

# Community Payback Order Practice Guidance Annexes

May 2022

**Example**

.....**Council**  
**Justice Social Work**

Community Payback Order  
Post Sentence Assessment Interview

Nature of Requirement(s)

Court:

Date:

Unpaid Work or Other Activity

Indictment:

Y/N:

Summary:

Hours:

Personal Details

Other Occupants at address and any  
risks posed for home visits:

Surname:

Forename:

Gender:

Ethnic Category:

(To be identified by service user)

Address:

Date of Birth:

Phone Number:

NOK Details:

Name and Contact Details of any other  
agencies involved:

Type of Accommodation:

Suitable for home contact:

Yes/No

Employment/Education  
Employed / Unemployed / Training / College

Benefit Details: Day and time for signing on:

Do they need to see someone to optimise their benefits?  
Yes/No

Is Employer/College aware of the requirement of Community Payback Order?  
Yes/No

Name of Employer/College:

Type of Work/Course:

Availability/Shifts etc:

Qualifications/Skills

Does the service user have:

Literacy Problems that require further input, assessment or education Yes/No  
Detail:

Numeracy problems that require further input, assessment or education Yes/No  
Details:

Existing Skills / Qualifications / Special Interests / Aspirations / Ambitions

Health

Does the service user suffer from any health problems:

Allergies / Asthma / Blackouts / Diabetes / Epilepsy / Angina / Back Problems

Hearing Problems / Eye Problems / Phobias / Skin Conditions

Any other health issues:

Has the service user self-harmed/attempted suicide?  
If so, please detail nature of self-harm and last date:

History or treatment for depression/anxiety Yes/No

Any activities that should be avoided for specific health reasons? Yes/No

Is the service user pregnant Yes/No

Is the service user on prescribed medication Yes/No

Is the service user prescribed methadone Yes/No

Dosage: Collection Time:  
Details of GP:

Alcohol &/or Drugs

Does the service user use:  
Alcohol to excess where it may impede their ability to comply with the Community Payback Order Yes/No

Illegal/Non prescribed Drugs Yes/No

Is the service user in/seeking treatment? Yes/No

Offence Details

Is service user appealing against conviction/sentence? Yes/No

Outstanding Offence(s):  
Yes/No Court Date:

Risk to self or others?  
Yes/No

Other Social Work service involvement e.g. Children and Families; Community Care etc.

Placement Considerations

Risk to children/vulnerable adults	Yes/No	Specify:
Racial implications	Yes/No	Specify:
Cultural/religious needs	Yes/No	Specify:
Risk to staff/service users/known problems	Yes/No	Specify:
Needs close supervision or restrictions	Yes/No	Specify:
Cannot be placed with male/female staff	Yes/No	Specify:

Other

Staff Safety Form Completed Y/N Any risks to staff identified: Y/N  
If so, please specify nature of risk and control measures to be used?

Is service user alerted as per agencies policies and procedures as a risk to staff?  
Y/N

Travel

Cost of travel to placement / Access to transport / Evidence of driving licence

Detail:

Availability for appointments:

Availability for appointments/Unpaid work or other activity

Day	M	T	W	T	F	S	S
AM							
PM							
Eve							

Other Restrictions/Relevant information:

If service user is subject to unpaid work or other activity, please give date the service user was instructed to attend Health & Safety Induction:

Declaration

I believe that the information on this form is correct;  
I agree to attend the requirements as instructed;  
Where applicable, the unpaid work or other activity contract remains in force unless a new contract is issued;  
Where applicable, I have been offered an unpaid work or other activity information booklet and have had this explained to me;  
I have been informed of local arrangements and the requirements and instructions which relate to me carrying out my Community Payback Order;  
I have been asked to sign a mandate giving permission for contact with my GP solely in relation to information which may be relevant to my carrying out my Community Payback Order

Service User Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Social Worker/Unpaid Work Case

Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Example

.....Council  
**Justice Social Work**

Community Payback Order  
Medical Mandate

Service User's name:

Insert date:

W

Dr

MANDATE TO RELEASE MEDICAL INFORMATION

NAME .....

DATE OF BIRTH .....

ADDRESS

.....  
.....  
.....

The above person is subject to a Community Payback Order imposed by the Court and supervised by the Justice Service. Please note covering letter as to reason for this request.

Thank you for your assistance in this matter.

Social Worker/Unpaid work case manager  
JUSTICE SERVICE

-----  
SUBJECT OF REPORT:

I agree to my Doctor/Psychiatrist giving medical information relevant to my progress on the above Statutory Order.

SIGNED .....DATE.....

