



National Offender Management Service

Process for Community Rehabilitation Companies to refer cases in custody or the community to National Probation Service for Risk Review, including escalation.

This instruction applies to:-		Reference:-
Providers of Probation Services Prisons		PI 57/2014 PSI 41/2014
Issue Date	Effective Date	Expiry Date
30 November 2019 1 st Revision	24 October 2014	31 October 2016
Issued on the authority of	NOMS Agency Board	
For action by (who is this instruction for)	<p>All managers and staff responsible for implementation and monitoring of these revised procedures in:</p> <ul style="list-style-type: none"> <input type="checkbox"/> NOMS HQ <input checked="" type="checkbox"/> Public Sector Prisons <input checked="" type="checkbox"/> Contracted Prisons* <input checked="" type="checkbox"/> Governors <input checked="" type="checkbox"/> National Probation Service (NPS) <input checked="" type="checkbox"/> Community Rehabilitation Companies(CRC) <input checked="" type="checkbox"/> NOMS Rehabilitation Contract Services Team <input type="checkbox"/> Other Providers of Probation and Community Services <p><i>* If this box is marked, then in this document the term Governor also applies to Directors of Contracted Prisons</i></p>	
Instruction type	Service improvement	
For information	All NPS, CRC, Public Sector Prisons and Contracted Prisons staff.	
Provide a summary of the policy aim and the reason for its development / revision	<p><u>Update November 2019</u> – This instruction has been updated to reflect the unification of Offender Management beginning in Wales on the 30th November 2019. A paragraph has been inserted at 1.4 to confirm NPS responsibilities following unification.</p> <p>A key principle of the Rehabilitation Programme, outlined in the extant Target Operating Model, is that all offenders who pose a high Risk of Serious Harm (RoSH) are managed by the NPS (National Probation Service). This Instruction provides mandatory requirements for CRCs, Prisons and NPS to ensure that cases where there are concerns that RoSH may have increased to high are referred by CRCs to NPS for review without delay.</p> <p>An Instruction is being developed to provide a similar process for Prison initiated referrals, in those custody cases that do not fall within the criteria for a CRC initiated referral. In the interim, Prisons will continue to use the current OASys based escalation process for offenders in custody not covered by this Instruction (ie offenders sentenced to imprisonment for 12 months or over, who are not within</p>	

	<p>12 weeks of release) and will manage RoSH in accordance with the Public Protection Manual and the requirements of the Manage the Custodial and Post release Periods service specification.</p> <p>Note: in this Instruction any reference to a 'CRC' in relation to the management of a <u>custodial</u> case is a reference to the Home CRC to which an offender has been allocated.</p>
<p>Contact</p>	<p>NOMSOffenderManagement@NOMS.gsi.gov.uk</p>
<p>Associated documents</p>	<p>National Delius TR Briefing Note 03 (2014) on interim recording arrangements for Risk Review. PI 05/2014 PSI 14/2014 Case Allocation outlines the mandatory process for NPS to use when informing CRCs of a requirement to refer specified cases for review. NOMS RoSH Guidance (2009) and Supplement to RoSH guidance (2014)– EPIC PI 07/2014 Case Transfers HMPS Public Protection Manual v4.0 (Jan 2009)</p>
<p>Replaces the following documents which are hereby cancelled: PI 08/2014 Process for Community Rehabilitation Companies to refer cases in custody or the community to National Probation Service for Risk Review, including escalation.</p>	
<p>Audit/Monitoring: Director of NPS in England, Director of NOMS in Wales, and NOMS Director of Rehabilitation Services for CRCs will monitor compliance with the mandatory requirements in this instruction.</p> <p>Deputy Directors of Custody and Controllers will monitor compliance with the mandatory actions set out in this Instruction.</p> <p>NOMS contract management will hold providers to account for delivery of mandated instructions as required in the contract.</p>	
<p>Notes: <i>All Mandatory Actions throughout this instruction are in italics and must be strictly adhered to.</i></p>	

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1	Executive Summary	All managers and staff in CRCs and Prisons who manage offenders subject to community orders, suspended sentence orders, and custodial sentences (pre- and post- release). All managers and staff in NPS who are responsible for Risk Reviews and/or who manage offenders subject to community orders, suspended sentence orders and custodial sentences (pre- and post-release).
2	Operational Instructions	
Annex A	Risk Review Document Set <ul style="list-style-type: none"> • Risk Escalation Decision Tree 	

1. Executive Summary

Background

- 1.1 This Instruction sets out the mandatory instructions for:
- a) CRC offender managers to escalate CRC Allocated cases to NPS where they have concerns that the RoSH level of an offender that they are managing in custody or the community has increased to high
 - b) CRC offender managers to refer CRC Allocated cases to NPS, when requested to do so at case allocation stage, where case specific circumstances have been identified by NPS at allocation stage; by a specified date and/or if those circumstances materialise
 - c) NPS staff to consider whether the RoSH level of an offender referred to them, in accordance with a) or b) has increased to high and, if so, to assume management of the case.
 - d) Prison staff to continue to share information with CRC offender managers (and subsequently with NPS if necessary) where they have concerns that the RoSH level of an offender eligible for risk escalation by a CRC may have increased to high.
- 1.2 During any period in custody or under statutory supervision in the community, it is likely that the behaviour of an offender will change. In many cases such behavioural changes will be positive, as the offender engages with interventions and services, and takes steps to avoid offending. In other cases, however, the behaviour of offenders may deteriorate, either in ways that had been anticipated as possible at the point of allocation, or in new ways that had not been anticipated. For many, this may be a minor or temporary deterioration which is amenable to prompt remedial action and will not pose an increase in RoSH to the point where it requires escalation. For some, however, particularly those with a previous history of causing serious harm, a significant deterioration in behaviour may indicate the possibility of an increase in RoSH to high. That means that the offender could commit 'at any time' an offence that would be 'life-threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible' (NOMS RoSH Guidance Summary Sheet- EPIC). Factors other than the current behaviour of the offender may be significant in some cases, including those where the vulnerability of victims or the effectiveness of external controls fluctuate over time, or where hitherto unknown information about previous behaviour comes to light. In custody, indications of increased RoSH may necessitate use of prison public protection procedures. In the community, indications of increased RoSH may have involved serious further offending, and/or a need for recall to prison, in which cases practitioners will utilise the separate Recall and/or SFO reporting procedures alongside Risk Escalation.
- 1.3 Additionally, there may be some cases where, at the point of allocation, the NPS is concerned that, in a case where they have assessed RoSH as on the threshold of medium and high, RoSH would significantly increase if certain case specific circumstances were to occur or recur. In these cases the NPS may at allocation require the CRC to refer the case back for NPS review by a specified date, and/or if those case specific circumstances occur. The fact that such a referral had been requested would not obviate the need for an earlier referral, for risk escalation purposes, if the CRC believed that other significant risk factors had become apparent and/or RoSH had already increased to High.

- 1.4 From 30th November 2019, all offenders residing in Wales will be managed by the NPS. As such, arrangements for Community Rehabilitation Companies to refer cases to the National Probation Service for Risk Review, including escalation are no longer required for those offenders residing in Wales. In circumstances where an offender supervised by a CRC in England transfers to the NPS in Wales alongside a corresponding risk escalation, the requirements mandated in this PI must be followed alongside the requirements detailed in PI 07/2014.

