one to one with those who have complex needs and challenging behaviours, being able to engage with them and relate to their circumstances without judgement and with upmost integrity.

Applicants need to have a general understanding of the processes within the Criminal Justice System and those who are successful will be subject to a vetting procedure by Durham Constabulary.

JOB DESCRIPTION

13.1 MAIN DUTIES AND RESPONSIBILITIES

1. To work with offenders referred to the CHECKPOINT programme, providing a personalised assessment of their criminogenic needs across the Critical pathways.
2. To prepare, co-ordinate & deliver support in accordance with a contract agreed with each offender, based upon the assessment of needs. Actively engage with offenders, setting boundaries of the contract covering mutual expectations, effective lifestyle goal setting and bespoke action planning.
3. Liaise with partners relevant to each support plan to facilitate appointments and support the delivery of effective referral and recruitment pathways into other agency services.
4. Manage a caseload of clients, and maintain regular supportive contact with each person, navigating them into engagement with services; support, recovery, activity planning, or whatever their needs require. Facilitate attendance at appointments, activities etc. “hand-holding” where necessary, providing transport and support.
5. To guide and support individuals in gradually taking ownership of their own plan, recognising key areas for change, monitoring progress and adjusting goals accordingly through self - assessment with the Navigator.
6. Effectively prepare and complete performance monitoring and evaluation of outcomes
7. To conduct personal, venue and activity risk assessments as required, as part of overall health and safety requirements.
8. Confidentiality is essential part of the role and an understanding of safeguarding measures are also vital to the role of the Navigator.

9. Promote Restorative Approaches with offenders and partners, assisting in arrangements for meetings as required.
10. Be prepared to submit statements for Court as required, and in some cases to attend Court and give evidence.
11. To contribute to the development of systems and procedures, and the whole team approach in meeting quality and performance targets.
12. To work flexibly as part of the Project team and to provide cover for colleagues as required maintaining appropriate staffing levels within projects.
13. To undertake any training and development deemed appropriate.
14. To undertake any other such duties which are deemed appropriate by the relevant Line Manager.
15. Update victims of crime in accordance with the Victims Charter.

The duties and responsibilities outlined above cannot encompass or define all tasks which may be required of the post holder. The outline of duties and responsibilities given above therefore may vary from time to time without materially changing either the character or level of responsibility and these factors are reflected in the grade applied to the post.

April 2015

PERSON SPECIFICATION

JOB TITLE: CHECKPOINT Critical Pathway Navigator

DEPARTMENT: Crime & Justice Command

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EMPLOYEE	THE SUCCESSFUL CANDIDATE SHOULD POSSESS THE FOLLOWING:-	13.1.1.1.1.1 ASSESSMENT CRITERIA
Educational Attainment/ Professional Qualifications	<ul style="list-style-type: none"> • 4 G.C.S.E. levels (Grade A to C) including English Language or Literature and Maths or an approved equivalent. Applicants not in possession of the minimum qualifications will be required to undertake the Personnel Test Battery Series and must achieve a pass in all three papers. • NVQ Level 2 or equivalent in a relevant vocational qualification 	<ul style="list-style-type: none"> • Sift/Test/Interview
Work Experience	<ul style="list-style-type: none"> • At least two years experience working in the Community or voluntary sector or criminal justice system. • Experience preparing individual action/support plans • Experience of using referral pathways, multi-agency arena • Experience of developing effective partnerships 	<ul style="list-style-type: none"> • Sift/Interview • Sift/Interview • Sift/Interview • Sift/Interview
Knowledge/Skills/ Aptitude	<ul style="list-style-type: none"> • Numerical skills, e.g., simple statistics • Enhanced literacy skills, e.g. composing either original memos, letters or short reports on a regular basis, statement writing • Enhanced keyboard skills, e.g. use of spreadsheets, inputting into database systems, etc. where accuracy is essential but speed is not a key demand • Excellent communication & interpersonal skills essential • Ability to act upon own initiative and respond to changing situations 	<ul style="list-style-type: none"> • Sift/Interview • Sift/Interview • Sift/Interview • Sift/Interview • Sift/Interview

	<ul style="list-style-type: none"> • Good organisational, time management and self-motivation • Able to demonstrate high levels of success with service users 	<ul style="list-style-type: none"> • Sift/Interview • Sift/Interview
Disposition	<ul style="list-style-type: none"> • Able to remain impartial whilst working with offenders whose behaviours are particularly challenging and who have multiple complex needs • Able to work under pressure to meet specific deadlines • Able to work on own initiative as well as part of a team • To show resilience when faced with the most difficult of situations 	<ul style="list-style-type: none"> • Sift/Interview • Sift/Interview • Sift/Interview • Sift/Interview
Special Requirements	<ul style="list-style-type: none"> • To be of the highest integrity • To have a respect for diversity and be committed to the principles of Equal Opportunities • To possess a full, current driving licence or have access to a means of mobility support. • Flexibility and ability to work outside normal hours when required 	<ul style="list-style-type: none"> • Sift/Interview • Sift/Interview/Vetting • Sift/Interview • Sift/Interview

Appendix 2 – Training Programme

Context

The purpose of this framework is to provide direction for the Checkpoint workforce, an innovative programme of support and intervention. The program is a multi-agency approach which seeks to improve life chances including the health and wellbeing of those individuals entering the Criminal Justice System at the point of Police Custody within County Durham and Darlington. It also seeks to reduce reoffending. In his 2009 report, Lord Bradley described Police Custody as the “the least developed in the offender pathway in terms of engagement with health and social care services”. Checkpoint seeks to address this gap in services by improving access to health and social care services for all detainees, not just the difficult to reach groups.

Checkpoint will withhold prosecution subject to the client completing a 4 month long ‘contract to engage’. The contract will include up to 5 conditions designed to reduce the likelihood of reoffending and promote healthy living and wellbeing. Pertinent to this document, there will be interventions and support around the subject’s Critical Pathways of need. The client will be supported through the process by specialist navigators.

It is acknowledged that training required within this workforce may change as the programme develops and the need for further training in specific topics becomes apparent. This framework therefore forms the basis of next steps for the programme.

Statutory and mandatory training represents a significant investment and undertaking for all staff and staff seconded into Checkpoint programme may have completed training within their employer organisations. Staff should provide evidence against the framework below in relation to previous training. The purpose of the Framework is to provide a standardised approach to the core content and delivery of statutory and mandatory training and additional training as identified by Checkpoint programme board.

Implementation of this Framework will require co-operation from programme board members to individual training managers and providers of training. This Framework is designed to support the assessment and management of risks to support delivery of a high quality client intervention.

Core learning outcomes will be listed for each area including, where appropriate and relevant, specific learning outcomes. The learning outcomes represent the foundation knowledge expected of the identified target group – therefore as a minimum these should be embedded. This acknowledges that staff may access training within their employer organisations and differences in content may occur.

