|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **PPANI Lead Agency Initial Briefing/**  **Designated Risk Manager Report**  **(Please delete as applicable)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. OFFENDER INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Last Name** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **First Name / Forenames** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Date of Birth** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Aliases (including nicknames)** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Prison (where applicable)** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Prison Number (where applicable)** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Proposed release address (where known)** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Current address if in community** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Gender** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **2. LAPPP Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of**  **LAPPP meeting** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of previous LAPPP meeting**  **(where applicable)** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lead Agency/ Designated Risk Manager** | | | | **Name:** | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Agency** | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Contact Details** | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Category at conclusion of previous meeting ( please delete those Categories not applicable)** | | | | | | | 3 | | | | | | | 2 | | | | | 1 | | | | | | | | | P | |
| **3. TYPE OF OFFENDER** | | | | | | | | | | | | | | | | | | | | | | | | | **Please delete as applicable** | | | | |
| 1. **Convicted of an offence as outlined in Sec 3.1 PPANI Manual of Practice, or** | | | | | | | | | | | | | | | | | | | | | | | | | **YES / NO** | | | | |
| * **Sexual Offender** | | | | | | | | | | | | | | | | | | | | | | | | | **YES / NO** | | | | |
| * **Violent Offender (Violent Offences against Children or vulnerable Adults)** | | | | | | | | | | | | | | | | | | | | | | | | | **YES / NO** | | | | |
| * **Domestic Violence** | | | | | | | | | | | | | | | | | | | | | | | | | **YES / NO** | | | | |
| * **Hate Crime (where an enhanced sentence has been imposed)** | | | | | | | | | | | | | | | | | | | | | | | | | **YES / NO** | | | | |
| 1. **Significant Concerns** | | | | | | | | | | | | | | | | | | | | | | | | | **YES / NO** | | | | |
| **4. CONVICTION / CAUTION INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Index offence / Relevant caution** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Date of conviction / caution** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Sentence** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Brief Offence(s) details /**  **Outline of Case (including date of offence)** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Relevant previous convictions and pattern of offending** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **If the Victim is a Child/Young Person have they been assessed as being at risk of Child Sexual Exploitation?** | | | | | | | | | | | YES / NO (Please delete as applicable) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | If Yes please provide brief details | | | | | | | | | | | | | | | | | | |
| **Has the Offender been identified as a Person of Interest in respect of Child Sexual Exploitation?** | | | | | | | | | | | YES / NO (Please delete as applicable) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | If Yes please provide brief details | | | | | | | | | | | | | | | | | | |
| **Other relevant information** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Relevant dates** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of release** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Parole Eligibility Date** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Licence Expiry Date** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Electronic Monitoring/Curfew** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Probation Supervision End Date** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Disqualification Order** | | | | | | | | | | | YES / NO (Please delete as applicable) | | | | | | | | | | | | | | | | | | |
| **Sex Offender Notification End Date** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Sexual Offences Prevention Order** | | | | | | | | | | | YES / NO | | | | | | | | | | **End Date** | | | | | |  | | |
| **Risk of Sexual Harm Order** | | | | | | | | | | | YES / NO | | | | | | | | | | **End Date** | | | | | |  | | |
| **Violent Offences Prevention Order** | | | | | | | | | | | YES / NO | | | | | | | | | | **End Date** | | | | | |  | | |
| **Serious Harm Prevention Order (GB)** | | | | | | | | | | | YES / NO | | | | | | | | | | **End Date** | | | | | |  | | |
| **5. DETAINED IN HOSPITAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of responsible clinician** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Hospital** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Earliest possible discharge date** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Proposed release address** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Name/contact details of Forensic Social Worker** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Date of next tribunal** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **6. RISK ASSESSMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RM 2000 Risk of Reconviction** [All sections to be completed in respect of adult male sexual offenders] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | **Level** | | | | | | | | | | | | **Date of assessment** | | | | | | | | | |
| **RM 2000 Sexual** | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |
| **RM 2000 Violent** | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |
| **RM 2000 Combined** | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7. LAPPP ACTIONS REVIEW (For Review Meetings Only – please ignore if this is the initial LAPPP)** | | | | | | | | | | | | | | | | | | | | | | **Date of LAPPP** | | | | | | | |