Example

.....Council  
Justice Social Work

**Community Payback Order Review**

Community Payback Order Review			
Date:..... Time:..... Local system reference: (e.g. SCRO, etc).....			
1. Personal Details			
Name			
D.O.B	Age	Gender	
Address	Post Code		
Telephone No	Email address		
2. Nature of Order- CPO			
Offence:		Court:	
Date of Order:		Expiry Date:	
Length of Order:		Requirements of Order: (Specific requirements of Order and timeframes to be Completed)	
Current Level of Contact Intensity:	Current Risk Assessments and date Completed & Level (LSCMI, SA07, RM2K, SARA etc.)		
Date Risk/Case Management Plan Complete:	MAPP Managed: Y/N (If yes- what is the level risk level)		
Risk/ Case Management plan progress Updated for review: Y/N			
Summary of Warnings: (First/Final/Breach proceedings)			
Actions from previous review: (Brief description of actions from previous reviews and if completed)			
In attendance and apologies:			

**Summary of current engagement with Supervision:**

**Summary of progress with further requirements** - (Unpaid work progress, programme work, compensation requirements, drug/alcohol/mental health counselling):

**Current identified Risks/Needs to be addressed?**

**Agreed Actions for next review period** (Be specific - who is going to do what and what is the timeframe?):

**Exit Planning:**

**Service Users Comments:**

**Chair's Comments:**

**Agreed contact level:**

**Next Review Date:**

**Signatures**

**Case Manager:**..... **Date:**.....

**Service User:**..... **Date:**.....

**Chair:**..... **Date:**.....



Example

.....Council  
Justice Social Work

**Community Payback Order Breach Report**

Community Payback Breach Report			
1. Personal Details			
Name			
D.O.B	Age	Gender	
Address	Post Code		
Telephone No	Email address		
2. Nature of Order-			
Order Reference number(s)	Type of Order:		
Offence:	Court:		
Date of Order:	Expiry Date:		
Length of Order:	Requirements of Order: (Specific requirements of Order and timeframes to be completed)		
<u>Date Breach submitted:</u>			
<u>Grounds for Breach:</u> (Information surrounding dates of non-compliance and warnings issued.)			
<u>Attitude towards Order:</u> (Assessment of attitude towards Order including views of others working with the service user.)			

**Case manager's assessment of future compliance:**

**Conclusion:**

**Case manager's signature:**

**Annex 4a - Witness Schedule**

**Example**

<p>.....<b>Council</b>  <b>Justice Social Work</b></p> <p>Community Payback Order                  Witness Schedule</p>			
Complaint number:		Court:	
Name:		Date of Birth:	
Residing at:			

Witness one

Name:		Position held:	
C/O Social Work Office:			

Can Testify To:  
 (Dates and ways in which where service user failed to comply with Order)

Signature:.....

Date: .....

Witness Two

Name:		Position Held:	
C/O Social Work Office:			

Can Testify To:  
(Dates where service user failed to comply with Order)

Signature:.....

Date: .....

## Annex 5 - Court Progress Review

### Example

.....Council <b>Justice Social Work</b>  Community Payback Order Progress Review Report for Court			
Tel: Fax:			
Original complaint no:		Court:	
Name:		Date of birth:	
Residing at:			

Released on a Community Payback Order imposed by .....  
 Court on .....with requirements of:

Compensation;	Y/N
Supervision;	Y/N
Unpaid Work or other activity;	Y/N
Programme;	Y/N
Residence;	Y/N
Mental Health treatment;	Y/N
Drug treatment;	Y/N
Alcohol treatment;	Y/N
Conduct;	Y/N
Restricted movement	Y/N

For Offences of:
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### PROGRESS TO DATE:

Social worker	(insert date)
Unpaid work case manager	(insert date)
Justice service	
Team manager	(insert date)
Justice service	

**Annex 6 - CPO Exit Questionnaire**

**Example**

.....**Council**  
**Justice Social Work**

Community Payback Order  
 Completion Questionnaire

This information is for internal use and may be included in any completion report to the court where appropriate. Otherwise, no information, unless it puts another person at risk, will be passed on to other agencies.

Social worker:		
Unpaid work case manager		
Individual's name		
Date of commencement of CPO		
Date of completion		
Requirements imposed	Compensation;	Y/N
	Supervision;	Y/N
	Unpaid work or other activity;	Y/N
	Programme;	Y/N
	Residence;	Y/N
	Mental Health;	Y/N
	Drug treatment;	Y/N
	Alcohol treatment;	Y/N
	Conduct;	Y/N
Restricted movement	Y/N	
Quality characteristics	Yes	No
In your contact with criminal justice service, do you feel that you have been treated with respect and courtesy?		
Comments:		
Do you think all your circumstances were taken into account?		

