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This printable version of OASys is for use when access to the live application is not available or is not appropriate.

Please complete all details so this can be read as a stand alone document.

The format follows the online application as closely as possible.

The summary section is not fully replicated.

To allow for additional information to be included if using this version continuation sheets are available.

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Purpose of Assessment					
<input type="checkbox"/>	PSR- SDR	<input type="checkbox"/>	PSR other offences committed	<input type="checkbox"/>	Start Licence – YOI
<input type="checkbox"/>	PSR - FDR	<input type="checkbox"/>	PSR Addendum	<input type="checkbox"/>	Transfer in from YOT
<input type="checkbox"/>	PSR – Oral	<input type="checkbox"/>	PSR Breach on original offences	<input type="checkbox"/>	Home Leave
x	Start Custody	<input type="checkbox"/>	Deferred sentence report	<input type="checkbox"/>	Hostel Assessment
<input type="checkbox"/>	Recall	<input type="checkbox"/>	CJA –Start of Community Order	<input type="checkbox"/>	Pre Release
<input type="checkbox"/>	Risk Review	<input type="checkbox"/>	CJA –Start of Licence	<input type="checkbox"/>	Serious Incident
<input type="checkbox"/>	Review	<input type="checkbox"/>	CJA –Start of Suspended Sentence Order	<input type="checkbox"/>	SSO activated
<input type="checkbox"/>	HDC	<input type="checkbox"/>	Start Community Order –pre CJA 2003	<input type="checkbox"/>	Transfer Out
<input type="checkbox"/>	ROTL	<input type="checkbox"/>	Transfer in from non England / Wales Court	<input type="checkbox"/>	End of Licence
<input type="checkbox"/>	Parole	<input type="checkbox"/>	Termination of Community Supervision	<input type="checkbox"/>	Non – statutory
<input type="checkbox"/>	Nil Report	<input type="checkbox"/>		<input type="checkbox"/>	Other

OASys (Offender Assessment System) **Full assessment**

This is an open document. Enter only information that can be shared with the offender

Case Identification

Surname Name		Forename(s)	
Surname Alias(es)		Forename Alias(es)	
DOB		DOB Alias(es)	
Gender		Religion	
Police National Computer (PNC) Number		Criminal Records Office (CRO) number	
CRAMS Number or other local identifier		NOMIS ID	
Prison Number (LIDS)		Location of the offender	
Current Address		Ethnic Category	
		White	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background
		Mixed	<input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other mixed background
		Asian or Asian British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background
		Black or Black British	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other black background
		Chinese or other ethnic group	<input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group
		Not Stated	<input type="checkbox"/>
Postcode		Preferred Written Language	English
Telephone		Preferred Spoken Language	
Discharge Address		Interpreter Required	
		Cell Location	
Postcode			
Telephone Number			
Other			
Security Category			

Assessor Name		Probation Provider/Prison	
Assessor Position		LDU	
Tel Number		Team	
Countersigner			

Has the offender been identified as a Prolific or other Priority Offender (Effective Sept 2004)	
Is the Offender still subject to a Care Order and "Looked After" arrangements by the local authority	
Tier Level	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

IF PRE SENTENCE		Proximity	
Court Name		Court Type	

Date Assessment Report requested		Requested by	
Date Report Required		Date Report Completed	

Purpose of Sentence					
<input type="checkbox"/>	Punishment	<input type="checkbox"/>	Reduction in crime	<input type="checkbox"/>	Reparation
<input type="checkbox"/>	Reform and rehabilitation	<input type="checkbox"/>	Public Protection	<input type="checkbox"/>	Not Stated
Court Considered Level of Seriousness		Not stated			

Sources of Information					
<input type="checkbox"/>	Bail Information record		Pre sentence report	<input type="checkbox"/>	Community Payback
<input type="checkbox"/>	Hostel		Interview		Judge's comments
<input type="checkbox"/>	Medical		Police	<input type="checkbox"/>	Post trial report
	Previous convictions		Previous OASys	<input type="checkbox"/>	Asset
<input type="checkbox"/>	BCS	<input type="checkbox"/>	Prison records		Probation file
<input type="checkbox"/>	Prosecutor (inc CPS)	<input type="checkbox"/>	Psychiatric	<input type="checkbox"/>	Psychology
<input type="checkbox"/>	Local Authority	<input type="checkbox"/>	Victim statement		OASys SAQ
<input type="checkbox"/>	RFI	<input type="checkbox"/>	Other (please specify)		

Proposal at Report Stage	
Principle Proposal	
Disqualification Order	
Unpaid Work	
Activity	
Select a maximum of 5 activities which apply to this order	
Victim Reparation/Mediation	Yes/No
Education, Training and Employability	Yes/No
Financial Management and income	Yes/No
Accommodation	Yes/No
Other	Yes/No
If other requirement, please specify	Yes/No
Accredited Programme	Select the accredited programmes which apply to this order
Accredited Programme 1	
Accredited Programme 2	
Accredited Programme 3	
Accredited Programme 4	
Prohibited Activity	
Curfew	
Exclusion	
Residence	
Mental Health Treatment	
Drug Treatment	
Alcohol Treatment	
Supervision	
Attendance Centre	

Current Event	Concurrent Order 2	Concurrent Order 3	Concurrent Order 4	Concurrent Order 5
1.1 a	PSR/Court considered offence (Primary /most serious offence as judged by assessor)		Please complete all offences details fully. Those items starred * only indicate selection from drop down menus on the live application	

Current Event			
Category of Offence*			
Offence*			
Code		Subcode	
Count		Offence Date	
Additional Offences			

Concurrent Order 2			
Category of Offence*			
Offence*			
Code		Subcode	
Count		Offence Date	
Additional Offences			

Concurrent Order 3			
Category of Offence*			
Offence*			
Code		Subcode	
Count		Offence Date	
Additional Offences			

Concurrent Order 4			
Category of Offence*			
Offence*			
Code		Subcode	
Count		Offence Date	/ /
Additional Offences			

Concurrent Order 5			
Category of Offence*			
Offence*			
Code		Subcode	
Count		Offence Date	/ /