Desired outcomes

- 1.5 That the cases of offenders allocated to CRCs, in custody or the community, where there are concerns that RoSH has increased to high, are escalated to the National Probation Service for review and that other cases where the NPS had significant concerns at allocation stage are referred by the CRC to the NPS, by a specified date and/or if certain case specific circumstances arise.
That referred cases are reviewed by the National Probation Service and are transferred to the National Probation Service where RoSH has increased to high.

Application

- 1.6 Offender Managers, case administrators and line managers in NPS, CRCs and Prisons are required to read this instruction so that they are familiar with the mandatory actions required, and the referral and review processes set out in [Annex A](#).

CRCs will be responsible for undertaking the mandatory actions set out in the paragraph below, in respect of the following offenders that have been allocated to their CRC:

- Offenders subject to community orders, suspended sentence orders, and post-release licence/post sentence supervision
- Offenders in custody sentenced to under 12 months (to apply once Sections 1 and 2 of Offender Rehabilitation Act 2014 have been commenced)
- Offenders in custody sentenced to 12 months and over who are within 12 weeks of release
And exceptionally
- Offenders in custody sentenced to 12 months and over where the CRC has received information of concern, and their knowledge of the offender and his or her risk profile is sufficient to enable them to form the view that the offender's RoSH may be increasing to High

In respect of the mandatory action relating to provision of a risk referral at the request of the NPS at case allocation stage - CRCs will be responsible (in line with PI 05/2014 Case Allocation) for this action in respect of all CRC allocated cases irrespective of sentence type.

Mandatory actions

- 1.7 *Staff who manage offenders must, using the procedures in the attached guidance, and within any timescales that may be set from time to time:*

CRCs

- *be alert to the potential significance of changes in offenders' behaviour, thinking and attitudes; the vulnerability of potential victims and the controls available to restrict the ability or motivation of the offender to cause serious harm to others*

- where such changes occur, consider those risk factors and the controls and interventions that can be put in place to manage them, to determine whether there are indications that the RoSH posed by the offender may have increased to high and therefore requires escalation to NPS
- ensure that, in custody cases, information about potential increase in RoSH is shared, and the potential escalation discussed, with a Prison Offender Supervisor
- speak to a NPS Single Point Of Contact in the Division covering the relevant CRC area about the case so they are aware of a potential referral and ensure staff availability to discuss the referral once it has been made
- refer cases where there are concerns that RoSH has increased to high, to the NPS Division which covers the relevant CRC area, using the Referral section of the Risk Review Form located in N Delius providing full information, and (for community order, suspended sentence order and post-release licence and post sentence supervision cases), within one working day of the CRC forming the opinion that RoSH may have increased to high) or
- provide the NPS, (following consultation with an Offender Supervisor in custodial cases), with a completed Risk Review Form where the NPS has asked for a case to be referred back to it for a review of the RoSH level if case specific factors have occurred and/or on a specific date
- where immediate public and child protection concerns arise, take immediate appropriate action to mitigate RoSH, including contacting the police or other relevant emergency service
- maintain full responsibility for the case, taking all action needed to protect the public, together with partner agencies (e.g. Children's Services) until such time as the NPS confirms that RoSH is high and the case should therefore be transferred
- contribute through discussion and provision of information to the transfer of the case to the NPS, if applicable
- inform all relevant parties (including the Prison offender supervisor for custody cases) of the outcome of the referral and where necessary the contact details for the NPS office which will manage the offender, within one working day of the decision being received from NPS
- review plans for managing the offender at low or medium RoSH where a decision has been made by the NPS that the case is not a high RoSH case and should therefore remain allocated to the CRC
- initiate transfer using N Delius within one working day of a NPS decision that a case should be transferred

Prisons

- notify the CRC Offender Manager of any concerns that indicate the RoSH of an offender in custody, in the categories set out in 1.5 above, may have increased to high
- provide the CRC and/or the NPS with any further information that is necessary in order to undertake a risk referral and review
- discuss and agree with the CRC Offender Manager any additional actions that are needed to manage RoSH in custody cases that are subject to risk escalation

NPS (in all cases referred using the Risk Review Form)

- assess whether the case is a high RoSH case and record the decision using the Risk Review Form within one working day
- where the assessed RoSH level is confirmed as high, assume management of high RoSH cases forthwith
- inform the referrer of the outcome of the referral using the Risk Review Form in N-Delius and, where a case is not assessed as a high RoSH case provide the rationale for the decision together with any request for a further referral

- *consider and action a MAPPA referral in appropriate cases that have been assessed as high RoSH*
- *review the Plans of all offenders transferred to NPS as a result of a risk review*

CRC and NPS

- *share information securely with each other, in line with Data Protection Act principles, and record key actions in N-Delius/P-Nomis as applicable*
- *undertake a telephone discussion (initiated by NPS) of an escalation referral, once made, to aid NPS decision making*
- *ensure that victim liaison officers are appropriately consulted and informed of decisions made regarding the escalation and transfer of cases in which they have an interest*
- *maintain engagement with other agencies e.g. Safeguarding agencies throughout the risk review process*
- *work to ensure a smooth transition to NPS management of relevant cases to maximise the chance of sustained offender engagement*
- *undertake periodic monitoring of the working of the process, both within each NPS Division, led by the ACO Public Protection, and nationally, to ensure that appropriate cases are referred and transferred and that the process is being applied objectively and proportionately*
- *undertake to resolve any disputes constructively and without delay, using the procedures stipulated in the CRC Contract Services Agreement*

Note:

When the case of an offender serving a prison sentence of 12 months and over is referred for risk escalation, a decision by the NPS that the offender is high RoSH means that the NPS then takes responsibility under Phase 2 of the Offender Management Model for assessment and sentence planning/review in custody as well as subsequent management of the post-release licence and post sentence supervision.

Resource Impact

- 1.8 The arrangements set out in this instruction have been developed within the Transforming Rehabilitation Programme in order to support CRC contractual requirements and NPS service level agreements. The resource impact of these processes is contained within the wider final resource estimation of the total costs of implementing the Transforming Rehabilitation Programme.

I.T.

- 1.9 The existing Risk Review form in N Delius will be amended in line with this Instruction. It will ask for details of the offender supervisor in custody cases and will clarify that information only needs to be provided separately where it is not already available on the N Delius system.

(Approved for publication)

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2. Operational Instructions

- 2.1 [Annex A](#) contains the full set of Risk Review documents, including Decision Tree and the detailed guidance for identification, referral and review of cases, including emergency procedures.
- 2.2 The Risk Escalation Decision Tree can be accessed [here](#) for ease of reference.

Transforming Rehabilitation

Risk Review Guidance

This guidance covers Risk Review of cases in custody and community referred to NPS by CRCs,

November 2014

Risk Review Documents

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Introduction

Allocation of cases between the National Probation Service (NPS) and the Community Rehabilitation Companies (CRCs) is broadly based on the principle that cases with the highest risk of seriously harmful reoffending are managed by the NPS. The specific methods by which that harm is defined are: the new actuarial Risk of Serious Recidivism (RSR) score; Multi-Agency Public Protection Arrangements (MAPPA) eligibility; OASys Risk of Serious Harm (RoSH) assessment; and other indicators that fall under a 'public interest' definition. Assessment of RoSH using OASys definitions¹ is the subject of this set of documents on Risk Review.

In relation to the assessment of RoSH, the key impact of the new structures is the need to ensure that those who cannot be managed at a medium or low RoSH level are managed in the NPS, whether they are in custody or the community. **Risk Review is the mechanism for identifying whether RoSH has increased to high and that therefore transfer of a case from a CRC to the NPS is required².** It involves the NPS undertaking a review of information about RoSH, provided by the CRC, so as to make a decision about whether RoSH is high.