| **Person Completing** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Summary of Risk** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Risk Factors; these must be individualised to the offender, detail what is the risk and the evidence of this risk** | | | | | | | | | | | | | | | | **Action & Response: This section must detail the action taken, by whom and on what date** | | | | | | | | | | | | | |
| **Risk Factor 1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Actions & Response | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Risk Factor 2** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Actions & Response | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Risk Factor 3** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Actions & Response | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Risk Factor 4** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Actions & Response | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Risk Factor 5** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Actions & Response | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **STABLE ACUTE 2007 (sexual cases)**  This section should include detail of the last Stable Assessment and Acute Assessments with reference being made to the evidence arising from the various factors and their subsequent requirement for inclusion in the risk management plan. This section must include an analysis by DRM/Lead Agency Staff of the SA07 factors scored and their impact on the offender’s Risk Management Plan as well as how the DRM/Lead Agency Staff is enabling the offender to address the factors identified within the SA07.  It is important to remember the effectiveness of the Acute tool is the collation of several Acute scores to observe changes.  NICHE information or PSNI documents must not be cut and pasted but can be summarised as part of this section.    (Information on SA07 Stable / Acute Assessments should be entered in section below and not recorded on attached blank Stable Tally sheet) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **STABLE** | | | | | | | | | | | | | | | | **Date of Assessment:** | | | | | | | | | | | | | |
| **Total Score** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **ACUTE** (please provide a summary/analysis of the factors contributing to Acute scores during the period covered by the DRM Report) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Report on Framework for Assessment of Domestic Abuse (FADA) for Domestic Abuse Cases This section must include an analysis of how the offender has been assessed utilising the FADA and the known risk factors within the framework    (Information re FADA should be entered in section below,  the FADA template should not be inserted/attached) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other Current Assessments e.g. Mental Health, Learning Disability or Addictions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact with the Offender**  This sectionrecords the details of the contacts with the offender and evidences the coordinating role of the DRM/Lead Agency Staff in implementing risk management and must include:   * Contact with relevant others such as agencies, professionals, Principal Officers and or Trust Adult Safeguarding Officers in relevant Trusts * Nature and details of contact with the offender and their level of engagement  (*To include compliance with home visits, Licence/SOPO/RoSHO/NMO etc. Personal Development Plan, programmes undertaken, adjudications, drug testing, SPARs, general health issues, Mental Health Issues, telephone contacts*) * Information pertaining to family/relationship  (*To include details of current relationship, previous relationships, children, grandchildren, contacts while in custody, Social Services involvement*) * Information pertaining to victim  (*To include any concerns re specific targeting of victims, victim whereabouts, if victim registered, any contact with victim while in custody, proximity concerns on release, MARAC involvement*) * Information pertaining to accommodation   (*To include proposed changes of residence, residence prior to custody, proposed residence on release, who they were living with previously, who they will be living with on release*)   * Positive/negative social influences * Risk Assessments   (*To include ACE/SROSH, if previously known to PBNI - compliance with supervision, previous relevant offending*)   * Relevant information following Interception Risk Assessment (NIPS) can also be included here * Offender engagement with RMP   The report must document any significant change of circumstances in the offender’s life since the last LAPPP (if applicable) e.g. accommodation, employment, relationships or health | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  | | --- | --- | | **8. DISCLOSURE ISSUES to be considered by the LAPPP**  **(e.g. third party disclosure, media handling etc)** | | | **Do disclosure issues need to be considered?** | **Yes/No** (please delete) | | **If Yes, what is the issue re third party disclosure / media interest?** (please provide brief details) |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9. DRM’s proposed Category of Risk, including rationale for Category & proposed Risk Management Plan based on the offender’s engagement with the DRM/Lead Agency Staff. This section is to be completed for both initial & review LAPPPs. For review LAPPPs has the risk of serious harm increased, reduced or stayed the same?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DRM Recommendation re Category of Risk (please highlight in bold & underline):** | | | | | | | | | | | | | | | 3 | | | 2 | | | | | | 1 | | | | | P |
| **Rationale re proposed Category of risk** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DRM recommendations re proposed Risk Management Plan** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** |  | | | | | | | | **Position** | | | |  | | | | | | | | | | **Agency** | | |  | | | |
| **Signature** |  | | | | | | | | | | | | | | | | **Date** | | | | | | | | |  | | | |