Additional Offences			
---------------------	--	--	--

1.2a	Resentencing for Breach	
Order Amended		

If sentenced : detail of sentence	
Sentence	
Other Sentence Type	
Disqualification Order	
IF the user has selected other than CJAA2003-Community Order or CJA2003-Suspended Sentence Order at ID.98	
Custody in Months or Rehabilitation in Months	
Sentence length in Days	
Community Punishment in Hours	
IF Extended Sent pre Oct 1992 Ext Sup (sex) Post Oct 98 or Ext sup (violence) at ID.98	
Extended Sentence Months	
For ALL types of Sentence	
Sentence Date	
Court Proximity	
Court Name	
Court Type	
Actual Court Name	
IF CJA2000 Community Order /Suspended Sent Order/Services Community Order/Services Susp Sent Order/Youth Rehab Order at ID.98	
Order Length (months)	
Unpaid Work	
Length in Hours	
Activity	
Select a maximum of 5 activities which apply to this order	
Victim Reparation/Mediation	
Education, Training and Employability	
Financial Management and income	
Accommodation	
Other	
If other requirement, please specify	
Accredited Programme	
Record the accredited programmes which apply to this order	
Accredited Programme 1	
Accredited Programme 2	
Accredited Programme 3	
Accredited Programme 4	
Prohibited Activity 1	
Prohibited Activity 2	
Prohibited Activity 3	
Curfew	
Exclusion	
Residence	
Mental Health Treatment	
Drug Treatment	
Alcohol Treatment	
Supervision	
Length in months	
Attendance Centre	

Electronic Monitoring	
Drug Testing	
Intoxicating Substance Treatment	
IF Youth Rehabilitation Order Selected	
Local Authority Residence	
Education	
Intensive Supervision and Surveillance	
Intensive fostering	
IF any other type of sentence selected complete below	
Additional requirements 1	
Additional requirements 2	
Additional requirements 3	
Additional requirements 4	
Additional requirements 5	
Specific Interventions 1	
Specific Interventions 2	
Specific Interventions 3	
Licence information	
Court recommendations	
Sentence Additional Licence conditions	

Custody Specific Details		
Date of actual release	/	/
Type of release		
Any licence requirements		
Home detention curfew date	Automatic release date	Conditional release date
/ /	/ /	/ /
Parole eligibility date	Non parole date	Licence expiry date
/ /	/ /	/ /
Facility licence eligibility date	Resettlement licence eligibility date	Sentence expiry date
/ /	/ /	/ /
Recall Date		
/ /		
Is the offender detained under the Immigration Act 1971		
Has the offender been recommended for deportation		

Level of healthcare required	
Further charges pending	Details
Appeal pending	Details

Questions may not be numbered sequentially due to the Assessment Layer chosen

Date of first sanction	
1.8 – Age at first sanction	
1.32	
Total number of sanctions for all offences	
1.40	
How many of the total number of sanctions involved violent offences?	
1.29	
Date of current conviction	
1.30	
Have they ever committed a sexual or sexually motivated offence?	Yes/No
If 'Yes', score the following questions	
1.44	
Does the current offence involve actual/attempted direct contact against a victim who was a stranger?	
1.33	
Date of most recent sanction involving a sexual/sexually motivated offence	
1.34	
Number of previous/current sanctions involving contact adult sexual/sexually motivated offences	
1.35	
Number of previous/current sanctions involving contact adult sexual/sexually motivated offences	
1.36	
Number of previous/current sanctions involving indecent child image sexual/sexually motivated offences	
1.37	
Number of previous/current sanctions involving other non-contact sexual/sexually motivated offences	
1.38	
Date of commencement of community or earliest possible release from custody	

Please use the OGRS3/OGP/OVP spreadsheet calculator to provide the figures below.

OGRS 3		Rating /Cat
General offending% within 1 year of community sentence/discharge		
General offending% within 2 years of community sentence/discharge		

OSP/IIC – Indecent Image and Indirect Contact Reoffending Risk

OSP/ DC– Direct Contact Sexual Reoffending Risk

Risk of Serious Recidivism
Likelihood of serious reoffending over the next two years

OGP and OVP should be recorded on the summary sheet on page 37

2. Offence Analysis

Questions may not be numbered sequentially due to the Assessment Layer chosen

2.1 Brief offence(s) details (indicate what exactly happened, when, where and how)

—

2.2		√
Did the offence involve any of the following	<input type="checkbox"/>	Carrying or using a weapon
	<input type="checkbox"/>	Any violence or threat of violence/coercion
	<input type="checkbox"/>	Excessive use of violence/sadistic violence
	<input type="checkbox"/>	Arson
	<input type="checkbox"/>	Physical damage to property
	<input type="checkbox"/>	Sexual element
	<input type="checkbox"/>	Domestic abuse
2.3		√
Did any of the following occur	<input type="checkbox"/>	Were there any direct victim(s) eg contact targeting
	<input type="checkbox"/>	Were any of the victim(s) targeted because of racial motivation or hatred of others identifiable group
	<input type="checkbox"/>	Response to a specific victim (eg revenge, settling grudges)
	<input type="checkbox"/>	Physical violence towards partner
	<input type="checkbox"/>	Repeat victimisation of the same person
	<input type="checkbox"/>	Were the victims(s) stranger(s) to the offender
	<input type="checkbox"/>	Stalking
2.4		
Details of Victim(s)		
Approx age	Gender	Race/Ethnicity
Victim-perpetrator relationship		Victim-perpetrator relationship
Any other information of specific note, consider vulnerability		
Details of Victim(s)		
Approx age	Gender	Race/Ethnicity
Victim-perpetrator relationship		Victim-perpetrator relationship
Any other information of specific note, consider vulnerability		
2.5		
Impact on the victim (note any particular consequences)		
2.6		
Does the offender recognise the impact and consequences of offending on victim / community/wider society?		

2.7	
Were there other offenders involved?	
Peer group influences (eg offender easily led, gang member)	

2.8	
Why did it happen – evidence of motivation and triggers	
.	

2.9		√
Please tick each evidenced motivation	<input type="checkbox"/>	Sexual motivation
	<input type="checkbox"/>	Financial motivation
	<input type="checkbox"/>	Addiction/perceived needs
	<input type="checkbox"/>	Emotional state of offender
	<input type="checkbox"/>	Racial motivation or hatred of other identifiable group
	<input type="checkbox"/>	Thrill seeking
	<input type="checkbox"/>	Other

2.10		√
Did any of the following act as disinhibitors	<input type="checkbox"/>	Alcohol
	<input type="checkbox"/>	Pornography
	<input type="checkbox"/>	Non – compliance with medication
	<input type="checkbox"/>	Psychiatric problems
	<input type="checkbox"/>	Emotional state
	<input type="checkbox"/>	Drugs
	<input type="checkbox"/>	Traumatic life event (divorce, redundancy)

2.11	
Does the offender accept responsibility for the current offence(s)	
How much responsibility does s/he acknowledge for the offences(s). Does s/he blame others, minimise the extent of his/her offending?	

2.12	
Pattern of offending (consider details of previous convictions)	

2.13	
Are current offence(s) an escalation in seriousness from previous offending?	
2.14	
Are current offence(s) part of an established pattern of similar offending (optional)	

Identify offence analysis issues contributing to risks of offending and harm. Please include any positive factors

Analysis of offence issues linked to risk of serious harm, risks to the individual & other risks	
Analysis of offence issues linked to offending behaviour	

3.Accommodation

Questions may not be numbered sequentially due to the Assessment Layer chosen

The following questions should be answered in all cases. However, if the offender is in custody answer the questions for situation upon release.