Comments:		
If you attended on time were you seen on time?		
Comments:		

Have you received enough information about your order and did you understand the information?		
Comments:		
Do you think being on a CPO has helped you? If so, how?		
Comments:		
During your CPO have you looked at why you offended?		
Comments:		
During your CPO, have you considered the impact your offending has had on your victims?		
Comments:		
Have you had any contact with other agencies during your CPO?		
Was it a requirement of your CPO?		
Did you find this contact helpful?		
Comments:		

Has your attitude to offending changed during the course of your CPO?		
Comments:		
Have there been any changes in your personal/social circumstances as a result of being subject to a CPO e.g. housing/ drugs/ children?		
Comments:		
During your CPO, have you been charged?		
Comments		

Do you think that this CPO has helped you to stop or reduce offending?		
Comments:		
If being subject to a CPO helped reduce your offending in amount or severity, what has been helpful and what has been less helpful?		
Comments:		
Are there any issues which you feel have not been addressed?		
Comments:		
Did you undertake a learning/skills assessment?		
Comments:		
Did you carry out any unpaid work or other activity?		
If so, did you learn any skills?		
Comments		

Service User's Signature: .....

Date: .....



**Annex 7 - Completion Report**

**Example**

<p>.....<b>Council</b>  <b>Justice Social Work</b></p> <p>Community Payback Order                  Completion Report</p>			
Tel: Fax:			
Original complaint/ indictment no:		Court:	
Name:		Date of birth:	
Residing at:			

Released On A Community Payback Order Imposed By.....  
 Court On..... For a period of Months:

With Requirements Of:

Supervision	Y/N
Compensation	Y/N
Unpaid Work or other activity requirement	Y/N
Programme Requirement	Y/N
Residence Requirement	Y/N
Mental Health Requirement	Y/N
Drug Treatment Requirement	Y/N
Alcohol Treatment Requirement	Y/N
Conduct	Y/N
Restricted movement	Y/N

For Offences Of:

Risk:

At Commencement of Order:

At Completion of Order:

Risk of offending:

Risk of offending:

Risk of Harm:

Risk of Harm:

Overall Risk Identified at  
Commencement of Order:

Overall Risk Identified at  
Completion of Order

Date of Post Sentence of Interview:

Details of Case management plan contained within the Criminal Justice  
Social Work Report and issues arising as identified at that interview:

How were these to be addressed and by whom:

Literacy/Numeracy Issues identified: Y/N

If present, how were they addressed:

Name of agency involved:

No. of Failures to Comply	No. Acceptable	No. U/A	No. of Warnings	Date Order Completed
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Was Order Breach?	Y/N	Date Breach Heard:	Outcome:
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Grounds of Breach

What Requirements were imposed and response to these:

Comment on the level of compliance with these and the progress made?

Service User's overall attitude to Community Payback Order:

Skill identified as having been gained/learned during course of Community Payback Order:

Any Other Relevant Information:

Social worker/unpaid work case manager:

Justice service:

Example

.....Council  
**Justice Social Work**

**Community Payback Order Unpaid Work or Other Activity  
Placement Information Booklet - Health and Safety at Work**

<p>.....Council</p> <p><b>Summary of corporate health and safety policy statement</b></p>
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**What Is Health And Safety?**

Health and Safety, as it is commonly referred to, is actually The Health and Safety at Work Act. This is an 'umbrella act' enabling many other areas of legislation to be brought under a common title. It is in effect, sets of legislation that governs everyone at work. There are two main objectives.

1. To raise the standards of health and safety for all people at work.
2. To protect the public whose health and safety are put at risk by the activities of people at work.

## How Does It Affect Me?

The following information is for **your** benefit and should be read carefully so that you understand your obligations with regards to your general behaviour which affects every one's health and safety whilst employed in **any work area**.

The current health and safety legislation places the responsibility on you to :

1. Take reasonable care of your own health and safety and that of others who may be affected by your behaviour;
2. Co-operate with instructions and comply with under the act.
3. It is an offence for anyone to intentionally interfere with or misuse anything provided in the interests of health and safety.

## Work Placement

There are many areas of health and safety, which affect people at work. It would be impossible for the placement supervisor to attempt to cover every single requirement of the health and safety legislation. During your induction, the areas of health and safety that you require to be familiar with, will be explained. This may be by means of written instruction and/or practical exercises or other ways, all of which will be recorded. If you have any difficulty understanding anything in this booklet or anything your placement supervisor is telling you, please do not be afraid or too embarrassed to ask questions. Your safety and the Safety of others may depend upon it!