Core training	Update required	Provided by
Conflict Resolution	3 years	
Equality, Diversity and Human Rights	3 years	
Data Protection	Annual	
Health and Safety	Annual	

Recommended training		
Mental health 1 st aid	3 years	
How to use Red Sigma	Once then updated as needed	
Introduction to Checkpoint inc Information about victims of crime, victim's code	Once then updated as needed	
Brief Intervention	Once then updated as needed	
Motivational Interviewing	Once then updated as needed	
Substance Misuse awareness	Once then updated as needed	
Safeguarding Children	3 years	
Safeguarding Adults	3 years	
Domestic Abuse awareness	Once then updated as needed	
Awareness of Jobcentre core services and job centre plus	Once then updated as needed	Jobcentre
Housing awareness and service provided by Housing Options	Once then updated as needed	Housing options
MAPPA	Once then updated as needed	MAPPA Co-ordinator

Appendix 3 – List of Serious Offences for the Forecasting Model

(1/1) Murder of persons aged 1 yr or over [166]
 (1/2) Murder of persons under 1yr of age [9]
 (2/NULL) Attempted murder [119]
 (3/1) Threats to Kill [1,956]
 (3/2) Soliciting to commit murder [22]
 (3/3) Assisting offender by impeding his apprehension or prosecution in a case of murder [5]
 (4/1) Manslaughter [30]
 (4/3) Child Destruction [1]
 (4/7) Causing or Allowing Death of Child or Vulnerable Person [5]
 (5/1) Wounding with intent to do grievous bodily harm [3,077]
 (5/4) Attempting to choke etc. in order to commit indictable offence [3]
 (5/7) Causing explosions, sending explosive substance or throwing corrosive fluids with intent to do grievous bodily harm [4]

(5/10) Administering poison so as to endanger life [4]
 (5/13) Possession of explosives with intent to endanger life [3]
 (5/14) Possession of firearm with intent to injure (Group I) [28]
 (5/15) Possession of firearm with intent to injure (Group II) [5]
 (5/16) Possession of firearm with intent to injure (Group III) [19]
 (5/17) Use of firearm to resist arrest [2]
 (5/19) Use of firearm to resist arrest [2]
 (6/2) Endangering railway passengers by throwing anything at railway carriages etc. [1]
 (6/3) Endangering railway passengers by unlawful acts, or by omission or neglect [4]
 (6/4) Destroying, damaging etc. a Channel Tunnel train or the Tunnel system or committing acts of violence likely to endanger safety of operation [1]
 (8/1) Inflicting Grievous Bodily Harm without intent [2,851]
 (8/2) Administering poison with intent to injure or annoy [19]
 (8/3) Setting spring guns etc with intent to inflict grievous bodily harm [1]
 (8/33) Racially aggravated malicious wounding:- wounding or inflicting grievous bodily harm [4]
 (8/46) Racially or religiously aggravated malicious wounding [2]
 (8/52) Excite, instigate, aid, abet, counsel [2]
 (8/59) Racially or Religiously Aggravated wounding or grievous bodily harm [1]
 (11/3) Cruelty to and neglect of children [1,109]
 (12/NULL) Abandoning child under two years [2]
 (13/1) Abduction of a child by parent [4]
 (13/2) Abduction of child by other persons [91]
 (14/1) Administering drugs or using instruments to procure abortion [2]
 (34/1) Robbery - personal [2,364]
 (34/2) Assault with intent to rob - personal [34]
 (17/13) Assault on a male by penetration [5]
 (17/14) Assault on a male child under 13 by penetration [7]
 (17/15) Sexual assault on a male [75]
 (17/16) Sexual assault on a male child under 13 [86]
 (19/7) Rape of a female aged under 16 [734]
 (19/8) Rape of a female aged 16 or over [1,009]
 (19/9) Rape of a male aged under 16 [69]
 (19/10) 19F Rape of a male aged 16 or over [45]
 (19/11) Attempted rape of a female aged under 16 [48]
 (19/12) Attempted rape of a female aged 16 or over [58]
 (19/13) Attempted rape of a male aged under 16 [4]
 (19/14) 19F Attempted rape of a male aged 16 or over [1]
 (19/16) Rape of a female child under 13 by a male [194]
 (19/17) Rape of a male child under 13 by a male [58]
 (19/18) Attempted rape of a female child under 13 by a male [14]
 (19/19) Attempted rape of a male child under 13 by a male [4]
 (20/3) Assault on a female by penetration [185]
 (20/4) Assault of a female child under 13 by penetration [65]
 (20/5) Sexual assault on a female [1,023]
 (20/6) Sexual assault of a female child under 13 [302]

(21/2) Causing or inciting a child under 13 to engage in sexual activity - Female child [13]

(21/3) Causing or inciting a child under 13 to engage in sexual activity - Female child - no penetration [50]

(21/4) Causing or inciting a child under 13 to engage in sexual activity - Male child [8]

(21/5) Causing or inciting a child under 13 to engage in sexual activity - Male child - no penetration [16]

(21/10) Engaging in sexual activity in the presence of a child under 13 [39]

(21/11) Causing a child under 13 to watch a sexual act - Offender aged 18 or over [14]

(21/12) Sexual activity with a child under 13 - Female child - Offender under 18 [16]

(21/13) Sexual activity with a child under 13 - Male child - Offender under 18 [8]

(21/14) Causing or inciting a child under 13 to engage in sexual activity - Female child - Offender under 18 [3]

(21/15) Causing or inciting a child under 13 to engage in sexual activity - Male child - Offender under 18 [3]

(21/16) Engaging in sexual activity in the presence of a child under 13 - Offender under 18 [6]

(21/22) Sexual activity with a child under 13 - Female child - no penetration - Offender under 18 [16]

(21/23) Sexual activity with a child under 13 - Male child - no penetration - Offender under 18 [8]

(21/24) Causing or inciting a child under 13 to engage in sexual activity - Female child - no penetration - Offender under 18 [6]

(21/25) Causing or inciting a child under 13 to engage in sexual activity - Male child - no penetration - Offender under 18 [5]

(22/2) Causing a person to engage in sexual activity without consent - Female person [19]

(22/3) Causing a person to engage in sexual activity without consent - Male person [5]

(22/4) Causing a person to engage in sexual activity without consent - Female person - no penetration [22]

(22/5) Causing a person to engage in sexual activity without consent - Male person - no penetration [2]

(22/6) Sexual activity with a child under 16 - Female child [210]

(22/7) Sexual activity with a child under 16 - Male child [15]

(22/8) Causing or inciting a child under 16 to engage in sexual activity - Female child [62]

(22/9) Causing or inciting a child under 16 to engage in sexual activity - Male child [4]

(22/10) Engaging in sexual activity in the presence of a child under 16 [41]

(22/11) Causing a child under 16 to watch a sexual act [15]

(22/12) Sexual activity with a child under 16 - Female child - Offender under 18 [56]

(22/13) Sexual activity with a child under 16 - Male child - Offender under 18 [2]