3.3			
Currently of no fixed abode or in transient accommodation	No/Some/Sig		
3.4			
Suitability of accommodation	No/Some/Sig		
3.5			
Permanence of accommodation	No/Some/Sig		
3.6			
Suitability of location of accommodation	No/Some/Sig		

Identify accommodation issues contributing to risks of offending and harm. Please include any positive factors

3.3 Status of accommodation -
3.4 Suitability of accommodation -
3.5 Permanence -
3.6 Location -

Accommodation issues linked to risk of serious harm, risks to the individual & other risks	No
Accommodation issues linked to offending behaviour	No

4. Education, training and employment		
Questions may not be numbered sequentially due to the Assessment Layer chosen		
4.2		
Is the person unemployed, or will be unemployed on release	No/Some/Sig	
4.3		
Employment history	No/Some/Sig	
4.4		
Work related skills	No/Some/Sig	
4.5		
Attitudes to employment	No/Some/Sig	
4.6		
School attendance (optional)	No/Some/Sig	
4.7		
Has problems with reading, writing or numeracy Indicate problem areas below	No/Some/Sig	
Reading	<input type="checkbox"/>	
Writing	<input type="checkbox"/>	
Numeracy	<input type="checkbox"/>	
4.8		
Has learning difficulties (optional)	No/Some/Sig	
4.9		
Any educational or formal professional / vocational qualifications (optional)	No/Some/Sig	
4.10		
Attitude to education / training (optional)	No/Some/Sig	
Enter Initial Skills Checker Score		
Identify education, training and employability issues contributing to risks of offending and harm please include any positive factors		
4.2 - Is person employed - 4.3 - Employment history - 4.4 Work related skills - 4.5 Attitude to employment - 4.6 School attendance - 4.7 Problems with reading, writing , numeracy - 4.8 Learning difficulties - 4.9 Educational, professional, vocational qualifications - 4.10 Attitude to education/training -		
Education / training / employability issues linked to risk of serious harm, risks to the individual & other risks	Yes/No	
Education / training / employability issues linked to offending behaviour	Yes/No	

5. Financial Management & Income			
Questions may not be numbered sequentially due to the Assessment Layer chosen			
5.2			
What is the offenders financial situation (optional)	No/Some/Sig		
5.3			
Financial management	No/Some/Sig		
5.4			
Illegal earnings are a source of income (optional)	No/Some/Sig		
5.5			
Over reliance on family /friends/ others for financial support (optional)	No/Some/Sig		
5.6			
Severe impediment to budgeting (optional)	No/Some/Sig		
Identify financial management issues contributing to risks of offending and harm. Please include any positive factors			
5.2 Offenders financial situation -			
5.3 Financial management -			
5.4 Illegal earnings -			
5.5 Over reliance on family, friends, others for financial support -			
5.6 Severe impediment to budgeting -			
Financial issues linked to risk of serious harm, risks to the individual & other risks	Yes/No		
Financial issues linked to offending behaviour	Yes/No		

6. Relationships			
Questions may not be numbered sequentially due to the Assessment Layer chosen			
6.1			
Current relationship with close family members	No/Some/Sig		
6.3			
Experience of childhood	No/Some/Sig		
6.8			
Current relationship status	No/Some/Sig		
6.4			
Current relationship with partner	No/Some/Sig		
6.6			
Previous experience of close relationships	No/Some/Sig		
6.7			
Is there evidence of current or previous domestic abuse?	Yes/No		
If the user has selected 'Yes' the following four fields appear as part of 6.7			
Victim			
Of current or former partner abuse	Yes/No		
Of family member abuse	Yes/No		
Perpetrator			
Against current or former partner	Yes/No		
Against family member	Yes/No		
6.9			

Parental Responsibilities	Yes/No
6.10 - if yes to 6.9	
Parental Responsibilities – are these a problem?	Yes/No

6.12			
Emotional Congruence with Children/Feeling Closer to Children than Adults <i>*Only answer this question where you have concerns about a risk of sexual harm</i>	No/Some/Sig	<input type="checkbox"/>	Disclosed ✓
Identify relationship issues contributing to risks of offending and harm. Please include any positive factors			
6.1- Current relationships with close family members –			
6.3 - Experience of childhood -			
6.8 - Current relationship status -			
6.4 - Current relationship with partner -			
6.6 - Previous experience of close relationships -			
6.7 - Evidence of domestic violence/partner abuse -			
6.9 - Parental responsibilities -			
6.10 - Parental responsibilities are these a problem –			
Relationship issues linked to risk of serious harm, risks to the individual & other risks	Yes/No		
Relationship issues linked to offending behaviour	Yes/No		

7. Lifestyle & Associates			
Questions may not be numbered sequentially due to the Assessment Layer chosen			
7.1			
Community Integration	No/Some/Sig	<input type="checkbox"/>	
7.2			
Regular activities encourage offending	No/Some/Sig	<input type="checkbox"/>	
7.3			
Easily influenced by criminal associates	No/Some/Sig	<input type="checkbox"/>	
7.4			
Manipulative / predatory lifestyle (optional)	No/Some/Sig	<input type="checkbox"/>	
7.5			
Recklessness and risk-taking behaviour	Yes/No	<input type="checkbox"/>	
Identify lifestyle issues contributing to risks of offending and harm. Please include any positive factors			
7.2 - Regular activities encourage offending -			
7.3 - Easily influenced by criminal associates -			
7.4 - Manipulative/Predatory lifestyle -			
7.5 - Recklessness and risk-taking behaviour			
Lifestyle and associates issues linked to risk of serious harm, risks to the individual & other risks	Yes/No		
Lifestyle and associates issues linked to offending behaviour	Yes/No		