Risk Escalation is the process by which a case that is allocated to a CRC that is thought by the CRC to now pose a high RoSH can be referred to the NPS for a Risk Review and potential transfer.

Identification for Risk Review refers to scope for the NPS to identify at the point of allocation a case that should be returned for later Risk Review.

The changes that are being introduced **build on the best of our risk assessment and management practice whilst also using newer techniques**, particularly to focus on accurately identifying cases that are on the threshold of medium and high RoSH.

Specifically, **the RSR tool provides an accurate measure of the likelihood of offenders committing seriously harmful offences.** This is relevant to Risk Review, because, where an RSR score is available to CRCs (and we are taking steps to make it available for Prisons also in due course) it will provide a baseline for identifying RoSH. The data evaluation underpinning the RSR tool demonstrated the added predictive value that a combination of clinical and actuarial assessment of serious harm can provide. However, it also demonstrated that for cases with a low RSR score (under 3% likelihood across 24 months) the RoSH level of the offender made comparatively little difference to actual reoffending. For this reason,

¹ In this document, the term 'Risk of Serious Harm' or 'RoSH' refers to recognised OASys definitions, both in relation to what constitutes 'serious harm' and the levels of that harm (Low, Medium, High, Very High).

² Where relevant, reference to 'high RoSH' should be understood to imply both high and very high RoSH.

it is important that **account is taken of all available information, both static and dynamic**, when reviewing risk of Serious Harm.

The new processes are grounded in the principle that **accurate, objective risk assessment practice requires more than one perspective**, and a working environment in which routine approaches and cultural norms are constructively challenged and questioned. There is no intention to build in unnecessary bureaucracy or risk aversion. Countersignature points are designed to ensure clear lines of accountability, just as currently applies to OASys based decisions about whether a high RoSH exists. Practitioners should use discussions with colleagues and their manager as appropriate to assist them clarify their own judgement about whether RoSH is increasing; what can be done to mitigate RoSH, and whether RoSH has increased to high and therefore requires a referral for NPS risk review.

There is **increasing evidence of the phenomenon of ‘unconscious bias’³**; those prejudices and biases which can negatively impact on our decisions and interactions unless they are consistently and actively identified and addressed. Equalities data monitoring at key stages in the processes will be in place to identify any disproportional impact of assessment practice, but it is shared, open-minded practice and working habits across the NPS, CRCs and Prisons that will promote assessment based on sound evidence and thereby avoid disproportionate impact on protected groups.

This set of documents is intended to provide information about the high-level design of the new processes relating to Risk Review, as well as guidance to support effective implementation.

Section 1: Risk Review; explains what Risk Review is and is not, and addresses issues relating to case transfer. Attention is paid to re-stating the threshold between medium and high RoSH and the factors relevant to the judgement between the two. The “Analysis of Risk of Serious Harm reference checklist”, is a document aimed at capturing the sorts of questions that a comprehensive RoSH assessment will be able to answer. Its inclusion is as a marker or reference point for these critical questions. Finally, this section includes step-by-step guidance for completing the Risk Review Form which is incorporated into National Delius.

Section 2: Risk Escalation; explains the process of risk escalation with a decision tree and accompanying flowchart guide. Further guidance on the identification of high RoSH is included, with the intention of both capturing well-established practice principles, and building in the desistance principle that offenders have strengths and resources (as well as risks and needs) which can be used to mitigate RoSH. Finally, this section includes ‘emergency’ scenarios in the community and custody in which it may not be possible / appropriate to follow the standard process for Risk Escalation. (It is acknowledged that prisons have established procedures for responding to emergency situations e.g. abscond/escape)

³ See for example: Long-term reduction in implicit race bias: A prejudice habit-breaking intervention; Patricia G. Devine, Patrick S. Forscher, Anthony J. Austin 1, William T.L. Cox; Journal of Experimental Social Psychology 48 (2012) 1267–1278

Section 3: Identification for Risk Review; explains the scope for the NPS to identify at the point of allocation a case that, due to specific case circumstances that would mean the difference between medium and high RoSH, should be returned by the CRC for later Risk Review.

1. Risk Review

Risk Review is the National Probation Service (NPS) activity of thoroughly reviewing relevant documentation in relation to a case held by a Community Rehabilitation Company (CRC), whether in custody or the community, with the purpose of deciding whether Risk of Serious Harm (RoSH) is high.

The review is conducted as a result of a referral by a CRC based on the types and stages of the offender's sentence at which they are taking the greater responsibility for sentence planning and identification of factors associated with RoSH.

For offender managers in CRCs this will be offenders

- at all stages of a community sentence or post-release licence and post sentence supervision
- in custody sentenced to under 12 months imprisonment
- in custody and within 12 weeks of conditional release date
- where the CRC has received information of concern and their knowledge of the offender and his or her risk profile is sufficient to enable them to form the view that the offender's Risk of Serious Harm may be increasing to High

This means that offender supervisors in Prisons, who have responsibility for the OASys of offenders other than those referred to above will use their OASys assessment to alert NPS to cases that require Risk Review. As now, this should involve case discussion between offender supervisor and offender manager.

However, it is important to note that these definitions must not preclude either CRC or Prisons from taking immediate action to manage RoSH where there are emergency concerns in any case.

The referrer provides the necessary documentation and is involved in the review through professional discussion.

A Risk Review by the NPS is not a new assessment. It is a decision based on existing assessments and any relevant new information. It does not for example include an interview with the offender.

There are **three possible outcomes** of a Risk Review:

- A decision that RoSH has become high - the NPS accepts the case and transfer is arranged between CRC and NPS
- A decision that RoSH can be managed at medium - the case remains allocated to the CRC. The NPS escalation function has no advisory role in

relation to the ongoing management of the RoSH by the CRC and/or Prisons and does not specify actions that must be taken

- In cases where the NPS has concerns that the situation may deteriorate despite additional activity to manage the RoSH, the NPS reviewer can decide that RoSH can be managed at medium but also identify a later point at which the case must be returned for a further Risk Review

Risk Review must be undertaken by NPS without delay and their decision must be made within one working day from receipt of referral in respect of cases in the community. At conclusion of the Review, the NPS reviewer completes the decision section of the Risk Review Form and returns it to the referrer, who will be responsible for informing relevant others, of the outcome where necessary . The Form confirms the decision and outlines the rationale.

The Risk Review Form is contained in National Delius. .The step-by-step guidance to completion is important; it makes clear what is required in each section and what questions the referrer needs to address where they are relevant.

The threshold between Medium and High RoSH

a) Definitions

The NPS reviewer's decision as a result of Risk Review will be based on the following definitions, drawn from the OASys manual.

The term **Serious Harm** refers to an event which is life threatening and/or traumatic and from which recovery, whether physical or psychological, can be expected to be difficult or impossible.

In the case of both Medium and High Risk of Serious Harm, "identifiable indicators of risk of serious harm" are present.

In the case of **Medium Risk of Serious Harm**, the person has "the potential to cause serious harm but is unlikely to do so unless there is a change in circumstances".

The assessment of **High Risk of Serious Harm** relies on evidence that "the potential event could happen at any time".

In other words, there are sufficient factors in place to indicate serious harm could happen at any time and insufficient factors in place to stop it happening.