(22/14) Causing or inciting a child under 16 to engage in sexual activity - Female child - Offender under 18 [16]

(22/15) Causing or inciting a child under 16 to engage in sexual activity - Male child - Offender under 18 [2]

(22/16) Engaging in sexual activity in the presence of a child under 16 - Offender under 16 [2]

(22/17) Causing a child under 16 to watch a sexual act - Offender under 18 [1]

(22/18) Sexual activity with a child under 16 - Female child - no penetration [98]

(22/19) Sexual activity with a child under 16 - Male child - no penetration [13]

(22/20) Causing or inciting a child under 16 to engage in sexual activity - Female child - no penetration [89]

(22/21) Causing or inciting a child under 16 to engage in sexual activity - Male child - no penetration [10]

(22/22) Sexual activity with a child under 16 - Female child - no penetration - Offender under 18 [9]

(22/23) Sexual activity with a child under 16 - Male child - no penetration - Offender under 18 [2]

(22/24) Causing or inciting a child under 16 to engage in sexual activity - Female child - no penetration - Offender under 18 [14]

(22/25) Causing or inciting a child under 16 to engage in sexual activity - Male child - no penetration - Offender under 18 [8]

(23/4) Sexual activity with a child family member - penetration - offender 18 or over - victim female 13 to 17 [12]

(23/6) Sexual activity with a child family member - no penetration - offender under 18 - victim female 13 to 17 [4]

(23/8) Inciting a child family member to engage in sexual activity - penetration - offender 18 or over - victim female 13 to 17 [1]

(23/12) Sex with an adult relative - penetration - offender aged 16 or over relative aged 18 or over [2]

(23/13) Sex with an adult relative - consenting to penetration - offender aged 16 or over relative aged 18 or over [1]

(23/14) Sexual activity with a child family member - penetration - offender 18 or over - victim female under 13 [8]

(23/16) Sexual activity with a child family member - no penetration - offender under 18 - victim female under 13 [6]

(23/17) Sexual activity with a child family member - no penetration - offender under 18 - victim male under 13 [5]

(23/18) Inciting a child family member to engage in sexual activity - penetration - offender 18 or over - victim female under 13 [1]

(23/19) Inciting a child family member to engage in sexual activity - penetration - offender 18 or over - victim male under 13 [1]

(23/20) Inciting a child family member to engage in sexual activity - no penetration - offender under 18 - victim female under 13 [3]

(23/22) Sexual activity with a child family member - no penetration - offender 18 or over - victim female 13 to 17 [12]

(23/24) Sexual activity with a child family member - no penetration - offender 18 or over - victim female under 13 [22]

(23/25) Sexual activity with a child family member - no penetration - offender 18 or over - victim male under 13 [3]

(23/26) Inciting a child family member to engage in sexual activity - no penetration - offender 18 or over - victim female 13 to 17 [5]

(23/28) Inciting a child family member to engage in sexual activity - no penetration - offender 18 or over - victim female under 13 [2]

(23/29) Inciting a child family member to engage in sexual activity - no penetration - offender 18 or over - victim male under 13 [1]

(23/31) Sexual activity with a child family member - penetration - offender under 18 - victim male under 13 [2]

(70/1) Sexual activity with a person with a mental disorder impeding choice - Male person [2]

(70/2) Sexual activity with a person with a mental disorder impeding choice - Female person [3]

(70/3) Sexual activity with a person with a mental disorder impeding choice - Male person - no penetration [3]

(70/4) Sexual activity with a person with a mental disorder impeding choice - Female person - no penetration [6]

(70/6) Causing or inciting a person with a mental disorder impeding choice to engage in sexual activity - Female person [1]

(70/8) Causing or inciting a person with a mental disorder impeding choice to engage in sexual activity - Female person - no penetration [3]

(70/10) Causing a person with a mental disorder impeding choice to watch a sexual act [3]

(70/17) Care workers : Sexual activity with a person with a mental disorder - Male person [3]

(70/18) Care workers : Sexual activity with a person with a mental disorder - Female person [1]

(70/19) Care workers : Sexual activity with a person with a mental disorder - Male person - no penetration [1]

(71/1) Arranging or facilitating the commission of a child sex offence [36]

(71/4) Paying for the sexual services of a child - Female child under 16 - no penetration [3]

(71/6) Paying for the sexual services of a child - Female child under 18 [2]

(71/8) Causing or inciting child prostitution or pornography - Child 13 - 17 [6]

(71/10) Arranging or facilitating child prostitution or pornography - Child 13 - 17 [1]

(71/11) Causing or inciting child prostitution or pornography - Child under 13 [1]

(71/14) Paying for the sexual services of a child - Female child under 16 [3]

(72/2) Trafficking within the UK for sexual exploitation [5]

(73/7) Abuse of position of trust: sexual activity with a child - Female child aged 13 - 17 [15]

(73/8) Abuse of position of trust: sexual activity with a child - Male child aged 13 - 17 [2]

(73/9) Abuse of position of trust: causing or inciting a child to engage in sexual activity - Female child aged 13 - 17 [7]

(73/11) Abuse of position of trust: sexual activity in the presence of a child. Offender 18 or over - Child aged 13 - 17 [2]

(73/12) Abuse of position of trust: causing a child to watch a sexual activity. Offender 18 or over - Child aged 13 - 17 [2]

(73/13) Abuse of position of trust: sexual activity with a child - Female child under 13 [2]

(73/15) Abuse of position of trust: causing or inciting a child to engage in sexual activity - Female child under 13 [2]

(88/1) Meeting a female child following sexual grooming etc. - offender 18 or over and victim under 16 [63]

(88/2) Meeting a male child following sexual grooming etc (Offender aged over 18 & victim aged under 16) [21]

(88/3) Intercourse with an animal by a male [5]

(88/4) Intercourse with an animal by a female [2]

(88/5) Administering a substance with intent [5]

(88/6) Committing an offence with intent to commit a sexual offence [5]

(88/7) Trespass with intent to commit a sexual offence [6]

(88/9) Exposure [252]

(88/10) Voyeurism [58]

(56/1) Arson endangering life [305]

(57/NULL) Criminal damage to a dwelling endangering life [75]

(36/1) Kidnapping [138]

(36/3) False imprisonment [212]

(78/19) Trafficking people into the UK for the purpose of exploitation [1]

(78/20) Trafficking people within the UK for the purpose of exploitation [2]

(86/1) Possessing obscene material for gain [16]

(86/2) Take or to make indecent photographs or pseudo- photographs, of children [862]

(86/3) Indecent matter publicly displayed [1]

(86/8) Person who has been given, or shown protected material, gives a copy or otherwise to any person other than the defendant [1]

(86/10) Possession of an indecent or pseudo indecent photo of a child [431]

(86/11) Possession of extreme pornographic images - an act which threatens a person's life [3]