8. Drugs ever misused (in custody and community)				
Questions may not be numbered sequentially due to the Assessment Layer chosen				
8.1 Drugs ever misused (in custody and community)		Yes/No		
If answer to 8.1 above is Yes complete this section.				
Drug	Current Usage None/Daily/Weekly/Monthly/Occasional	Currently injected ✓	Previou s usage ✓	Previously injected ✓
A Heroin	None/Daily/Weekly/Monthly/Occasional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B Methadone (not prescribed)	None/Daily/Weekly/Monthly/Occasional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C Other opiates	None/Daily/Weekly/Monthly/Occasional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D Crack /Cocaine	None/Daily/Weekly/Monthly/Occasional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E Cocaine Hydrochloride	None/Daily/Weekly/Monthly/Occasional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F Misused prescribed drugs	None/Daily/Weekly/Monthly/Occasional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G Benzodiazepines	None/Daily/Weekly/Monthly/Occasional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H Amphetamines	None/Daily/Weekly/Monthly/Occasional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I Hallucinogens	None/Daily/Weekly/Monthly/Occasional		<input type="checkbox"/>	
J Ecstasy	None/Daily/Weekly/Monthly/Occasional		<input type="checkbox"/>	
K Cannabis	None/Daily/Weekly/Monthly/Occasional		<input type="checkbox"/>	
L Solvents (inc. gases and glues)	None/Daily/Weekly/Monthly/Occasional		<input type="checkbox"/>	
M Steroids	None/Daily/Weekly/Monthly/Occasional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N Other	None/Daily/Weekly/Monthly/Occasional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please specify other drug(s)				
8.4				
Current Drug noted in 8.1 (Class A only)		No/Some/Sig		
8.5				
Level of use of main drug		Less than Weekly / More than Weekly /Missing		
8.6				
Ever injected drugs		Yes/No		
8.8				
Motivation to tackle drug misuse		No/Some/Sig/Missing		
8.9				
Drug use and obtaining drugs a major activity / occupation		Problem? No/Some/Sig/Missing		
Identify drug misuse issues contributing to risks of offending and harm. Please include any positive factors.				
8.1 – Drugs ever misused in the community –				
8.4– Current drug noted in 8.1 -				
8.5 – Level of use of main drug -				
8.6 – Ever injected drugs -				

8.8 – Motivation to tackle drug misuse -

8.9 – Drug use and obtaining drugs a major activity/occupation -

Drugs misuse issues linked to risk of serious harm, risks to the individual & other risks	Yes/No
Drugs misuse issues linked to offending behaviour	Yes/No

9. Alcohol Misuse		
Questions may not be numbered sequentially due to the Assessment Layer chosen		
9.1		
Is current use a problem	No/Some/Sig	
If 9.1 has been answered with '1-Some problems' or '2-Significant problems' then the following question is shown tagged onto 9.1		
If a problem describe level and frequency of alcohol consumption at present time		
9.2		
Binge drinking or excessive use of alcohol in last 6 months	No/Some/Sig	
9.3		
Frequency and level of alcohol misuse in the past	No/Some/Sig	
If 'Some or Sig' has been answered to any of 9.1, 9.2 or 9.3 then answer 9.4 and 9.5		
9.4		
Violent behaviour related to alcohol use at any time (optional)	No/Some/Sig	
9.5		
Motivation to tackle alcohol misuse (if applicable)	No/Some/Sig	
Identify alcohol misuse issues contributing to risks of offending and harm. Please include any positive factors		
9.1 - Is current use a problem -		
9.2 - Binge drinking or excessive use of alcohol in last 6 months -		
9.3 - Frequency and level of alcohol misuse in the past -		
9.4 Violence linked to alcohol use -		
9.5 Motivation to tackle alcohol use -		
Alcohol misuse issues linked to risk of serious harm, risks to the individual & other risks		Yes/No
Alcohol misuse issues linked to offending behaviour		Yes/No

10. Emotional Well-being			
Questions may not be numbered sequentially due to the Assessment Layer chosen			
10.1			
Difficulties coping	No/Some/Sig	<input type="checkbox"/>	
10.2			
Current psychological problems / depression	No/Some/Sig	<input type="checkbox"/>	
10.3			
Social isolation	No/Some/Sig	<input type="checkbox"/>	
10.4			
Offender's attitude to themselves	No/Some/Sig	<input type="checkbox"/>	
10.5			
Self harm, attempted suicide, suicidal thoughts or feelings	No/Some/Sig	<input type="checkbox"/>	
10.6			
Current psychiatric problems	No/Some/Sig	<input type="checkbox"/>	
10.7			
Tick if any of the following were reported:	<input type="checkbox"/>	Evidence of childhood behavioural problems (optional)	
	<input type="checkbox"/>	History of severe head injuries, fits, periods of unconsciousness (optional)	
	<input type="checkbox"/>	History of psychiatric treatment (optional)	
	<input type="checkbox"/>	Ever been on medication for mental health problems in the past (optional)	
	<input type="checkbox"/>	Previously failed to co-operate with psychiatric treatment (optional)	
	<input type="checkbox"/>	Ever been a patient in a Special Hospital or Regional Secure Unit (optional)	
	<input type="checkbox"/>	Current psychiatric treatment or treatment pending	
10.8			
Is a Specialist Report required?	Yes/No		
Identify any issues of emotional well-being contributing to risks of offending and harm. Please include any positive factors.			
<p>10.1 - Difficulties coping -</p> <p>10.2 - Current psychological problems/depression -</p> <p>10.3 - Social isolation -</p> <p>10.4 - Offender's attitude to themselves -</p> <p>10.5 - Self harm, attempted suicide, suicidal thoughts or feelings -</p> <p>10.6 - Current psychiatric problems –</p> <p>10.7 – Any of the tick boxes -</p> <p>10.8 – Is a specialist report required –</p> <p>Personality Disorder Pathway -</p>			
Issues of emotional well-being linked to risk of serious harm, risks to the individual & other risks			Yes/No
Issues of emotional well-being linked to offending behaviour			Yes/No

11. Thinking & Behaviour	
Questions may not be numbered sequentially due to the Assessment Layer chosen	
11.1	
Level of interpersonal skills	No/Some/Sig
11.2	
Impulsivity	No/Some/Sig
11.3	
Aggressive / controlling behaviour (optional)	No/Some/Sig
11.4	
Temper control	No/Some/Sig
11.5	
Ability to recognise problems	No/Some/Sig
11.6	
Problem solving skills	No/Some/Sig
11.7	
Awareness of consequences	No/Some/Sig
11.8	
Achieves goals (optional)	No/Some/Sig
11.9	
Understands other people's views	No/Some/Sig
11.10	
Concrete / abstract thinking (optional)	No/Some/Sig
11.11	
Sexual Pre-Occupation Only answer this question where you have concerns about a risk of sexual harm	No/Some/Sig
11.12	
Offence Related Sexual Interests Only answer this question where you have concerns about a risk of sexual harm	No/Some/Sig
Identify thinking / behavioural issues contributing to risks of offending and harm. Please include any positive factors.	
11.1 - Level of interpersonal skills -	
11.2 - Impulsivity -	
11.3 - Aggressive/controlling behaviour -	
11.4 - Temper control -	
11.5 Ability to recognise problems -	
11.6 - Problem solving skills -	
11.7 - Awareness of consequences -	
11.8 - Achieves goals -	
11.9 - Understands other people's views -	
11.10 - Concrete/abstract thinking -	
Thinking / behaviour issues linked to risk of serious harm, risks to the individual & other risks	Yes/No
Thinking / behaviour issues linked to offending behaviour	Yes/No