When deciding on the level of presenting RoSH, attention will be given to **three key dimensions**:

1. The relative **impact** or harm of the offence – what exactly might happen, to whom, under what circumstances?
2. The relative **likelihood** that a seriously harmful act will occur
3. The timeframe within which it is likely to happen (**imminence**)

High Risk of Serious Harm is present when, taking into account, the presence of acute factors; the vulnerability of potential victims; the availability of interventions and controls to manage risk and the motivation of the offender:

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

b) Threshold cases

The following additional consideration will be relevant in cases where strong arguments can be made for the judgement either of 'medium' or 'high' risk of serious harm - ***What impact is transfer from CRC to NPS likely to have on the level of RoSH?***

Benefits of transfer might be:

- a) Access to multi-agency arrangements specifically targeted towards managing high or very high risk of serious harm, including the co-ordination of restrictive interventions to protect potential victims
- b) Access to enhanced levels of NPS intervention and supervision to those posing a high or very high risk of serious harm

Risks of transfer might be:

- a) Disruption of existing risk management activities
- b) Discontinuity of working relationships

If a change of circumstances (such as the disruption of working arrangements) looks likely to increase the risk of serious harm in a threshold case, a judgement may be taken that transfer to the NPS is not appropriate. The conclusion of medium risk of serious harm is based in this instance on confidence in the robustness of existing risk management activities (including restrictive controls) and the positive impact of current working relationships. If, on the other hand, current arrangements do not appear sufficient to manage the risks posed, and the benefits of transfer outweigh the risks, the case would be assessed as posing a high risk of serious harm.

Transfers

An NPS decision, via Risk Review, that Risk of Serious Harm (RoSH) is high, means that the case (whether in custody or the community) must be transferred to the NPS.

An important principle on which case transfer is based is that the organisation with responsibility for risk management of an offender maintains that responsibility until the point of transfer. This equally applies to the Risk Escalation process; in this case, the point at which the NPS decides the RoSH is high is the point at which the NPS assumes responsibility for management of the case.

Arrangements for transfer should focus on continuity of provision and of working relationships. It is important that messages to the offender about what is happening and what it will entail are clear and consistent from all those working with them. Similarly, it is important that contact with other professionals, including those supporting victims (e.g. as part of the Discretionary Victim Contact Scheme) and contact with others involved with the offender (e.g. family members) is consistent and fosters trust in the robustness of the arrangements to manage the presenting risks during case transfer. Cases subject to Risk Review may well

involve concerns about the welfare of children and case transfer arrangements must ensure that Child Safeguarding plans are not undermined.

In many cases the CRC is likely to continue providing interventions for the offender, creating opportunity to structure a handover plan that maximises continuity in working relationships. For example, key worker support could continue seamlessly during the transition of offender management responsibilities, and it may be that the Offender Manager in the CRC continues to provide some interventions. It is essential that, during transfer and beyond, the key professionals in both the CRC (and in prisons where the offender is in custody) and the NPS commit to working collaboratively on achieving the aims of the sentence, with a clear focus on reducing the risk of serious harm.

An important part of the design of the new system is that cases can transfer from a CRC to the NPS when they need to, but will not return to the CRC during current sentence. The rationale is the need to avoid repeat and unnecessary transfers between CRCs and the NPS as RoSH changes.

Referrals to MAPPA

MAPPA Category 3 referrals will be completed by the NPS and not by CRCs, whatever the circumstances. The rationale is to ensure a single, consistent process for transfer of cases to the NPS, rather than building in an alternative route via MAPPA. In any case where the referrer thinks a MAPPA referral is required, the appropriate route is via the Risk Escalation process, for this to be followed up by the NPS. Much of the information contained in the Risk Review form will be easily transferred to the MAPPA referral form. The referrer is likely to be required to attend initial MAPPA meetings as part of the handover if the offender is registered at Level 2.

Risk management when RoSH is not High

In those cases where the NPS, having completed a Risk Review, identifies that the risk posed by the offender can be managed at a medium RoSH, the Prison or CRC according to the type and stage of sentence will retain responsibility for ongoing risk management.

The risk management process will not have stopped as a result of the Risk Escalation process and so the CRC OM (and/or the OMU where the offender is in custody) will continue to implement the external controls, both restrictive and rehabilitative, which are identified as important and work with the offender to develop their own strategies to reduce risk.

Analysis of Risk of Serious Harm reference checklist

Information Gathering	
Working collaboratively with the offender to jointly investigate and understand patterns of risky behaviour helps to support reductions in risk and to more accurately gauge the likelihood and imminence of risk of serious harm (RoSH)	
What do I know about the person and the behaviour in relation to past incidents?	
What is the history of this person causing serious harm to others?	<ul style="list-style-type: none"> ➤ Previous convictions ➤ Incidents, reported and unreported to the police or other services
What is the pattern of past behaviour in relation to:	<ul style="list-style-type: none"> ➤ Behaviour that caused serious harm ➤ Behaviour that caused direct physical or psychological harm to others that does not meet the definition of 'serious harm' ➤ Other offending behaviour or offence paralleling behaviour in custody ➤ Behaviour that was concerning in relation to serious harm ➤ Behaviour that was concerning in relation to direct physical or psychological harm that does not meet the definition of 'serious harm' ➤ Behaviour that was concerning in relation to other offending
To what extent does behaviour that has put others at risk of physical or psychological harm, including serious harm appear to have been generated from a sense of negativity towards:	<ul style="list-style-type: none"> ➤ Others (e.g. blaming others; retaliation for perceived injustice; power and control; hate) ➤ Self (e.g. reckless or self-sabotaging behaviours) ➤ Neither (e.g. thrill seeking behaviour)

What patterns emerge in relation to each incident in which <u>serious harm</u> was caused to others?	
What were the circumstances of the behaviour in terms of:	<ul style="list-style-type: none"> ➤ Time ➤ Location ➤ Who was present ➤ Whether it was planned or impulsive ➤ Characteristics of the victim(s), including vulnerability ➤ Nature of the relationship to the victim (including whether they live nearby, whether they have friends in common, were in the same prison etc.) ➤ Recent history of the relationship with the victim (e.g. offender befriending the victim, offender in arguments with the victim) ➤ Whether victim(s) specifically targeted
What happened in terms of:	<ul style="list-style-type: none"> ➤ Specific actions by each party, including the victim(s) ➤ Sequence of actions ➤ Length of incident ➤ Temporary cessation of behaviour (e.g. physical assault ended and offender walked away, but then returned and struck the victim again) ➤ The immediate trigger to the behaviour (e.g. reaction to a comment by the victim). ➤ What stopped the behaviour (e.g. police arrived) ➤ The nature of the harm caused
What factors were in place?	<p>For example:</p> <ul style="list-style-type: none"> ➤ frequency of opportunities for the behaviour ➤ family and social circumstances ➤ nature of self-talk and beliefs ➤ nature of lifestyle ➤ substance use
How long had those factors been in place prior to the incident?	<p>For example:</p> <ul style="list-style-type: none"> ➤ Did a return to alcohol use initially appear to present no issues? ➤ How long for?

