

This scorecard is designed to help you identify vulnerable victims, witnesses, and complainants. It should be used as a guide, and in combination with your own judgement (and that of your neighbourhood partnership) to help ascertain what support and protection is required in any given situation. All action taken as a result of your assessment should be discussed with the witness to ensure it meets their needs.

History	1. Other than this occasion - how often do you have problems?	5 3 2 1 0	Daily Most days Most weeks Most months Only occasionally
	2. Do you think the current incident is linked to previous incidents? If so why?	2 0	Yes No
	3. Do you think that incidents are happening more often and/or are getting worse?	2 0	Yes No
	4. Do you know the offender/ s?	2 1 0	They know each other well They are 'known' to each other They do not know each other
	5. Does the perpetrator/perpetrators have a history of harassment, intimidation or involvement in ASB?	6 4 2 0	The Perpetrator/Perpetrators are currently harassing the complainant The Perpetrator/Perpetrators have harassed the complainant in the past The Perpetrator/Perpetrators have not harassed the complainant, but have a history or reputation for their involvement in ASB. The Perpetrator/Perpetrators have no history or reputation for ASB, harassment or intimidation
	6. Have you informed any other agencies about what has happened? If yes, are you happy for us to discuss this problem with them? Details of agencies:	0 1	Yes No
Vulnerability	7. Which of the following do you think that this incident deliberately targeted Please specify	4 3 1 0	You Your family Your community None
	8. Do you feel that this incident has anything to do with your faith, nationality, ethnicity, sexuality, gender or disability? Details:	3 0	Yes No
	9. In addition to what has happened, Is there anything about you and your circumstances that you feel puts you at more risk? Details:	3 0	Yes No
	10. How affected do you feel by what has happened? Details of how it has made you feel:	0 1 2 3 5	Not at all Affected a little Moderately affected Affected a lot Extremely affected
Support	11. Has yours or anyone's health been affected as a result of this and any previous incidents? Details:	3 3	Physical health Mental health
	12. Do you have a social worker, health visitor or any other type of professional support? Can we speak to them about this? Details:	0 1	No Yes
	13. Do you have any friends and family to support you?	3 3 1 0	Complainant lives alone and is isolated The complainant is isolated from people who can offer support The complainant has a few people to draw on for support The complainant has a close network of people to draw on for support
	14. Apart from any effect on you, do you think anyone else has been affected by what has happened? Details:	1 3	Your family Local community Other

<b>TOTAL SCORE:</b>		

Based on these factors and your own judgement, adjust the scoring accordingly



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