12. Attitudes	
Questions may not be numbered sequentially due to the Assessment Layer chosen	
12.1	
Pro-criminal attitudes	No/Some/Sig
12.3	
Attitude towards staff (optional)	No/Some/Sig
12.4	
Attitude towards supervision / licence	No/Some/Sig
12.5	
Attitude towards community / society	No/Some/Sig
12.6	
Does the offender understand their motivation for offending (optional)	No/Some/Sig
12.8	
Motivation (to address offending behaviour)	Very Motivated/Quite Motivated/Not at All
12.9	
Hostile Orientation	No/Some/Sig
Identify issues about attitudes contributing to risks of offending and harm. Please include any positive factors.	
12.1 - Pro criminal attitudes -	
12.3 - Attitude towards staff -	
12.4 - Attitude towards supervision -	
12.5 - Attitude towards community/society -	
12.6 - Does the offender understand their motivation for offending -	
12.8 - Motivation to address offending behaviour –	
Attitudes linked to risk of serious harm, risks to the individual & other risks	Yes/No
Attitudes issues linked to offending behaviour	Yes/No

13. Health and other Considerations			
Questions may not be numbered sequentially due to the Assessment Layer chosen			
13.1			
General Health – Any physical or mental health conditions?	Yes/No		
13.2			
Electronic monitoring – any adverse impact to others?	Yes/No		
Is there a permanent electricity supply at the offender's address (optional)	Yes/No		
13.3			
Do any of the issues below affect availability or suitability for the proposed order, electronic monitoring or programme. If YES please explain in the box provided (optional)			
Issue	Community Order	Electronic Monitoring	Programme
Chronic health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current psychiatric /severe psychological problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning difficulties / low IQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Literacy problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need for interpreter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chaotic lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious or cultural requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transport difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitments: Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitments: Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care / carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.4			
Understands the importance of completing programmes (optional)	Yes/No		

Risk of Serious Harm Screening		
<p>R1–R5 R1 –R5 are screening checklists. All sections of this screening must be completed in all cases. The purpose is to identify whether the offender is likely to</p> <ul style="list-style-type: none"> • cause serious harm to others • cause harm to staff or prisoners • cause harm to themselves • be a risk in respect of escape / abscond, control or breach of trust <p>be a risk because of their vulnerability</p>		
Risk of Serious Harm Screening		
<p>R1–R5 R1 –R5 are screening checklists. All sections of this screening must be completed in all cases. The purpose is to identify whether the offender is likely to</p> <ul style="list-style-type: none"> • cause serious harm to others • cause harm to staff or prisoners • cause harm to themselves • be a risk in respect of escape / abscond, control or breach of trust <p>be a risk because of their vulnerability</p>		
Has the offender ever been convicted of any of the following offences	Current Offence	Previous Offence
Murder / attempted murder / threat or conspiracy to murder / manslaughter	<input type="checkbox"/>	<input type="checkbox"/>
Wounding / GBH (Sections 18/20 Offences Against the Person Act 1861)	<input type="checkbox"/>	<input type="checkbox"/>
Any sexual offence against a child(ren)	<input type="checkbox"/>	<input type="checkbox"/>
Rape or serious sexual offence against an adult	<input type="checkbox"/>	<input type="checkbox"/>
Any other offence against a child (see revised Appendix 1)	<input type="checkbox"/>	<input type="checkbox"/>
Aggravated burglary	<input type="checkbox"/>	<input type="checkbox"/>
Arson	<input type="checkbox"/>	<input type="checkbox"/>
Criminal damage with the intent to endanger life	<input type="checkbox"/>	<input type="checkbox"/>
Kidnapping / false imprisonment	<input type="checkbox"/>	<input type="checkbox"/>
Possession of a firearm with intent to endanger life or resist arrest	<input type="checkbox"/>	<input type="checkbox"/>
Racially motivated / racially aggravated offence	<input type="checkbox"/>	<input type="checkbox"/>
Robbery	<input type="checkbox"/>	<input type="checkbox"/>
Any offence involving possession and / or use of weapons	<input type="checkbox"/>	<input type="checkbox"/>
Any other offence which is as serious, eg blackmail, harassment, stalking, child pornography, child neglect, abduction etc. Indicate offence below	<input type="checkbox"/>	<input type="checkbox"/>
Any offence committed in a custodial setting	<input type="checkbox"/>	<input type="checkbox"/>
None of the above apply	<input type="checkbox"/>	<input type="checkbox"/>

R1.3		
Significant events On the information available to you has the offender ever	Current Offence	Previous Behaviour
Assaulted / threatened staff	<input type="checkbox"/>	<input type="checkbox"/>
Assaulted / threatened others	<input type="checkbox"/>	<input type="checkbox"/>
Domestic abuse towards a partner or other member of their family	<input type="checkbox"/>	<input type="checkbox"/>
Committed a serious offence whilst not complying with medication	<input type="checkbox"/>	<input type="checkbox"/>
Been involved in any hate-based behaviour	<input type="checkbox"/>	<input type="checkbox"/>
Been assessed as high risk of serious harm on a previous occasion	<input type="checkbox"/>	<input type="checkbox"/>
Been a conditionally discharged patient subject to a restriction order under Section 41 MHA 1983	<input type="checkbox"/>	<input type="checkbox"/>
Received an extended sentence	<input type="checkbox"/>	<input type="checkbox"/>
Been a stalker	<input type="checkbox"/>	<input type="checkbox"/>
Displayed obsessive behaviour linked to offending	<input type="checkbox"/>	<input type="checkbox"/>
Been involved in bizarre or ritualistic aspects linked to offending	<input type="checkbox"/>	<input type="checkbox"/>
Displayed any offence-related behaviour observed in a custodial setting	<input type="checkbox"/>	<input type="checkbox"/>
Displayed any inappropriate behaviour towards members of staff, visitors or prisoners	<input type="checkbox"/>	<input type="checkbox"/>
Established links or associations, whilst in custody, which increase risk of serious harm	<input type="checkbox"/>	<input type="checkbox"/>
Committed an offence involving excessive use of violence or sadistic violence	<input type="checkbox"/>	<input type="checkbox"/>
Have they ever perpetrated behaviours relating to group-based sexual exploitation	<input type="checkbox"/>	<input type="checkbox"/>
R1.4 Is the individual currently subject to a Civil or Ancillary Order?		<input type="checkbox"/>
Banning order		<input type="checkbox"/>
Civil injunction		<input type="checkbox"/>
Community protection notice		<input type="checkbox"/>
Criminal behaviour order		<input type="checkbox"/>
Domestic violence protection order		<input type="checkbox"/>
Domestic violence protection notice		<input type="checkbox"/>
Female genital mutilation order		<input type="checkbox"/>
Forced marriage order		<input type="checkbox"/>
Non-molestation order		<input type="checkbox"/>
Public spaces protection order		<input type="checkbox"/>
Restraining orders		<input type="checkbox"/>

Serious crime prevention order	<input type="checkbox"/>
Serious violence reduction order	<input type="checkbox"/>
Sexual harm prevention orders	<input type="checkbox"/>
Sexual risk order	<input type="checkbox"/>
Slavery and trafficking prevention and risk orders	<input type="checkbox"/>
Stalking protection order	<input type="checkbox"/>
Violent offender order	<input type="checkbox"/>

R2 Risks to children – screening

R2.3	Could the individual's behaviour and circumstances have a negative impact on a child's wellbeing?	Yes/No
Is the impact related to:		
R2.4i)	Identifiable children	Yes/No
R2.4ii)	Children in general	Yes/No

If you have answered YES to Children in general you must complete R6, serious harm analysis and, if the identity of the child(ren) is known, R7 as well.