Which of the factors that were present are dynamic?	
Of the dynamic factors, which of them are:	<ul style="list-style-type: none"> ➤ Generally present (i.e. chronic) ➤ Intermittently present (i.e. acute) ➤ Generally considered protective? ➤ Within the person's direct control? ➤ Made more likely by the person's general thoughts and beliefs? ➤ Made more likely by thoughts and beliefs that were present at that time but not at other times?
What do I know about the current situation?	
What is known about:	<ul style="list-style-type: none"> ➤ How the person is spending their time ➤ Who is most influential and what the influence is ➤ Current behaviour in custody or the community ➤ Proximity to previous victims or others at risk ➤ The extent to which personal circumstances: <ul style="list-style-type: none"> • Are stable • Tend to promote efforts to avoid crime • Support a sense for this person of being able to achieve positive things ➤ Substance use ➤ Mental health and emotional well-being ➤ Any changes in response to supervision or prison oversight or changes in presentation/manner ➤ Thoughts and beliefs
How is the current situation similar or dissimilar to previous situations relevant to risk of serious harm?	<p>For example:</p> <p>Do you know how the person was presenting to authority figures at the time of a previous seriously harmful offence?</p>

Interpretation	
What does past behaviour tell me about indicators of risk of serious harm for this person?	
Taking account of what you know about past behaviour and incidents of serious harm, what would it look like when:	<ul style="list-style-type: none"> ➤ All of the factors and opportunities associated with risk of serious harm (RoSH) for this person are in place? ➤ None of the factors and opportunities associated with RoSH for this person are in place? ➤ Factors and opportunities associated with RoSH are in place, but outweighed by protective factors?
To what extent does your information about this person indicate an increase in RoSH?	For example: An apparent change in the boundaries of behaviour towards a potential victim / the public, one instance of causing serious harm making another easier (i.e. normalising; de-sensitising)
What does research evidence tell me about indicators of risk of serious harm?	
What are the current RSR (if known) and OVP scores?	
Are any of the following particular indicators of risk of serious harm present or likely <ul style="list-style-type: none"> - in custody - in the community (including following release from custody)? 	<ul style="list-style-type: none"> ➤ Pro-criminal attitude ➤ Alcohol misuse ➤ Weapon use in current offence ➤ Impulsivity ➤ Unsuitable accommodation ➤ Domestic violence perpetration ➤ Unemployment.

Conclusion	
Considering what you have identified about what risk of serious harm looks like for this person, how concerned are you about the current situation?	
<p>How likely is it that serious harm will occur a) in custody and/or b) the community?</p> <p>If it is likely, within what timescale is it likely to happen?</p>	<ul style="list-style-type: none"> ➤ Is this person more likely to commit a seriously harmful offence than not? ➤ Will they do so as soon as an opportunity and/or victim presents itself? ➤ Are they actively 'grooming' an opportunity and/or victim? ➤ Will they act as soon as any controls or limits on their behaviour are lifted or breakdown? ➤ Are they already failing to comply with controls and limits set? ➤ Are the circumstances in which they have committed harmful acts in the past now repeating?
<p>Based on your considerations above and the definition (right), is there good reason to think that the risk of serious harm is high?</p>	<p>High Risk of Serious Harm is present when, taking into account the information you have considered about:</p> <ul style="list-style-type: none"> ❖ The presence of acute factors ❖ The vulnerability of potential victims ❖ The availability of interventions and controls to manage risk ❖ The motivation of the offender; <ul style="list-style-type: none"> • There are identifiable indicators of risk of serious harm • The potential event could happen at any time and the impact would be serious

Step-by-Step Guidance to support completion of the Risk Review Form

Which form?

In all cases that meet the criteria for CRC referral, the referral section is completed by a referrer from a CRC (the Home CRC if a custody case) in line with the responsibilities outlined in the mandatory actions in the PI/PSI. The decision section is completed by a reviewer in the National Probation Service (NPS).

Completing the Risk Review Form

Who should refer?

The referrer may be the offender supervisor who is managing the case in custody, or the allocated Offender Manager (OM) in the CRC, according to the type and stage of the sentence as stipulated in the PI/PSI on Risk Escalation.

Reason(s) for referral

It is important to be clear about the basis for the referral. There are three possible criteria and one or more of these should be marked, as relevant:

1. There are indications that risk of serious harm (RoSH) has increased to High
2. Case specific circumstances identified at case allocation stage are now in place
3. The NPS requested at allocation stage, or when considering an earlier escalation referral, that this case be reviewed at this time

The first reason relates to the Risk Escalation process, by which a referral is made to the NPS for Risk Review if there are indications that risk of serious harm (RoSH) is high. In some cases, the NPS may be already aware of the case because they have been requested to endorse a standard recall request. *The risk review process must still be followed.*

The second and third reasons relate to cases that are 'Identified for Risk Review' by the NPS. The reason for the referral may be that the identified case specific circumstances have manifested or that the time has arrived (e.g. 6 months) by which the NPS indicated it wished to see the case for Risk Review (or both).

It is important to be familiar with the relevant process(es) for Risk Escalation and Identification for Risk Review prior to completing this form.

In completing the form, it is important to remember that the offender may exercise their legal right to ask to be given a copy of the form, in the same way as they may ask for a copy of their OASys or other case records. Whilst the form contains a section on victim

details which is not to be disclosed to the offender it is important that staff completing the form highlight any other information that should not be made known to the offender on public protection grounds. If the referrer is in doubt they should discuss this with the NPS reviewer.

Note: the sections referred to below may be re-ordered in subsequent versions of the Risk Review Form.

Sections 1 - 4 – Referrer details; Offender details; Offence/sentence details; most recent risk assessment scores/results

For cases referred by CRCs, all relevant information available on National Delius (NDelius) will be drawn through to pre-populate these sections as part of a Risk Review module.

Section 5 – Serious Further Offence(s)

If the offender has been charged with a Serious Further Offence (SFO) as defined by NOMS, mark this section 'yes' and forward the first court appearance section of the SFO Notification Form with this referral form. Otherwise mark 'no'.

Information about the SFO and the status of the investigation should be included in section 8, supported by relevant information about victims and victim safety planning in Section 12 – Victim details (non-disclosure).

Note that notification that an offender has been charged with a Serious Further Offence is not *in itself* a basis for referring to the NPS for Risk Review. *You must still be satisfied that one of the three criteria for referral is met.*

Section 6 – Breach and Recall

This section requires you to identify the status of any breach or recall action. In the case that breach or recall action is being considered, but not further underway, 'yes' should still be marked and details given.

Details should include: dates of relevant stages of the process (e.g. date that licence was revoked), location of the offender, name and contact details for other NPS staff involved (e.g. the NPS senior manager who signed the recall request) and the status of any reports required (including when they are due where relevant). Such reports, where already available (for example the completed Part A in relation to recall), should be forwarded with this referral.

Where the breach or recall action relates to the reason for referral for Risk Review, reference this here and provide details in Sections 8 and 9.

Section 7 – Victim details

This section requires you to identify whether or not there are specific risks associated with known potential victims. If 'yes', complete Section 12 with details.

Section 8 – Analysis of current risk of serious harm

This is the section in which to clearly explain why the referral is being made (first text box) and document the sources and reliability of your information.

It is important to highlight relevant patterns and draw conclusions. Simply describing or listing behaviours or events will not assist the NPS as well as a clear focus on risk indicators, highlighting where indicators have become acute and providing an analysis of the circumstances, with timescales. Make reference to relevant past behaviours, circumstances and events.

Be specific about who is at risk of serious harm, providing names where available (or referencing to names provided in Section 12: Victim details).

Be specific about the nature of serious harm you are concerned the offender may cause and the timeframe within which you think it is likely to happen and whether, for custody cases, it relates to in custody, in community or both.