## First Aid

Within your placement building / area there may be an identified First Aid station. This is intended as an initial resource to be used until qualified medical assistance is available to provide further treatment. Eye wash stations may be sited where required.

If you have an accident, or you witness an accident or come across a person who requires assistance you should seek help immediately unless you are a trained first aider. In any case, if you are on your own you should always seek help first.

All accidents and injuries must be reported to a Placement Supervisor who will record it on the appropriate accident report form. You should also report the accident / incident to your Community Service Officer as soon as possible

## Fire Regulations

Within your placement there are **Fire Action** notices posted on the wall, your placement supervisor will point them out. Ensure that you read them and familiarise yourself with the information, paying particular attention for **action on discovering a fire**.

In each area there may also be a number of **Fire Points** where a choice of different fire extinguishers **may** be available for your use in tackling a small fire, read the notice alongside them or ask for it to be explained; this will tell you the correct extinguisher for the type of fire.

You must inform your placement supervisor if you are required to leave or be at a different location. This will ensure your whereabouts are known in the event of a fire/headcount.

### **Safe Systems Of Work**

Do not attempt to carry out any work of a dangerous nature, nor operate machines unless you have been shown safe system of work and allowed to do so. Also, do not carry out any tasks or duties that you may see other people doing unless you have been trained and authorised to do so.

All of the tasks and duties that will be expected of you during the time within the placement will be shown to you by your placement supervisor. Watch and listen carefully to the training and instructions given to you. If you are unsure of anything ask questions until you fully understand what is required of you.

During the course of training and / or daily work there may be tasks that require you to wear **Personal Protective Equipment**, for example: safety glasses, gloves, overalls, etc. It is **your** responsibility to use this equipment. You will be shown how to use this equipment as required and if you fail to, you may be dismissed from placement and this may be considered a failure to follow instructions, which could have may result in you not being allowed to continue with your Community Payback Order.

Prior to using any work appliance you must carry out **Safety Checks**; you will be shown the correct procedures by your placement supervisor. Always carry out these checks as they are designed to protect you and other users.

### **Control Of Substances Hazardous To Health (C.O.S.H.H)**

All chemicals used in the workplace are strictly controlled by the above regulation. All of the chemicals that are used have their own **Safety Data Sheet** which contains information about its make up, the dangers and risks that may be involved when using it and action to be taken if first aid is required.

Each container is labelled; always follow the manufacturers' instructions on use. If in any doubt on how to use a particular chemical always consult your placement supervisor. Most of the chemicals used will be diluted with water and you must ensure that you use the correct amount as stated on the container.

Always add the chemical to water when diluting as this will avoid a 'neat' splash which may cause you harm. Never put a chemical or a diluted mix into any unidentifiable container and likewise never use anything that is not clearly labelled. When you have finished with the chemical you are using always return it to the store where it is kept. This area must be kept clean and tidy at all times.

Remember! Never mix chemicals together, it may cause a 'reaction' that could seriously damage your health or those working around you.

### **Unacceptable Behaviours**

Everything you have read so far in this booklet is about protecting the Health and Safety of yourself and those who work around you. Taking part in, or encouraging any form of unacceptable behaviours can have serious consequences for your, and others, health. Should you be found to be behaving in such a manner you may be held responsible for the consequences of any accidents or damage that may occur.

### **Personal Administration**

The facilities at your placement are for your benefit. They may include a kitchen/dining area, a waiting area and toilet facilities. You will be shown the safe use of any appliances that you may use. Please keep these areas clean and tidy and place any rubbish in the bins provided. Smoking is not permitted in any of the buildings you work in. You are reminded that all cigarette ends should be disposed of in the bins provided. Smoking breaks will be agreed between you and your placement supervisor.

### **Finally**

Your period of time completing your hours within your placement is designed to be challenging, productive and of benefit to the local community. Your unpaid work case manager and placement supervisor are there to give instruction, guidance, support, advice and also to help you deal with any problems that may arise, whether they are work related or personal. If you are in any doubt please bring this to the attention of unpaid work staff or your social worker who will endeavour to help. There is also an official complaints procedure which staff will make available to you.