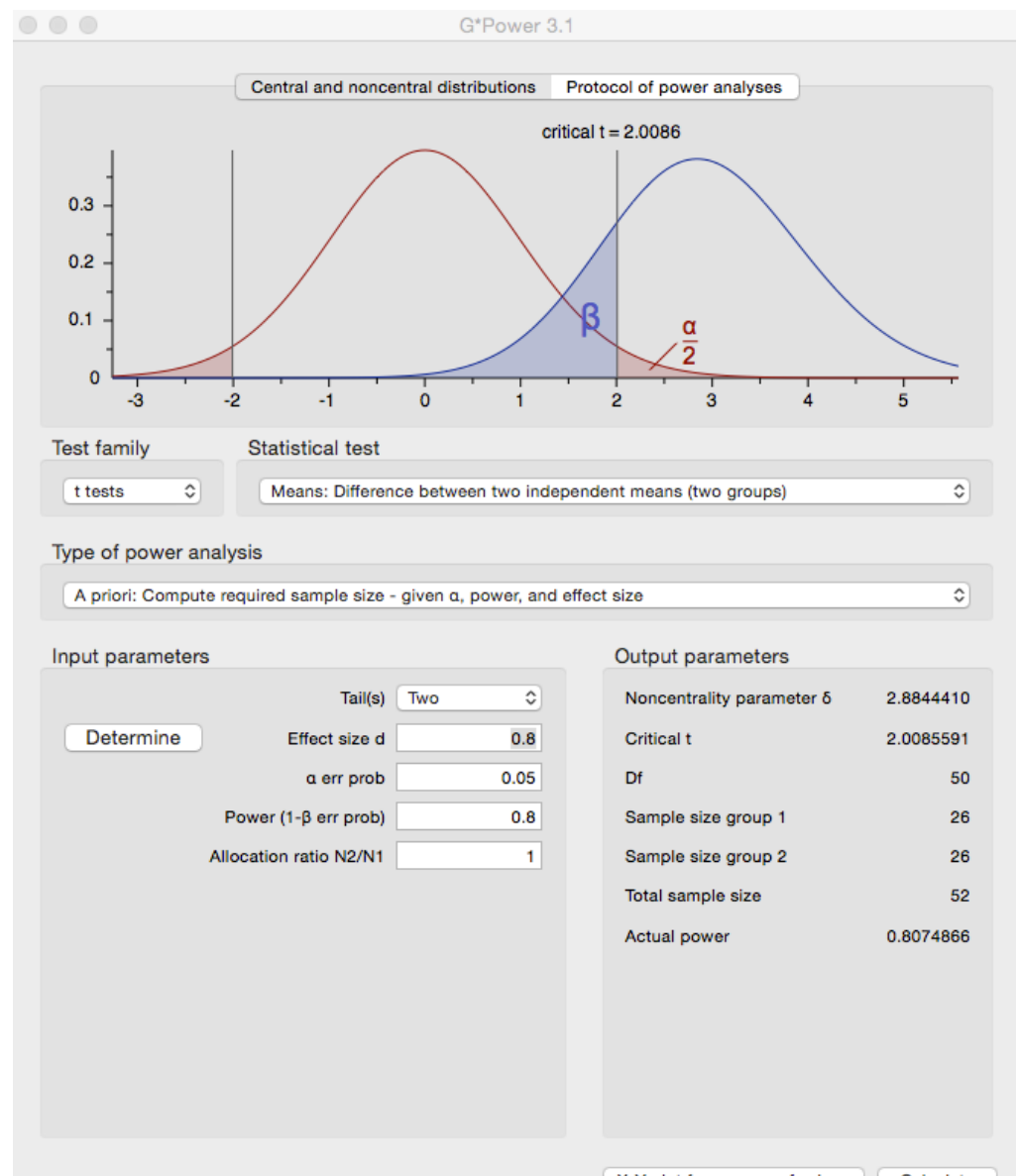
(86/12) Possession of extreme pornographic images - an act which results, or is likely to result, in serious injury to a person's anus, breasts or genitals. [1]

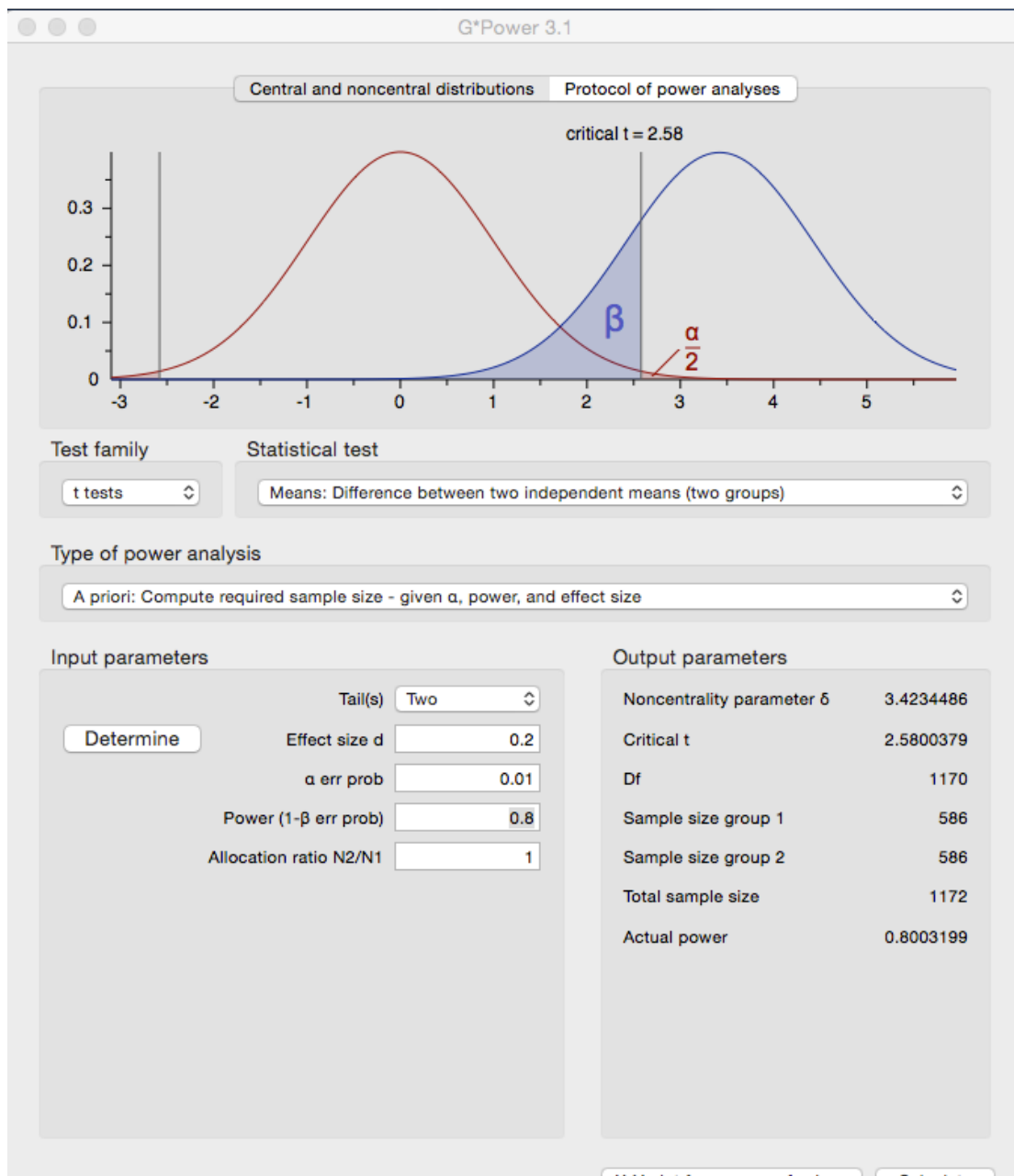
(86/14) Possession of extreme pornographic image - a person performing an act of intercourse or oral sex with an animal (whether dead or alive) (bestiality) [50]