Where it is available, your analysis should make reference to the most recent Risk of Serious Recidivism (RSR) score and explain clearly the connection between the score and your view of RoSH. If the score is close to the threshold for management in the NPS (6.9% across 24 months), you might highlight that this has influenced your consideration of the likelihood of the serious harm occurring. If on the other hand the score is low (under 3% across 24 months), you will need to outline the particular reasons why the low score is not the best indicator of RoSH for this particular person at this particular time.

In addition, based on the reason(s) you are making the referral:

If you believe Risk of Serious Harm (RoSH) is high, explain clearly why this is the case within your analysis, with reference to OASys definitions.

If this is a case that was identified for Risk Review at allocation stage and the identified case specific circumstances are now in place, provide details of exactly what has happened and provide an analysis of how those circumstances impact on the existing risk assessment.

If this is a case that was identified for Risk Review at allocation stage and the identified case specific circumstances have not occurred, but you are referring the case due to a request to do so at this time by the NPS, state this clearly at the beginning of the analysis.

In the second text box, detail the sources of information underpinning your analysis. Outline what assessments, discussions, and other information have informed your view and comment on the likely validity of the information.

Any information or reports that would assist the NPS to complete the Risk Review should be forwarded with this referral and noted in the checklist in Section 11.

Remember that any relevant non-disclosure information about victims should be recorded in Section 12 – Victim details

Section 9 – Steps taken to reduce Risk of Serious Harm

Highlight and evidence all efforts currently being made to manage the risk of serious harm, specifying who is involved and their role.

You need to cover:

1. Interventions designed to have a protective impact in relation to RoSH
 - a. Provided by other agencies
 - b. Provided within your organisation
2. Interventions designed to restrict the offender's ability to cause serious harm

Where particular restrictive or protective interventions have not been put into place, be clear why they were discounted. For example, in community cases if breach/recall has not been instigated, why is this? If it has not been possible for the offender to access appropriate healthcare support in custody or the community (in relation to drug treatment or mental health treatment for example), what has been done to try to resolve this?

It is important to demonstrate that you have taken account of what has worked well for this person in the past and made all reasonable efforts to support similar circumstances for them now and to use similar approaches.

Provide your analysis of the effectiveness of the plan and what has impacted this. For example has the offender wanted to access help but it has not been available; or have they failed to engage with offers of support? What has been your approach with this person? What level of contact is (and has been) in place? What is their level of compliance and engagement? It should be clear that equalities issues have been considered and explored and that the approach taken has been inclusive and responsive, with due regard shown to the offender's protected characteristics.

Remember that non-disclosure information relating to victim safety planning should be included in Section 12 – Victim details

Section 10 –Manager endorsement

This section requires a manager to countersign the referral. The different perspectives brought by professional discussion play an important role in the preparation of an objective analysis of the presenting risk of serious harm and you should seek a discussion with a manager at an early opportunity, so that countersignature is based on a thorough understanding of the circumstances of the referral. *The manager must decide whether or not to support the referral.* By signing and supporting the referral the

manager endorses the general quality of the referral and that it contains sufficient information for the NPS to make a decision.

Section 11 – Supporting evidence

The checklist at Section 11 allows you to record the documentation that you are sending in support of the referral where it is not available to the NPS on N Delius or OASys. The documentation needs to be comprehensive enough to allow the NPS reviewer to make a decision about whether the RoSH is high. If they do not have enough information, they will ask you to supply it, and there is a risk they will not be able to take any further action until it is received.

Section 12 – Victims

Use this section to provide all relevant details about named victims or potential victims that cannot be disclosed to the offender. Be clear where victim contact arrangements are in place and on what basis (e.g. the Discretionary Victim Contact Scheme). Provide details of those undertaking the victim contact. If details about the victim are known (e.g. name, address, relationship with the offender) these should be provided. Ensure you liaise with relevant professionals before sending on their details, and/or details about the victim, as part of this referral.

It is particularly important to highlight here any additional interventions to manage victim safety planning/witness protection where they apply (for example, activities that may be underway following a Serious Further Offence).

Completing the Decision section of Risk Review Form

The Risk Review must be completed by NPS within one working day of referral

NPS initial review

The first part of the Decision section, the NPS initial review, reflects the record you will make in the Risk Review module in NDelius either on conclusion of a review (confirming you had the information you required to undertake the review), or at the point that you decide to ‘stop the clock’ as a result of being prevented from making a decision about whether risk of serious harm (RoSH) is high by lack of information. When you stop the clock and seek the additional information, the timescale of ‘one working day’ for the review to be completed is put on hold. *Such an instance is expected to be unusual and all reasonable steps must be taken by the referrer to avoid it.*

The need to seek additional information from the referrer through discussion is an expected part of the Risk Review. It should happen in every case and is not a reason to

stop the clock. Such discussion could result in the referrer agreeing to send you additional paperwork. Again, this is not a reason to stop the clock.

In the case that there is no option but to stop the clock, specify in this initial section of the form the additional information that you require, but not before you have made contact with the referrer (face-to-face or by telephone/ video call rather than email) to explain the situation and tell them what further information they need to obtain.

Throughout the review, you need to be mindful of the possible need for the NPS to take immediate actions to manage RoSH at the point of decision. This particularly relates to the potential need for Category 3 MAPPA referrals or Approved Premises referrals. You should be anticipating these possibilities and ensuring that appropriate resource is in place to undertake such referrals where required.

Section 1 – Offender details

Offender details for this section will be pre-populated.

Section 2 – Rationale for decision

You need to outline here your interpretation of:

1. Current risk factors
2. Protective factors
3. The likelihood, imminence and potential impact of serious harm occurring

It should be a concise summary and not rehearse at length the details of the case. The summary should specifically address each of the points above and clearly identify the basis of your decision either that RoSH is high, or that it is not.

You need to be satisfied that the decision and explanation would stand up to scrutiny, and that it is informed by appropriate professional discussion.

Decision

Record the outcome of the Risk Review, either:

- No Action (RoSH is not high), or;
- Action (RoSH is high and the case should be transferred to the NPS)

Section 3 – Manager countersignature (in the case of transfer to the NPS)

A decision that RoSH is high requires a manager to countersign to say that they endorse that decision.

Data collection

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In the case that the decision is made that RoSH is high and that the case should therefore be transferred to the NPS, please complete the data collection form, ticking any reasons that made a material difference to the decision.

2. Risk Escalation

CRCs will have a responsibility to manage the risk of serious harm presented by offenders on their caseload and, for CRC allocated cases subject to 12 months plus custody, Prisons are responsible for management of risk of serious harm in custody. On occasions when there are indicators that risk of serious harm (RoSH) has increased to high, the CRC (through contractual requirement) will refer those cases which meet the referral criteria to the NPS for a Risk Review. The NPS will have a duty to consider referred cases and make a final decision as to whether RoSH is high. If the decision is that RoSH is high, the case will be transferred.

In all cases, Prisons and CRCs should utilise their own risk management policies where there are indications that RoSH has increased. There will be local arrangements to facilitate informal discussions with the NPS prior to undertaking a referral. The Risk Escalation process should be applied where there are indications that RoSH has increased to high. In such a case, a referral is made to the NPS, using the Risk Review Form. The case should be referred as soon as it is practical and safe to do so; i.e. when immediate actions to manage RoSH have been taken.