Example

.....Council

**Justice Social Work**

**Community Payback Order Unpaid Work or Other Activity  
Personal Placement**

Contents:

1. Placement Details
2. Placement Checklist
3. Health & Safety Checklist
4. Placement Attendance Record
5. Placement Completion Report
6. Placement Information Booklet



**Example**

.....**Council**  
**Justice Social Work**

Community Payback Order  
Unpaid Work or Other Activity

Please ensure that all placement/contact details, placement checklist and Health & Safety checklist are completed
---

Placement / Project Name

Full Postal Address

Postcode

Telephone Number

Contact Name

Position

Main opportunities for individuals

(Please give a brief description on types of duties and work that will be undertaken and any opportunities to learn new skills)

**Annex 9 (Form 3) - Placement Checklist**

**Example**

.....**Council**  
**Justice Social Work**

Community Payback Order  
 Unpaid Work or Other Activity

**Placement Checklist**

Please complete the following:

Comments

Do you require disclosure for service users?  
 If so what type :- Standard / Enhanced / SCRO

Yes                      No

Will you ensure the service user's hours are recorded?

Yes                      No

What periods of attendance can you provide?

Evenings	<input type="checkbox"/>		
Weekends	<input type="checkbox"/>		
Days	<input type="checkbox"/>		
What is your preferred age group? Please tick.	16-24	<input type="checkbox"/>	
	25-35	<input type="checkbox"/>	
	35-45	<input type="checkbox"/>	
	45-50	<input type="checkbox"/>	
	50+	<input type="checkbox"/>	
	All ages	<input type="checkbox"/>	

What is your preferred sex?

Male                      Female

Do you have any exclusions in relation to particular offences?  
 If Yes please state which?

Yes                      No

Do you have any certificated training?

Yes                      No

Details:

Will the service user be able to undertake this in the course of the placement

Yes                      No

Can you provide future employment opportunities?

Yes                      No

How many individuals can you provide work for?

1-2                        
 3-4                        
 4-5                        
 5+

**Annex 9 (Form 4) - Health & Safety Pre-placement Checklist**

**Example**

.....**Council**  
**Justice Social Work**

Community Payback Order Unpaid Work or Other Activity  
 Health and Safety Pre-Placement Checklist  
 (For Unpaid Work Case Manager to complete with Placement Provider)

Name of Agency.....

Address:.....  
 .....  
 .....

Telephone:.....  
 Fax:.....

Email:.....

Who is your nominated contact for compliance with health & safety legislation?

Name & position.....

Telephone:.....  
 Email:.....

	Health & Safety Issues	Y	N	Comments
1	Do you have a written Health & Safety Policy? If so please attach a copy to this form	<input type="checkbox"/>	<input type="checkbox"/>	
2	Is your organisation registered (if necessary) with a local or national health & safety regulatory body?	<input type="checkbox"/>	<input type="checkbox"/>	
3	Does your company hold Employer & Public Liability Insurance? If so will you provide a copy?	<input type="checkbox"/>	<input type="checkbox"/>	
	Will your insurance cover any liability incurred by a service user as a result of the duties to be undertaken?	<input type="checkbox"/>	<input type="checkbox"/>	



8	<p>Is the person subject to a CPO likely to use any specialised equipment or machinery?</p> <p>If so, will they receive adequate training and supervision? What type of training will they receive?</p>	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>	
9	<p>Are there any other health &amp; safety issues, which may have a bearing on those subject to a CPO? If so, please give a full details.....</p>	<input type="checkbox"/>	<input type="checkbox"/>	

Signed:.....

Name in Block Capitals:.....

Position:.....

Date:.....

Thank you for completing the questionnaire. Please could you return it as soon as possible to:

Unpaid Work Or Other Activity Scheme  
Justice Social Work Service

Unpaid Work Case Manager's Comments:

**Example**

.....**Council**  
**Justice Social Work**

Community Payback Order Unpaid Work or Other Activity  
Placement Information Booklet - Health and Safety At Work

<p>_____ Council</p> <p>Summary of corporate health and safety policy statement</p> <p>_____ Council will take all reasonable steps to ensure the health, safety and welfare of all employees at work. The Council will also take all reasonable steps to ensure the health and safety of all persons, other than employees, on Council premises i.e. service users, pupils or members of the public who are either directly or indirectly affected by the Council's activities.</p> <p>_____ Council will endeavour to comply with all Health and Safety Legislation at all times and deliver a high standard of Health and Safety performance.</p>
--

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1. To raise the standards of health and safety for all people at work.
2. To protect the public whose health and safety are put at risk by the activities of people at work.

**How Does It Affect Me?**

The following information is for your benefit and should be read carefully so that you understand your obligations with regards to your general behaviour which affects every ones health and safety whilst employed in any work area. If you wish, a member of the unpaid work staff will explain this to you verbally.