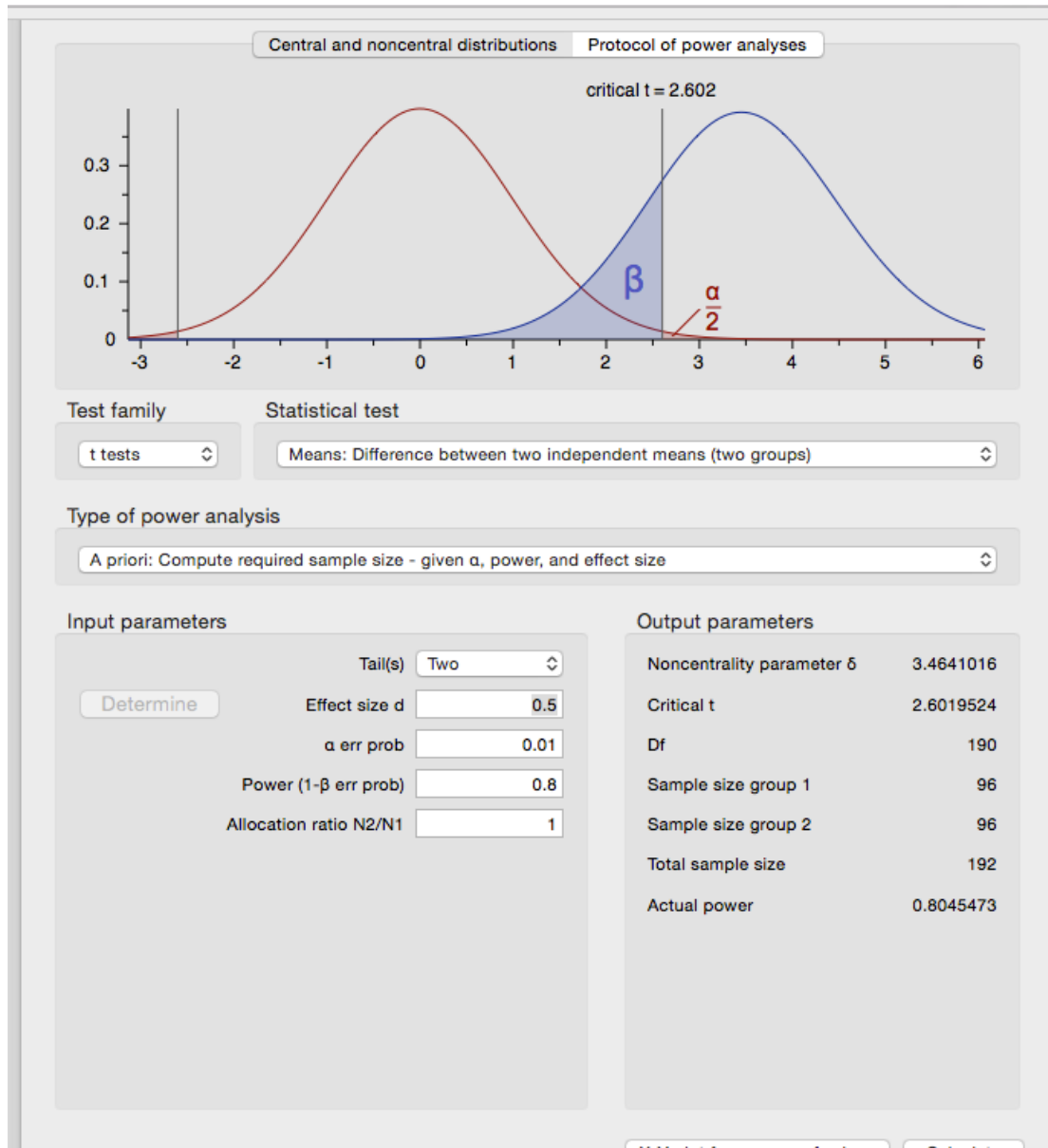
(86/15) Possessing prohibited images of children [35]