R3 Risks to the individual – screening

From what you know about this offender have there been or are there currently any concerns about

R3.1	Risk of suicide	Yes/No/Don't Know
R3.2	Risk of self-harm	Yes/No/Don't Know
R3.3	Coping in custody / hostel setting	Yes/No/Don't Know
R3.4	Vulnerability	Yes/No/Don't Know

If you have ticked YES to any of the questions in R3 you must complete the relevant part of R8, unless the reason for not doing so is indicated in R5.2

R4 Other risks – screening

From what you know about this offender have there been or are there currently any concerns in relation to

R4.1	Escape / abscond	Yes/No/Don't Know
R4.2	Control issues / disruptive behaviour	Yes/No/Don't Know
R4.3	Concerns in respect of breach of trust	Yes/No/Don't Know

If you have ticked YES to any of the above questions you must complete R9, unless the reason for not doing so is indicated in R5.2

R4.4	Risks to other prisoners	Yes/No/Don't Know
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If you have ticked YES to the above question you must complete R6, unless the reason for not doing so is indicated in R5.2

R5 Other information – screening

R5.1	Is there anything else about the offender that leads you to consider that a full analysis should be completed. If YES, give details below	Yes/No

R5.2	If you have ticked YES to one of the questions above, you must now complete the associated section(s) of the full analysis to which the form directs you unless, in your judgment, there is a sound reason for not doing so, that you have set out below.

R6 Risk of Serious Harm Full Analysis
--

To be completed as indicated by R1, R2, R4.4, R5.1 or R8.4.1. The aim is to use all available information to assess whether the offender is likely to cause serious harm. Because of the services' duty of care when assessing risk in relation to staff and prisoners, assessors considering the risk of serious harm to these two groups will be concerned with both serious harm as defined above and harm that is less serious in impact.

R6.1 Current behaviour

Information in this section should include behaviour, predisposing factors and situational hazards concerning *most recent* behaviour / offence

Most recent behaviour / offence indicative of risk of serious harm

Offence details (take details from 2.1 as to what s/he did)
Where and when did s/he do it
How did s/he do it (was there any pre planning, use of weapon, tool etc)
Who were the victims (are there concerns about targeting, type, age, race or vulnerability of victim)
Was anyone else present / involved
Why did s/he do it (motivation and triggers)
Sources of information

R6.2 Previous behaviour

Information in this section should cover the behaviour, predisposing factors and situational hazards concerning *previous* behaviour / offences. If the offender has a long list of relevant previous convictions / behaviour please summarise key events.

Previous behaviour / offence indicative of risk of serious harm

What exactly did s/he do
Where and when did s/he do it
How did s/he do it (was there any pre planning, use of weapon, tool etc)
Who were the victims (were there concerns about targeting, type, age, race or vulnerability of victim)
Was anyone else present / involved
Why did s/he do it (motivation and triggers)
Sources of information

R7 Risk of serious harm to children whose identity is known – full analysis

Information which could put children at risk if disclosed to the offender must not be recorded in this section

To be completed if indicated by R2, if the offender is believed to pose a risk of serious harm to children whose identity is known, or if the offender is in close contact with named children who are at risk.

R7.1 Details of identifiable children

Consider carefully whether full information can safely be recorded.

This section is being completed because the individual’s behaviour and circumstances could have a negative impact on a child's wellbeing

Child 1

Name*		* Please ensure the Name is complete or enter ‘Non Disclosable’
Age		
Date of Birth		
Gender		
Address (if disclosable)		
Relationship to child	Parent / Carer / Grandparent / Sibling / Friend / Other family member / Other	
Individual has or is seeking contact	Yes/No	
I am worried about this child	Yes/No	
<i>If yes,</i>		
What are you worried about in relation to this child?		
Has this child ever been known to children’s services?	Yes/No/Action required – seek more information	

Early Help		Child in Need		Subject to a Child Protection Plan	
Current	<input type="checkbox"/>	Current	<input type="checkbox"/>	Current	<input type="checkbox"/>
Previous	<input type="checkbox"/>	Previous	<input type="checkbox"/>	Previous	<input type="checkbox"/>

If the child has been subject to a child protection plan, identify the category of abuse:

Current		Previous	
Neglect	<input type="checkbox"/>	Neglect	<input type="checkbox"/>
Physical	<input type="checkbox"/>	Physical	<input type="checkbox"/>
Sexual	<input type="checkbox"/>	Sexual	<input type="checkbox"/>
Emotional	<input type="checkbox"/>	Emotional	<input type="checkbox"/>

Brief details	
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Do you need to share information with children’s services? Consider whether you need to make a referral. Please follow the referral procedures set out by the local authority where the child lives.	Yes/No
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Print additional blanks of this page as required.

R8.1 Suicide and/or Self-harm	
To be completed if indicated by R3.1 and/or R3.2	
R8.1.1	
Suicide/Self-harm	
Are there any current concerns about suicide	Yes/No/Don't know
Are there any current concerns about self-harm	Yes/No/Don't know
If YES Describe circumstances, relevant issues and needs regarding current concerns (refer to sections 1-12 for indicators, particularly Section 10)	
R8.1.2 (if yes to R8.1)	
Is there a current ACCT (Assessment, Care in Custody and Teamwork?)	Yes/No
Book number	
R8.1.3	
Have there been any concerns about suicide in the past	Yes/No/Don't know
R8.1.4	
Have there been any concerns about self-harm in the past	Yes/No/Don't know
If YES Describe circumstances, relevant issues and needs if any. Say when the concerns arose.	
R8.2 Coping in custody/hostel setting	
To be completed if indicated by R3.3	
R8.2.1	
Are there any current concerns about coping in custody settings	Yes/No/N/A
Are there any current concerns about coping in hostel settings	Yes/No/N/A
If YES Describe circumstances, relevant issues and needs	
Are there any previous concerns about coping in custody settings	Yes/No/Don't know
Are there any previous concerns about coping in hostel settings	Yes/No/Don't know
If YES Describe circumstances, relevant issues and needs	