The Risk Escalation process applies both to cases in custody and to the community and on occasions the process will be commenced by the Offender Management Unit in a custodial establishment. Whichever of CRC or Prisons is considering a referral should engage the other party in a discussion of the case to identify any missing information and to help the referring body establish whether the initial perception of raised risk is well founded. *Following the completion of a risk escalation referral, there must be a discussion between the referring officer and the NPS SPOC. This should be about ensuring the NPS SPOC fully understands the case and is not a substitute for ensuring that the proper information is submitted in writing at the start. In the latter event, the NPS SPOC will ask that any missing information is provided in writing.*

A request for a standard recall may coincide with indications that RoSH has increased to high, and requests for standard recall must be endorsed by the NPS before submission to the PPCS unless an emergency recall is being requested. In such an instance, i.e. where not only is recall necessary but after full consideration

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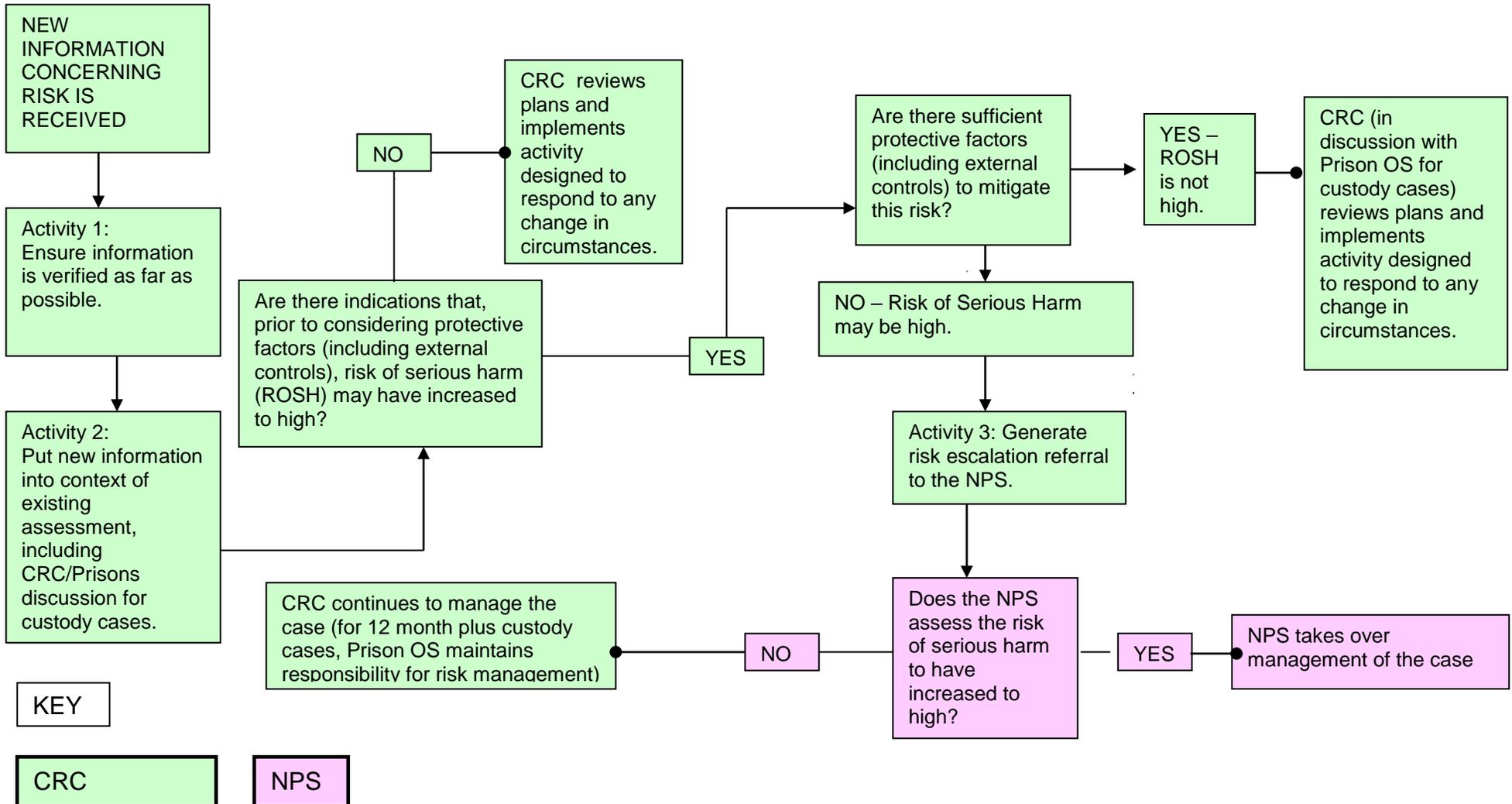
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the CRC offender manager and countersigning manager believes RoSH to have increased to high, the risk review referral by the CRC must be made to the NPS. Recall action should always take priority over referral for Risk Review, in the same way that any direct activity to manage presenting RoSH should be prioritised. Whilst the NPS has endorsed the recall request, this does not pre-judge the outcome of the risk review referral. There will be some occasions on which the recall will itself enable the RoSH to be kept to medium, particularly if additional activity post-recall is undertaken to protect potential victims.

The Risk Escalation process provides an option for the NPS to seek further review of the case when there are indications that the risk of serious harm is not high but could become high in the future. Referral for Risk Review as part of the Risk Escalation process will include professional discussion, but any provisional views of the NPS reviewer are not binding.

Risk Escalation Decision Tree



Flowchart Guide for Risk Escalation Decision Tree

NEW INFORMATION CONCERNING RISK IS RECEIVED		
Who?	What?	When?
Any person working with an offender	All workers need to be alert to information that may be relevant to Risk of Serious Harm (RoSH)	The information needs to be referred immediately to the Offender Manager within the Community Rehabilitation Company (CRC) and/or the Offender Management Unit (OMU) where the offender is in custody



Activity 1: Ensure information is verified as far as possible		
Who?	What?	When?
Offender Manager in CRC (in conjunction with prison OMU for custody cases) Escalation to line manager and senior managers within the CRC if required	Reasonable steps to verify information or the relevance of that information. For example, checking other perspectives in order to put the information in context	As soon as possible, in order to allow decisions to be made about potential measures to manage RoSH Verification from others needs to be actively pursued until it is obtained



Activity 2: Review risk assessment putting new information into context of existing assessment		
Who?	What?	When?
Offender Manager in CRC Professional discussion with line manager or other colleagues	Be able to describe clearly the conclusions about risk (e.g. who is at risk, of what, when) and the rationale, with reference to supporting information. Completion of OASys is not required	Immediately Even if the conclusion is that RoSH is not High, the review may identify additional activities that can help to maintain or further reduce the level of RoSH

The remaining steps of Activity 2 (below) relate to the stages of the risk management process relevant to the CRC decision about risk escalation

Continuation of Activity 2

Are there indications that, prior to consideration of protective factors (including external controls), risk of serious harm (RoSH) may have increased to High?		
Who?	What?	When?
Offender Manager in CRC Professional discussion with line manager or other colleagues	Pattern of risk factors outlined in the context of known past behaviour/ gaps in information Consideration of static and dynamic risk factors Distinction between stable and acute risk factors Attention to what is known about this person and to general indicators of RoSH	When reasonable steps have been taken to gather and verify relevant information about past and current behaviour and circumstances