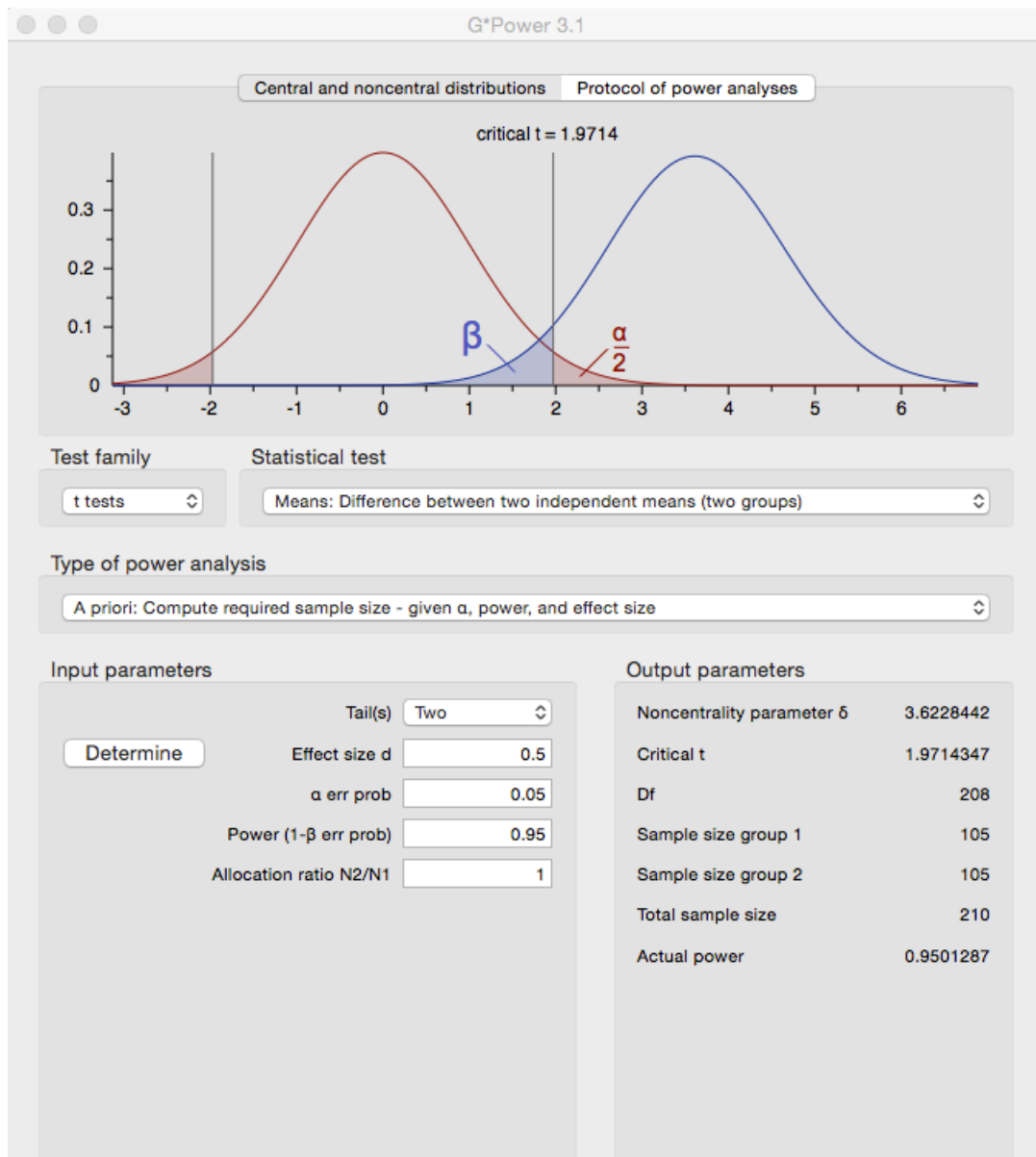
Appendix 4 – Examples of G Power Curves

G Power curve for detecting a large effect size ($d=0.8$) with a probability of 0.05 and a power at 80%









Appendix 5 – Sergeant Script to Read to Offenders

Checkpoint – Custody Sergeant's Script

- You **may** be eligible for a program called Checkpoint.
- The scheme seeks to reduce the likelihood that you will reoffend, it's also working with Public Health England to improve your life chances and overall wellbeing. The Checkpoint programme is there to benefit you.
- The scheme is totally voluntary. If you do not wish to take part you will be dealt with via traditional routes – in your case a FPN/Caution/RA/Cannabis Warning/Conditional Caution/Charge/Summons, these may form part of a Criminal Record and be disclosed to the court and future employers.
- (If eligible to be charged) If you decline to take part in Checkpoint and you are charged with an offence we will inform the court that you were given the opportunity to be diverted from the Criminal Justice System by addressing the underlying issues. The courts will be presented with these facts so there is less opportunity for mitigating circumstances at a later date, you will then be sentenced accordingly from the court.
- If you wish to take part, you will meet with a specialist navigator who will complete a needs assessment with you to find out why you offended, this is normally within 72 hours from today.
- The navigator will draw up a contract to engage lasting up to 4 months. The contract will have a maximum of 5 conditions, one of which is an agreement not to reoffend. Others could include your agreement to work with support to tackle any issues you have that contributed towards you offending – alcohol/drugs misuse, housing, physical/mental health, finances, employment, relationships, domestic abuse, sexual exploitation, or putting something back into the community with some voluntary work, to a maximum of 36 hours.
- If you successfully complete the program no further action in respect of this/these offence(s) will be taken against you.
- Your participation in the program will only show up on a DBS check if the offence is recent and relevant therefore balancing your Human Rights.
- If you reoffend or fail to complete the program you will be prosecuted and we will inform the court that we have attempted to divert you away from crime and the Criminal Justice System. The courts may view this as an aggravating factor when sentencing.

Durham Constabulary



Checkpoint
Durham Constabulary
Aykley Head
Co Durham
DH1 5TTT
Tel 101 (Durham Constabulary)
Email:Checkpoint@durham.pnn.police.uk

Date: 8 December 2015

Dear

I understand that you have agreed to join the Checkpoint Programme. You will have undertaken an in depth Needs Assessment and signed a Checkpoint Contract with your Navigator, outlining your own individual personal objectives for the next four months.


When you were referred into the scheme, you may have been bailed in accordance with the Bail Act of 1976 for this period of time. This enables us to check your eligibility for the Checkpoint Programme and also allows time for us to carry out a speculative search of any biometric (Fingerprints and DNA) data, we may have obtained as a result of our investigation.

Your Police Bail is now terminated and there is no requirement for you to surrender to the Police Station at the appointed time and date as per your bail sheet. This **does not** mean we have withdrawn our right to continue with a prosecution. The fact that your bail has been cancelled and we are not invoking a criminal prosecution at this stage is conditional to the terms of your Checkpoint Contract. If you fail to comply with any directions issued by your Navigator, or, fail to abide by the terms of your contract, then criminal proceedings will be instigated.

When you have successfully completed the Checkpoint Programme you will be asked to take part in an evaluation to assist with the academic evaluation of this process. It is at this point you will be formally told that no further action will be taken against you and this means that you will not receive a criminal conviction.

Yours Faithfully

Andy Crowe
Detective Inspector 1299

<h2 style="margin: 0;">Checkpoint Needs Assessment</h2>			
Subjects Details			
Surname:			
Forenames:			
Date of Birth:		Sex: Select	
Ethnic Code: Select			
Address:			
Post Code:		Nat Insurance No	
Phone Number (Landline):		NHS No	
Phone Number (Mobile):		Email Address:	
Custody Number: 11ND/3730/15		PNC IDNo trace	
Navigator / Author :		Email:	
Office / Police Station			
Telephone Number			
Assessment Date		07 December 2015	Time: 12:38 am
Offending Area		Durham	
Cultural, Lifestyle, Disability, Religious Requirements or Traveller background?			
OIC (Police Officer)			
Ex HM Forces:		Select Details:	
Please list any other agencies you are involved with (Include Phone No's & Names, Times & Dates such as DWP, Doctors etc)			
Family Dynamics & Support Network			
Name	DOB	Sex: Select	Relationship Select
Name	DOB	Sex: Select	Relationship Select
Name	DOB	Sex: Select	Relationship Select
Name	DOB	Sex: Select	Relationship Select
Name	DOB	Sex: Select	Relationship Select
Name	DOB	Sex: Select	Relationship Select
Name	DOB	Sex: Select	Relationship Select
Name	DOB	Sex: Select	Relationship Select
Name	DOB	Sex: Select	Relationship Select
Subjects account of the Offence/s: (Include behaviour, Involvement, Victims, Ages, Vulnerability, Motivation, Mitigation, Planning, Breach of trust, etc.)			