It is important that you understand this as the current health and safety legislation places upon you, as an individual, an obligation to undertake that you will:

- Take reasonable care of your own health and safety and that of others who may be affected by your acts or omissions.
- Co-operate with your employer to enable your employer to comply with their duties under the act.

It is an offence for anyone to intentionally interfere with or misuse anything provided in the interests of health and safety.

## **Work Placement**

There are many areas of health and safety, which affect people at work. It would be impractical for the unpaid work supervisor to attempt to cover every single requirement of the health and safety legislation. During your induction, the areas of health and safety that you require to be familiar with, will be explained. This may be by means of written instruction and/or practical exercises or other methods, all of which will be recorded. If you have any difficulty understanding anything in this booklet or anything your unpaid work supervisor is telling you, please do not be afraid or too embarrassed to ask questions. **Your safety and the Safety of others may depend upon it !**

## **First Aid**

Within your placement building / area there may be an identified First Aid station. This is intended as an initial resource to be used until qualified medical assistance is available to provide further treatment. Eye wash stations may be sited where required.

If you have an accident, or you witness an accident or come across a casualty or person who requires assistance you should seek help immediately unless you are a trained first aider. In any case, if you are on your own you should always seek help first.

All accidents and injuries must be reported to an unpaid work supervisor and recorded by the unpaid work supervisor on the appropriate accident report form. This will be kept on file. You should also report the accident / incident to your unpaid work case manager as soon as possible

## **Fire Regulations**

Within your placement there are Fire Action notices posted on the wall, and your unpaid work supervisor will point them out. Ensure that you read them and familiarise yourself with the information; pay particular attention for action on discovering a fire.

In each area there may also be a number of Fire Points where a choice of different fire extinguishers may be available for your use in tackling a small fire, read the notice alongside them as this will indicate the correct extinguisher for the type of fire.

You must inform your unpaid work supervisor if you are required to leave or be at a different location. This will ensure you are 'accounted' for in the event of a fire/headcount.

### **Safe Systems Of Work**

Do not attempt to carry out any work of a dangerous nature, nor operate machines unless you have been shown safe systems of work and authorised to do so. Also, do not carry out any tasks or duties that you may see other people doing unless you have been trained and authorised to do so.

All of the tasks and duties that will be expected of you during the time within the placement will be shown to you by your unpaid work supervisor. Observe and listen carefully to the training and instructions given to you; if you are unsure of anything ask questions until you fully understand what is required of you.

During the course of training and / or daily work there may be processes or tasks that require you to wear Personal Protective Equipment, for example: safety glasses, gloves, overalls, etc. It is Your responsibility to utilise this equipment. You will be shown how to use this equipment as required and failure to use it when instructed to do so, or to use it inappropriately will impact on your ability to carry out unpaid work or your other activity. This may result in your Community Payback Order being returned to court.

Prior to using any work appliance you must carry out Safety Checks, you will be shown the correct procedures by your unpaid work supervisor. Always carry out these checks as they are designed to protect you and other users.

### **Control Of Substances Hazardous To Health (COSHH)**

All chemicals used in the workplace are strictly controlled by the above regulation. All of the chemicals that are used have their own Safety Data Sheet which it contains information about its make up, the dangers and risks that may be involved when using it and the action to be taken if first aid is required.

Each container is labelled; always follow the manufacturers' instructions on use. If in any doubt on how to use a particular chemical always consult your unpaid work supervisor. Most of the chemicals used will be diluted with water and you must ensure that you use the correct ratio as stated on the container.



Always add the chemical to water when diluting as this will avoid a 'neat' splash which may cause you harm. Never put a chemical or a diluted mix into any unidentifiable container and likewise never use anything that is not clearly labelled. When you have finished with the chemical you are using always return it to the store where it is kept. This area must be kept clean and tidy at all times.

Remember! Never mix chemicals together, it may cause a 'reaction' that could seriously damage your health or those working around you.

### **Unacceptable Behaviours**

Everything you have read so far in this booklet is about protecting the Health and Safety of yourself and those who work around you. Taking part, or encouraging any form of unacceptable behaviours is a serious matter and the consequences of any accidents or damage that may occur may result in your CPO being returned to court.

### **Personal Administration**

The facilities at your placement are for your benefit. They may include a kitchen/dining area, a waiting area and toilet facilities. You will be shown the safe use of any appliances that you may use. Please keep these areas clean and tidy and place any rubbish in the bins provided. Smoking is not permitted in any of the buildings you work in. Clients are reminded that all cigarette ends should be disposed of in the bins provided. Smoking breaks will be agreed with your unpaid work supervisor and will be taken at a time which does not impact on the work and in a location which does not affect others.