R8.3 Vulnerability

To be completed if indicated by R3.4

R8.3.1

Are there any current concerns about vulnerability (eg victimisation, being bullied, assaulted, exploited)	Yes/No/Don't know
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If YES Describe circumstances, relevant issues and needs

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R8.3.2

Have there been any previous concerns about vulnerability (eg victimisation, being bullied, assaulted, exploited)	Yes/No/Don't know
---	-------------------

--

If YES Describe circumstances, relevant issues and needs

--

R8.4 Risk of serious harm

R8.4.1

Do any of the above (R8.1 – 8.3) indicate a risk of serious harm to others. If YES complete the risk of serious harm analysis, R6

Yes/No

--

If YES Describe circumstances, relevant issues and needs

--

R9 Other risks – full analysis

R9.1 Escape and abscond

To be completed if indicated by R4.1

R9.1.1

Are there any current concerns about escape and abscond	Yes/No/N/A
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If YES - Describe circumstances, relevant issues and needs

--

R9.1.2	
Are there any previous concerns about escape and abscond	Yes/No/N/A
If YES - Describe circumstances, relevant issues and needs	

R9.2 Control issues / disruptive behaviour

To be completed if indicated by R4.2

R9.2.1	
Are there any current concerns about control and disruptive behaviour	Yes/No/Don't know
If YES - Describe circumstances, relevant issues and needs	

R9.2.2	
Are there any previous concerns about control and disruptive behaviour	Yes/No/Don't know
If YES - Describe circumstances, relevant issues and needs	

R9.3 Breach of trust

To be completed if indicated by R4.3

R9.3.1	
Are there any current concerns about breach of trust	Yes/No/Don't know
If YES - Describe circumstances, relevant issues and needs	

R9.3.2	
Are there any previous concerns about breach of trust	Yes/No/Don't know
If YES - Describe circumstances, relevant issues and needs	

RISK OF SERIOUS HARM SUMMARY

Risk of Serious Harm Summary

Summarise the risks you have identified in R6-R9. Consider both *current* and *future* risks. Include risks while the offender is in custody as well as on release. R11 should also be completed in the Risk Management section.

R10 Summary

R10.1 | Who is at risk

R10.2 | What is the nature of the risk

R10.3 | When is the risk likely to be greatest

Consider the timescale and indicate whether risk is immediate or not. Consider the risks in custody as well as on release.

R10.4 | What circumstances are likely to increase risk

Describe factors, actions, events which might increase level of risk, now and in the future

R10.5 | What factors are likely to reduce the risk

Describe factors, actions, and events which may reduce or contain the level of risk. What has previously stopped him / her?

R10.6 Risk

The assessor must use the information in R10. – R10.5 to indicate how likely the offender is to cause serious harm:

- to others
- to staff and/or prisoners
- to themselves
- be a risk in respect of escape/abscond
- be a risk in respect of control and/or breach of trust
- be at risk because of their vulnerability

PSR Stage

Assess both the risk of serious harm the offender poses in the community (including hostel setting and the risk the offender might pose if in custody (remand and/or sentenced)

Community Orders:

Assess the risk of serious harm the offender poses in the community but if there is evidence to indicate that they could pose a risk to anyone in prison this must be used in assessing the level of risk of serious harm.

Custody:

Assess the risk of serious harm the offender poses on the basis that they could **be released imminently back into the community. The length of the sentence left is not relevant to completion of this section**

Assess both the risk of serious harm the offender presents now, in custody, and the risk they could present to others whilst in a custodial setting

Low Risk of serious harm - current evidence does not indicate likelihood of serious harm.

Medium risk of serious harm - there are identifiable indicators of risk of serious harm. The offender has the potential to cause serious harm but is unlikely to do so unless there is a change in circumstances, for example, failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse.

High risk of serious harm - there are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious.

Very High risk of serious harm - there is an imminent risk of serious harm. The potential event is more likely than not to happen imminently and the impact would be serious.

Where an individual is assessed as being at medium, high or very high risk of serious harm, this MUST be followed through with a risk management plan.		
R10.6		
Risk	Risk in Community	Risk in Custody
Children	Low/Medium/High/Very High	Low/Medium/High/Very High
Public	Low/Medium/High/Very High	Low/Medium/High/Very High
Known Adult	Low/Medium/High/Very High	Low/Medium/High/Very High
Staff	Low/Medium/High/Very High	Low/Medium/High/Very High
Prisoners		Low/Medium/High/Very High

RISK MANAGEMENT PLAN	
R11 Management issues	
R11.1	
Has this case been referred to multi agency public protection management:	
MAPPA Level 2 management	Yes/No
MAPPA Level 3 management	Yes/No
If not, should this case be referred to multi agency public protection:	
MAPPA Level 2 management	Yes/No
MAPPA Level 3 management	Yes/No
R11.13	
Is this case eligible for Early Allocation?	Automatic early allocation / Discretionary early allocation / No

R11 Management Plan
R11.12
Further Considerations about Current situation
Supervision Who will they see, when and why? Include frequency of reporting and any engagement with community resources to build social capital and encourage desistance. Do they have support from family or friends? How can that be supported?
Monitoring and Control What restrictions will be in place to restrict their ability to offend? What steps can be taken to monitor the key risk factors in the case? How will that information be reported and collated and who by? Record here all licence conditions/community order requirements/PPM restrictions used to monitor the person or restrict their actions and movements. Not those related to programmes or victim protection.
Interventions and Treatment What interventions will be delivered to develop internal controls and build the protective factors that you have identified would reduce risk? What practical support will be offered? Is there a role for psychological treatment? When will intervention or treatment be delivered and by whom? What licence conditions/community order requirements/restrictions are required to support interventions and what steps need to be taken to implement these interventions?
Victim Safety Planning What restrictions are in place to specifically protect the victim, and those known adults or children assessed to be at risk from the Offender? Record all details of plans that protect them, being mindful about issues about disclosure. Licence conditions/community order requirements/restrictions related to named individuals or exclusion zones designed to protect specific victims should be recorded here.
Contingency Plans Contingency plans should be in the format ...if X happens we will do Y... What steps will be taken to address the circumstances that you have identified would increase the risk of serious harm if they take place? What will you do if parts of the plan were to break down? What will the response be to breach of licence conditions/community order requirements/restrictions? Who will take those actions and in what timescale? When developing contingency plans consider what role increased supervision, additional monitoring/control or greater intervention might play when a trigger is detected. Additionally consider whether following the trigger greater protection is needed for those named individuals or groups at risk.