Victim of Crime Information			
Have you been the victim of crime within the last 5 years?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Summary of Crime		Category	Reported to Police?
		Select	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Select	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Select	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Select	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any other outstanding matters which need to be considered?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Accommodation		
Current Accommodation Type	Select	
Select		
Select		
Select		
Select		
Select		
Free Text (If Housing is a pathways please include the subjects previous addresses from the last 5 years, this will assist the housing provider)		
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? Select Scale		
Employment / Education / Training		
Status	Time	Notes
Select	Select	
Select	Select	
Occupation: Highest education qualifications: Select School Leaving age: Select Hobbies, Interest Skills & Ambitions: Qualification / Skills Sought: Preferred Work: (Free Text)		
On a scale of 1-10 (1 low impact- 10 high impact) how much do you feel Employment / Education & Benefits have contributed to your offending and how is this impacting upon your current health and wellbeing? Select Scale		

Finances	
Select	Access to Bank / Building Society / Credit Union Select
Select	
Select	
Select	
Select	
Select	
Select	
(Free Text)	

On a scale of 1-10 (1 low impact- 10 high impact) how much do you feel your Financial situation has contributed to your offending and how is this impacting on your current health and wellbeing? Select Scale						
Mental Health						
Select Select Select Select Select Select Select				Registered /GP Select GP Surgery & Address: Current to Services Select Mental Health Question (Needs Assessment)		
Medication, Triggers & Aggravators (free text)				MHA Score		
On a scale of 1-10 (1 low impact- 10 high impact) how much do you feel your Mental Health situation has contributed to your offending and how is this impacting on your current health and wellbeing? Select Scale						
Physical Health						
Select Select Select Select Select Select Select Select (Free Text)				Smoker- Select Pregnant- Select Registered with a GP? Select A&E - Previous 6 months: Select Registered with a Dentist? Select		
On a scale of 1-10 (1 low impact- 10 high impact) how much do you feel your Physical Health situation has contributed to your offending and how is this impacting on your current health and wellbeing? Select Scale						
Substance Misuse						
Substance	Price Paid	Quantity	Weight	Weekly Expense	Time Uses	Means taken
Select	Select		Select	Select	Select	Select
Select	Select		Select	Select	Select	Select
Select	Select		Select	Select	Select	Select
Select	Select		Select	Select	Select	Select
Select	Select		Select	Select	Select	Select
Select	Select		Select	Select	Select	Select
Notes						
Overdose(s) Select Hospital Admission/s Select Timeframe in Recovery & Treatment Select No of Times out of treatment Select How is the Substance / Alcohol misuse being funded?: What Triggers the subject to use Substances or Alcohol? Notes:						
On a scale of 1-10 (1 low impact- 10 high impact) how much do you feel your Substance Misuse situation has contributed to your offending and how is this impacting on your current health and wellbeing? Select Scale						
Alcohol Misuse (please include triggers for use)						
Audit Tool				Select Risk		
Audit Score				Weekly Expense Select		
Medication, Triggers, Aggravators & Funding (free text)						

On a scale of 1-10 (1 low impact- 10 high impact) how much do you feel your Alcohol misuse situation has contributed to your offending and how is this impacting on your current health and wellbeing?		Select Scale
Relationships		
Select Select Select Select Select Select Select (Free Text)	Relationship Status Select	
On a scale of 1-10 (1 low impact- 10 high impact) how much do you feel your Relationship situation has contributed to your offending and how is this impacting on your current health and wellbeing?		Select Scale
Attitude, Thinking & Behaviour		
		Where you with anyone at the time of the offence? If yes did they influence you in any way? 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? Did you want to get noticed? Did you think you could get away with it?
On a scale of 1-10 (1 low impact- 10 high impact) how much do you feel your attitude, thinking and behaviour situation has contributed to your offending and how is this impacting on your current health and wellbeing?		Select Scale
Sexual Exploitation		
Select Select Select (Free Text)	Click here for further help and guidance	
On a scale of 1-10 (1 low impact- 10 high impact) how much do you feel your Sexual Exploitation situation has contributed to your offending and how is this impacting on your current health and wellbeing?		Select Scale
What Pathways does the subject believe is causing the offending and how can their Life Chances be improved		
1)Select	2)Select	3)Select
4)Select	5)Select	6)Select
Restorative Approach		
Is the offender willing to take part in a Restorative Approach? (Face to Face is the preferred option)		Select
If no, what other reparation are they willing to undertake?		
Involvement with others (CJS)		

Previous Involvement: Select Select Select Select	Order Types: Select Order Types: Select Order Types: Select Order Types: Select
---	--

Are there any particular circumstances (motivation / triggers) that lead to you commit the offence(s)

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?

Vulnerable Offender	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details:
---------------------	------------------------------	-----------------------------	----------

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

Signatures

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 at any of my appointment/s.

Signature		Date	Click here to enter a date.
Appropriate Adult		Date	Click here to enter a date.
Officer / Navigator		Date	Click here to enter a date.


PNC Updated with Info Marker for Checkpoint. PNC MUST BE UPDATED WITH A MARKER	Select	PNC Update
---	--------	----------------------------

Appendix 8 – List of Eligible Presenting Offences

Affray *
Assault ABH
Assault-Common/Assault without injury
Burglary in a dwelling other than a building
Burglary in a dwelling*
Criminal damage
Criminal damage-Threat of possession with intent to commit
Cruelty or neglect of children
Theft offences
Theft from vehicle
TWOC (not subject to dangerous driving)
Drugs-possession
Drunk and disorderly
Drunk & incapable
Fraud or forgery
Found on enclosed premises
Going equipped
Handling stolen goods
Making off without payment
S.4 Public order
S.4a Public order
S.5 Public order
Offensive weapon/bladed article

* suitable for trial at Magistrates Court

Appendix 9 – Contract Conditions Form

Checkpoint Contract Conditions					
Subject Details					
Surname:					
Forenames:					
Date of Birth:			Sex:		
Ethnic Code:					
Address:					
Post Code:					
Contact Details:			Commencement Date: 09/10/2015		
No.	Activity	Pathway	Conditions	Proof of Compliance	Completion 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	PNC	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				Click here to enter a date.
5	Restorative Approach				Click here to enter a date.
6					Click here to enter a date.
Navigator Point of Contact					
NOT PROTECTIVELY MARKED					

Navigator Name		Telephone No.	
Email	@durham.pnn.police.uk		
<p>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 my details will be sent to partner agencies who are working within the Checkpoint Program and that information about my involvement and engagement will be shared, this contract may also be shared with the victim(s) of the crime.</p> <p>If I am subject to Police Bail as specified within my Bail Notice I would ordinarily surrender my appearance to the Police at the time and date specified. I acknowledge that my bail will be cancelled but I fully understand and aware that this conditional. I know that a prosecution can be invoked at any point should I fail to comply with any terms of my Checkpoint Contract and or fail to comply with the any direction from my Navigator.</p>			
Sign:	Print Name:	Date:	
Appropriate Adult (if relevant)			
Sign:	Print Name:	Date:	
Navigator / OIC			
Sign:	Print Name:	Date:	Time:
For further information visit: www.durham.police.uk or email: Checkpoint@durham.pnn.police.uk			