### **Finally**

Your period of time completing your hours within your placement is designed to be challenging, productive and of benefit to the local community. Your unpaid work case manager and unpaid work supervisor are available to give instruction, guidance, support, advice and also to help you deal with any problems that may arise, whether they are work related or personal. If you are in any doubt please bring this to the attention of unpaid work staff or your social worker who will endeavour to help. There is also an official complaints procedure which staff will make available to you.

**Annex 9 (Form 6) - Placement Attendance Record**

**Example**

.....**Council**  
**Justice Social Work**

Community Payback Order Unpaid Work or Other Activity  
Placement Attendance Record

Service User's Name: \_\_\_\_\_

Placement: \_\_\_\_\_

Unpaid Work Case Manager: \_\_\_\_\_

Contracted Day(s) of Attendance: \_\_\_\_\_

Total Hours: \_\_\_\_\_

Date of Attendance	Arrival Time	Service User and Staff Sign on Arrival	Departure Time	Service User and Staff Sign on Departure	Hours Worked	Failed to Attend (tick)
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Signed: \_\_\_\_\_ (Placement)

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ (Unpaid Work Case Manager)

Print Name: \_\_\_\_\_

**Annex 9 (Form 7) - Placement Completion Report**

**Example**

..... **Council**  
**Justice Social Work**

Community Payback Order Unpaid Work or Other Activity  
Placement Completion Report

Placement Start Date:

Placement Completion Date:

Please provide a brief report on the service user's time at placement commenting on attendance, behaviour, attitude and work effort.

Would you be willing to take further people subject to CPO, if NO please provide your reasons (this will help us with future assessment/allocation)

Do you have any further comments that would benefit our placement scheme?

Any other relevant comments.

Signed: \_\_\_\_\_ (Agency)  
Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ (Unpaid work manager )  
Print Name: \_\_\_\_\_

**Annex 10 - Unpaid Work/Other Activity Requirement Breach Report**

**Example**

<p>.....Council  <b>Justice Social Work</b></p> <p><b>Community Payback Order Unpaid Work or Other Activity                  Breach of Community Payback Order with Unpaid Work or Other Activity - Report</b></p>			
Tel: Fax:			
Original complaint/ indictment no:		Court:	
Name:		Dob:	
Residing at:			
Employment status as last known:			
Original offence(s)			
Date of Order		Hours Imposed	
Hours Remaining		Number of appointments missed	Total  Acc  U/A
Length of Other Activity		Nature of Other Activity	
Date of Post Sentence Interview:	Date of H&S Induction:	Date Work Started:	Date Other Activity Started:
Literacy/Numeracy Assessment Completed	Y/N	Outcome and provider	



**Annex 10a - Witness Schedule**

**Example**

.....**Council**  
**Justice Social Work**

Community Payback Order Unpaid Work or Other Activity  
Witness Schedule

Complaint no:		Court:	
Name:		Date of birth:	
Residing at:			

Released On Unpaid Work Or Other Activity Requirement

Imposed By

Court On:

**Witness One**

Name:		Position held:	
C/o social work office:			

Can Testify To:

(Signature):.....

Date:.....

Witness Two

Name:		Position held:	
C/o social work office:			

Can testify to:

Signature:.....  
Date: .....

## Annex 11 - Unpaid Work/Other Activity Requirement Completion Report

### Example

<p style="text-align: center;">.....<b>Council</b></p> <p><b>Justice Social Work</b></p> <p>Community Payback Order Unpaid Work or Other Activity Completion Report</p>			
Tel:			
Fax:			
Original complaint/ indictment no:		Court:	
Name:		Date of birth:	
Residing at:			
Employment status:	At start:	At completion:	

Released On A Community Payback Order with Unpaid Work or Other Requirement

Imposed By

Court On

For

Hours:

For Offences Of:

Date of Post  
Sentence  
Interview

Date H&S  
Induction

Date Work  
Started

Date Other Activity  
Started



Unpaid Work Case Manager:

Literacy/Numeracy Assessment Completed	Y/N	Outcome
--	-----	---------

No. of Absences	No. Acceptable	No. U/A	No. of Warnings	Date Order Completed
-----------------	----------------	---------	-----------------	----------------------

Was Order Breached?	Y/N	Date Breach Heard?	Outcome
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Type of Work Undertaken

Beneficiaries of Work Undertaken:

Setting of Work Undertaken e.g. personal placement; work team; workshop: and summary of skills learned:

Type of Work Activity:

Type and Setting of Other Activity:  
(If no "other activity" identified state reason)

No of Hours/Percentage of Requirement spent on other activity and the  
benefits gained:

Individual's attitude to Community Payback Order with Unpaid Work or Other  
Activity:

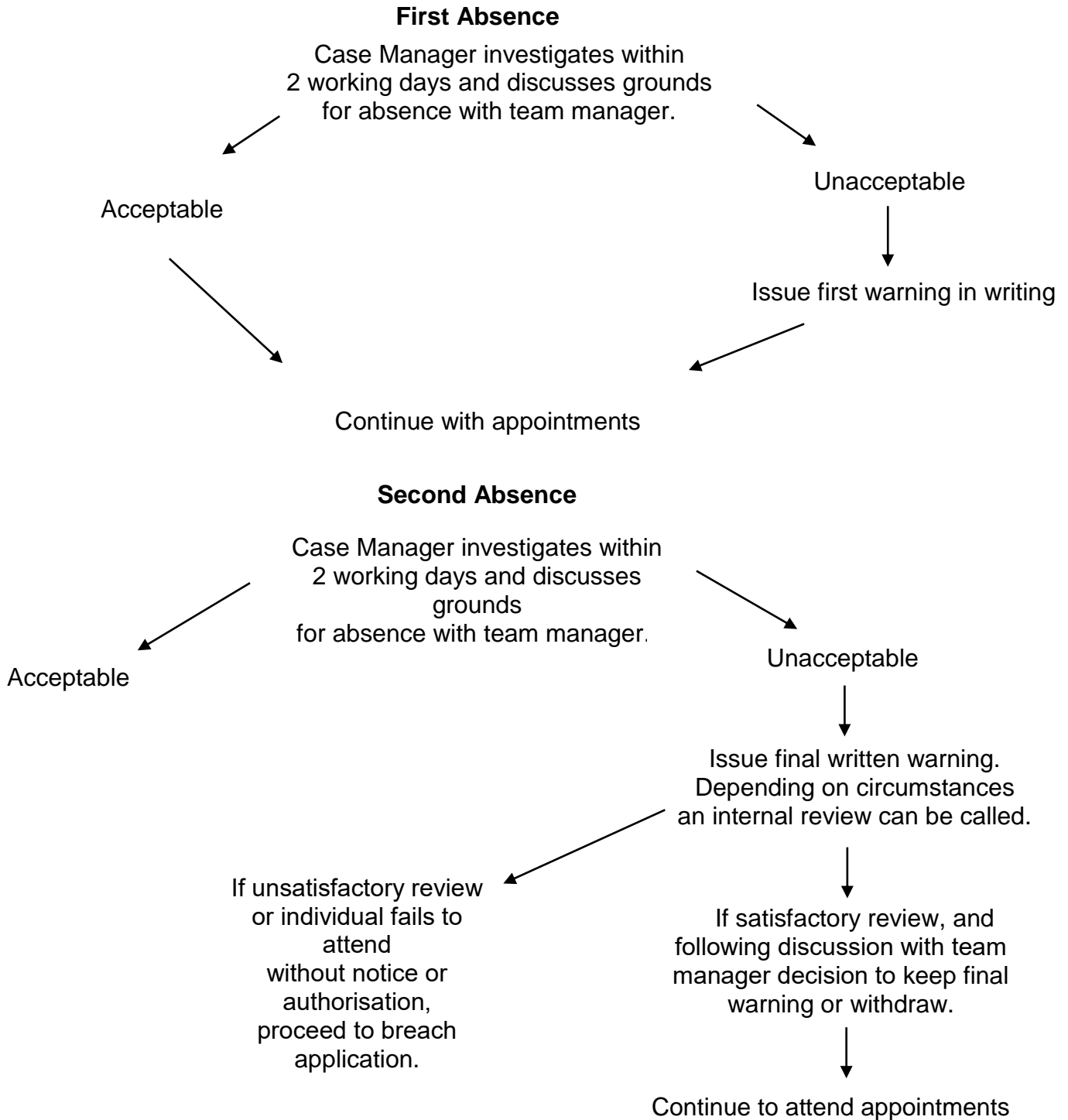
Any Other Relevant Information:

Unpaid work case manager:  
Justice service:

**Annex 12 - Breach Process Flow Chart**

.....**Council**  
**Justice Social Work**

**Breach of Community Payback Order Process**



### Third Absence

Case manager investigates  
within 2 working days.  
Discussion with team manager

Acceptable



Continues to attend  
appointments.



Successful completion  
of Order.

Unacceptable



Decision required on  
suspension of any  
requirements eg,UPW.



Letter advising of breach  
application and contact  
arrangements whilst this is  
pending.



Breach application sent to  
Court.