Additional Comments

Summary Sheet**Criminogenic Needs Summary and Section Scores**

OASys Section	Linked to Risk of Serious Harm	Linked to Risk of Reoffending	Criminogenic needs	Low Scoring Areas Need Attention*	Identified on SAQ
3. Accommodation	Y/N	Y/N	Y/N	Y/N	Y/N
4. ETE	Y/N	Y/N	Y/N	Y/N	Y/N
5. Finance	Y/N	Y/N	Y/N	Y/N	Y/N
6. Relationships	Y/N	Y/N	Y/N	Y/N	Y/N
7. Lifestyle and Associates	Y/N	Y/N	Y/N	Y/N	Y/N
8. Drug Misuse	Y/N	Y/N	Y/N	Y/N	Y/N
9. Alcohol Misuse	Y/N	Y/N	Y/N	Y/N	Y/N
10. Emotional Well being	Y/N	Y/N	Y/N	Y/N	Y/N
11. Thinking and behaviour	Y/N	Y/N	Y/N	Y/N	Y/N
12 Attitudes	Y/N	Y/N	Y/N	Y/N	Y/N

* Reasons for Low Scoring Areas needing attention should be included on a continuation sheet.

Predictor Scores % and Risk Category

	Year 1 %	Year 2 %	Category
OGRS - Offender Group Reconviction Scale			Very High / High / Medium / Low
OGP Probability of proven non-violent reoffending			Very High / High / Medium / Low
OVP Probability of proven violent-type reoffending			Very High / High / Medium / Low
RSR - Risk of Serious Recidivism			Very High / High / Medium / Low
OSP Indecent Image and Indirect Contact Reoffending Risk score:			High / Medium / Low
OSP Direct Contact Sexual Reoffending Risk score:			Very High/High/ Medium/Low

Likelihood of serious harm to others

The full risk of serious harm analysis indicates the following risk:

Risk	Risk in Community	Risk in Custody
Children	Low/ Medium/ High	Low/ Medium/ High
Public	Low/ Medium/ High	Low/ Medium/ High
Known Adult	Low/ Medium/ High	Low/ Medium/ High
Staff	Low/ Medium/ High	Low/ Medium/ High
Prisoners		Low/ Medium/ High

Current concerns about:	Yes <input checked="" type="checkbox"/>
Risk of suicide	<input type="checkbox"/>
Risk of self-harm	<input type="checkbox"/>
Coping in custody / hostel setting	<input type="checkbox"/>
Vulnerability	<input type="checkbox"/>
Escape / abscond	<input type="checkbox"/>

Control issues	<input type="checkbox"/>
Breach of trust	<input type="checkbox"/>

Review Sentence Plan	
Review number	
Review date	

1. Compliance and Behaviour	Yes	No
Has the offender complied with requirements of contact?	<input type="checkbox"/>	<input type="checkbox"/>
Has the offender complied with other requirements of licence/order?	<input type="checkbox"/>	<input type="checkbox"/>
Number of acceptable absences to date		
Number of unacceptable absences to date		
Has a formal warning been given?	<input type="checkbox"/>	<input type="checkbox"/>
Has breach action been taken?	<input type="checkbox"/>	<input type="checkbox"/>
Have there been any discipline issues?	<input type="checkbox"/>	<input type="checkbox"/>
Have there been any warnings as to the offender's behaviour?	<input type="checkbox"/>	<input type="checkbox"/>
Has the offender refused a Mandatory Drug Test (MDT)?	<input type="checkbox"/>	<input type="checkbox"/>
Has the offender had a positive MDT?	<input type="checkbox"/>	<input type="checkbox"/>
Has there been a successful ROTL?	<input type="checkbox"/>	<input type="checkbox"/>
Have there been any proven adjudications?	<input type="checkbox"/>	<input type="checkbox"/>
Level under the incentive and earned privileges scheme		
Details		

2. Re-offending	Yes	No
Has the offender been cautioned during this period?	<input type="checkbox"/>	<input type="checkbox"/>
Has the offender been charged with any further offences during this period?	<input type="checkbox"/>	<input type="checkbox"/>
Has the offender been convicted of further offences	<input type="checkbox"/>	<input type="checkbox"/>
Details		

3. Motivation, capacity to change and positive factors		
Has the offender's motivation changed during this period?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How much is the offender motivated to address offending behaviour?	Not at all / Quite Motivated / Very Motivated	
Has the capacity to change and reduce offending changed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", how?		

Indicate the work carried out so far

Indicate further work needed to increase the offender's motivation
Factors that may inhibit change
Positive factors which have been achieved
Positive factors to be maintained or developed

4. Victim issues (from Section 2)
What work has been done in this area?
What is still required?

5. Discrimination Issues – if applicable (relevant to both the offender's experience of discrimination and the offender's discriminatory behaviour)
5.1 What work has been done in this area?
5.2 What is still required?

6.3 Accredited Programmes					
Programme attended	Completed	Not completed	Programme objectives fully achieved / partially achieved / not achieved	Report available	Report not available
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Sentence Plan Objective

Objective Category		
Objective – what are you trying to achieve		
Relevant OASys items		
1		
2		
3		
4		
How will you measure any progress made		
Objective Status	Not Started/Ongoing	

Action		
Who will do the work		
Work/Review Timescale	1/16Weeks 1/3/6/12 Months	

Status	Not started/Ongoing	

Sentence Plan Objective

Objective Category		
Objective – what are you trying to achieve		
Relevant OASys items		
1		
2		
3		
4		
How will you measure any progress made		
Objective Status	Not Started/Ongoing	

Action		
Who will do the work		
Work/Review Timescale	1/16Weeks 1/3/6/12 Months	
Status	Not started/Ongoing	

Sentence Plan Objective

Objective Category		
Objective – what are you trying to achieve		
Relevant OASys items		
1		
2		
3		
4		
How will you measure any progress made		
Objective Status	Not Started/Ongoing	

Action		
Who will do the work		
Work/Review Timescale	1/16Weeks 1/3/6/12 Months	
Status	Not started/Ongoing	

7.2 Liaison Arrangements (who else is involved with the case)

7.3 Arrangements for supervision

8.0 Case comments

Do you agree with the plan (if no explain why below)

Do you have any other comments on the plan

Name

Has the case signed the plan

Date signed

9.0 Do you have any other comments on this plan

Who contributed to this plan

Assessor Signature		Date	/ /
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and if required

Countersigner Signature		Date	/ /
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Date

SKILLS CHECKER

When did you leave school

Implications for recommendations

Do you have any certificated from work

Implications for recommendations

Have you got any qualifications and certificates

Implications for recommendations

Are you currently employed

Can you use a PC. If yes what can you do

Implications for recommendations

Do you feel comfortable handling money, understanding and paying bills

Implications for recommendations

Use a note pad and write down your name, address and telephone number

Implications for recommendations

Overall impression during interview (score between 1 – 10)

Final score