POINT
Critical Pathways

NOT PROTECTIVELY MARKED

Appendix 10 – Governance Board Terms of Reference

Checkpoint pre-mortem methodology

Introduction

The term pre-mortem is attributed to the work of Gary Klein in his book *The Power of Intuition: How to Use Gut Feelings To Make Better Decisions At Work* (1999). It is regarded as a simple but effective managerial strategy that creates a permission giving environment, inviting all stakeholders in a project to imagine an initiative has spectacularly failed, and then work backwards to determine all the things that could have potentially led to the failure, so that potential threats are articulated and mitigated. By asking the question “Why?” Klein argues pre-mortems have a very powerful effect as it removes pressure from those that are sceptical, but are fearful of appearing disloyal by voicing their concerns. Klein suggests the best pre-mortems are those where stakeholders feel liberated to find ever more convincing reasons for future failures, and adopt a contrary, devils’ advocate approach without encountering any resistance.

Methodology

The methodology is simple, and follows the steps that Klein advocates in his book;

Step 1 - Preparation: Convene the project team and assure that participants are comfortable and have several sheets of paper.

Step 2 - Imagine a Fiasco: The facilitator starts by claiming to look into a crystal ball to see the outcome of the proposed plan, and then says: “Oh, no, oh, it's a failure! Not just any failure, but a complete, total, *embarrassing* disaster. It is *so* bad; no one is talking to each other! Things have gone as wrong as they can go! But this cheap crystal ball keeps buffering and won't reveal the reason(s) for the failure. The question is "What could have caused this?"

Step 3 - Generate Reasons for Failure: Ask each person write down all the reasons they think the failure occurred, giving them just three minutes of quiet time to generate a full list. Klein explains that this is where the differing intuitions of the team members come out. “Each has a unique set of experiences, scars, and mental models they bring. The collective knowledge in the room is far greater than that of any one person.”

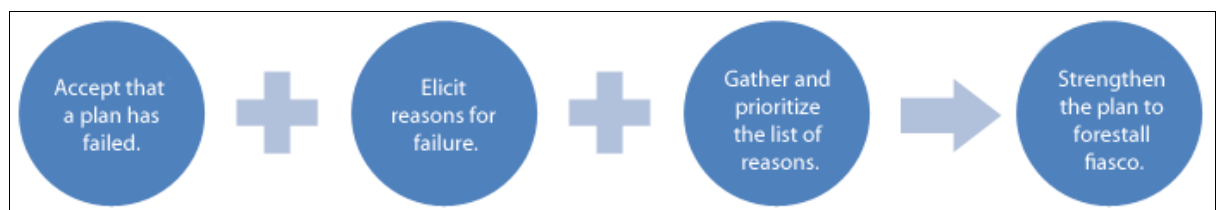
Step 4 - Consolidate the Lists: Each person shares one item on their list. A facilitator records them on a whiteboard or flipchart paper. After each person has shared one item, continue to go around the room, sharing one item each time, until everyone has

exhausted their lists. By the end of this step, the list should include everyone's concerns.

Klein explains that this process liberates people who might otherwise be afraid of looking like they're not a team player. "Now, everybody is being asked to think about failure. So instead of looking like a bad teammate, you're pulling in the same direction as everyone else."

Step 5 - Revisit the Plan: Address the two or three items of greatest concern, and then schedule another meeting to generate ideas for avoiding or minimising the other problems. If the project has a charter [http://portal.iqit.tv/content/article/add.cfm - ftn4](http://portal.iqit.tv/content/article/add.cfm-ftn4), these prioritised areas of concern can be listed in the "Assumptions, Constraints, and Risks" section, along with the planned strategies to mitigate the risks.

Step 6 - Periodically Review the List! Take the list out every 3–4 months to re-sensitize your team to problems that may be emerging.



Klein, Gary A. (2004) *The Power of Intuition: How to Use Your Gut Feelings to Make Better Decisions at Work*. Crown.

Checkpoint Pre-Mortem Feedback

Theme	Scenarios	Contingency
Staff / Strategic Leads	<p>Loss of staff / removal of seconded staff within services causing lack of knowledge.</p> <p>Navigator capacity (quantity V quality of service and interaction with the subjects)</p> <p>Poor performance of navigators</p> <p>Changes in leads / personnel in partner agencies / turnover of navigator staff</p>	<p>Succession planning – clear protocols and relevant training</p> <p>Performance management</p>
Offender	<p>Offender is put on checkpoint contract for a victim based crime (e.g. assault – one that in the public's eye might normally be expected to result in prosecution), and while they are on the contract they murder someone. Results in public and political uber-criticism of the project (as well as a death!)</p> <p>Wholesale non-compliance of individuals on the programme / failure to engage</p>	<p>Ensure the forecasting accuracy is high and constantly revisited. Checkpoint team to check eligibility as part of QA process. Suspect bailed for 28 days to allow biometrics to be checked to ensure maximum checks have been done for each offender.</p>
Victim	Effects on victim if their offender then re-offends	<p>Victim support engaged.</p> <p>Victim updated and information captured on Vicman.</p> <p>Victim satisfaction survey results will be</p>

		monitored.
Finances	Lack of sustainable funding Funding cuts in-year during the project	
Data / Evidence	Lack of evidence of effectiveness e.g. cohort have same re-offending rate as control cohort.	
Service Delivery	Confidence in police service – false reports and promises of compensation via attending / investigating officer. Lack of buy-in from partner organisations Significant changes to partner organisations preventing involvement in the project Issues regarding having different Terms and Conditions of navigators employed across 3 organisations Lack of management / coordination of staff / project and / or inadequate critical pathway services to refer to Partner withdrawal Flawed initial assessments Lack of co-ordinated approach by navigators Poor Steer by board/failure to address stumbling blocks in the implementation of the project Failure of partners to fully buy in to the project in terms of support offered both as direct services offered to offenders and also to the overall principles of Checkpoint Aims of project/outcomes not clearly communicated to organisations and participants	Public confidence levels to be monitored Feedback from the Media strategy activity to be monitored. Policy and protocols to be negotiated Performance management Staff training Protocols clearly defined
Attitudes	Lack of positive attitudes/support levels shown by	Correct staff in place

	<p>agencies/navigators etc leading to participants not being motivated/feeling unsupported needs not recognised etc</p> <p>Lack of positive outcomes for participants i.e. if finance was a major block but employment isn't available to help them resolve that issue etc.</p>	
Utility Resources	Body worn video not utilised (and lack of brief intervention around the incident)	
External Factors	Policy / legislative changes that will impact on Checkpoint – e.g. roll out of universal credit	