NO

YES

CRC reviews plan and implements activity designed to respond to any change in circumstances			Are there sufficient protective factors (including external controls) to mitigate this risk?		
			← YES (i.e. RoSH is NOT HIGH)		
Who?	What?	When?	Who?	What?	When?
Offender Manager in CRC In discussion with the offender and others involved in the plan	Reasonable steps to manage the potential increase in risk associated with the new information	Following the review of risk	Offender Manager in CRC Professional discussion with manager/ colleagues	Likely combined positive impact of stable protective factors and effective external controls on RoSH factors	As part reviewing the risk, drawing on a range of sources

PROCESS ENDS

NO – RoSH may be High

CONTINUE ON NEXT PAGE

Activity 3: Generate risk escalation referral to the NPS		
Who?	What?	When?
<p>Offender Manager within the CRC</p> <p>Counter-signature by line manager on Risk Review Form</p> <p>Designated point of contact for Risk Review referrals within NPS</p>	<p>Completed Risk Review Form sent to SPOC within NPS (new module in NDelius)</p> <p>Attach any relevant documentation that the NPS will not have 'read-only' access to</p> <p>Clear evidence that there may be a High RoSH</p> <p>A reflective approach to reaching that conclusion, drawing on more than one perspective, with the aim of identifying and counteracting unconscious bias</p>	<p>Immediately following conclusion of the process of reviewing the risk</p>



Does the NPS assess the risk of serious harm to have increased to high?		
Who?	What?	When?
<p>NPS reviewer</p> <p>Counter-signature by a senior manager within NPS</p> <p>Referrer</p>	<p>Discussion with the referrer about the basis of the referral</p> <p>Review of case material</p> <p>Check if further information required and seek from referrer if necessary</p> <p>Discussion with referrer in advance of the decision</p> <p>Decision – recorded, with rationale, on Risk Review Form (NDelius)</p>	<p>Within one working day of receiving referral</p> <p>On occasion the NPS may need to 'stop the clock' in order to request the CRC to provide further information</p>

NO

YES

CRC continues to manage the case	NPS takes over management of the case
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Identifying Risk of Serious Harm (RoSH) for Risk Escalation

1. The starting point for risk escalation

The emergence of new information relevant to RoSH is the starting point of the risk escalation referral process.

It is important to consider the context and source of any new information.

To what extent is the information source:

- a) Appropriate to the information type (e.g. gathering information about the dates of previous convictions from police rather than from the offender)?
- b) Reliable (e.g. what perspectives and potential biases might be associated with the information)?

Effective engagement with the offender and those who know them can improve the accuracy and breadth of information you obtain. Such information should be one part of a broader picture, drawn from a range of sources.

The reliability of information is not always simple to determine. Any account provides a single perspective on an incident. The subjectivity of information (even that which appears purely factual) is an important factor to take into account when balancing decisions about the reliability of information from various sources. As an example, an incident of aggressive behaviour in supported accommodation might be interpreted differently by a key-worker, the Police Officer who attended after the event and by other residents present at the time.

Risk of self-harm or suicide may be relevant to risk of serious harm to others, but does not in itself constitute a risk of serious harm within the OASys definitions used as part of the risk escalation process.

2. Reviewing the risk in light of new information

In the context of the risk escalation process, the pertinent question is whether the new information leads to a conclusion that RoSH may have increased to High. A clear sense of the threshold between Medium and High RoSH is therefore important.

a) Approaches to reviewing risk

Actuarial tools provide a percentage likelihood of an event occurring. Such tools form the starting point for identifying risk. They provide a robust evidence-based approach to those characteristics – both static and dynamic - that are linked to the probability of a particular offence occurring. It enables conclusions to be drawn about appropriate intervention and case management.

The Analysis of Risk of Serious Harm reference checklist is intended to assist in identifying key considerations needed when deciding whether RoSH may have increased to High. There is no requirement to refer to the checklist as part of the risk escalation process, but it identifies the sorts of questions that may be asked during a referral conversation with the NPS.

In order to enhance the benefits and validity of clinical assessment, a reflective practice approach helps to mitigate the most common pitfalls, which include:

- Assuming knowledge of one offender of a particular group means you know about all others in that group – e.g. 'The last time I supervised a sex offender who 'found religion', everything went down hill from there. I think it's usually a con'.
- Only paying attention to information that supports the judgement you have already reached – e.g. 'He was just testing out the system in the hostel and that's exactly what his key worker thinks as well'.
- Over reliance on information easily obtained – e.g. 'If he hadn't told me what happened I would never have understood his minor role in the offence'.
- Making assumptions about the 'seemingly obvious' rather than asking/finding out – e.g. 'Well it said 'the children were not being properly looked after' and I assumed as she was medium RoSH that it was about her, and I didn't realise it was when they went to their father's that the neglect was occurring'.
- Unintentionally, and/or unconsciously, overlaying personal interpretations and biases on the 'facts'. 'When women are violent there's normally an understandable reason'.

b) Balancing risk factors with protective factors

The risk escalation process distinguishes the identification of risk factors, from the identification of protective factors. In reality the two will be interlinked, but both also require separate and careful consideration.

The overall conclusion takes account of all the things that make it more likely that serious harm will occur (the risk factors), balanced against all the things that make it less likely (the protective factors). Conclusions about likely risk level are based on the situation 'as it is', taking account of what can be done immediately to further manage and reduce the risk. Circumstances that may appear to indicate a High RoSH before reviewing the risk may no longer cause such concern once additional controls are put in place.

c) Risk factors

A conclusion that, in the absence of sufficient protective factors, risk of serious harm (RoSH) may have increased to High, would satisfy one of the following descriptions:

*Due to an increase in **acute** dynamic risk factors, the situation now closely matches the specific combination of acute and chronic factors that existed at the time of previous incidents of serious harm*

And/Or

***Acute** dynamic risk factors which are generally indicative of serious harm are now present, and of sufficient significance to warrant a conclusion that, in the absence of sufficient protective factors or external controls, and taking account of relevant context and the offender's circumstances, the risk of serious harm may have increased to high. The conclusion is informed by:*

- a. Evidence of capacity to cause serious harm*
- b. RSR (Risk of Serious Recidivism) and OVP (OASys Violence Predictor) scores and whether there are: pro-criminal attitudes; alcohol misuse; weapon use in current offence; impulsivity; and, to lesser extent, unsuitable accommodation, domestic violence perpetration; unemployment.⁴*

Analysis of the relevance and likely effect of different risk factors takes account both of what is known about the individual and their history and also what is known about groups of offenders and their offending patterns.

For example, alcohol misuse is generally linked to increased risk of serious harm. For a given individual it may be a trigger to them causing harm, or causing serious harm, or it may not indicate any risk of serious harm at all. Information about a new public order offence involving heavy alcohol use is likely to be relevant if the person has previously caused serious harm after a return to alcohol misuse and the new incident marks such a return. In an individual whose alcohol misuse is chronic and in most cases not connected to causing serious harm, the same information is unlikely to indicate an increase in risk of serious harm.

Another example might be the loss of employment, which is not generally linked to increased risk of serious harm, but might be a trigger to serious harm in a particular case.

Opportunity theories and related research also identify the importance of considering how changes in situational factors can influence the extent of a person's opportunity to offend. For example, change in employment patterns, housing arrangements or social network.

⁴ These specific factors have been identified as those most indicative of likelihood of the occurrence of serious harm, based on statistical data evaluation.

d) Protective factors

A conclusion that there are sufficient protective factors in place to conclude that RoSH is not High, would satisfy the following description:

*The acute dynamic indicators of risk of serious harm are sufficiently mitigated by **strengths** and **resources** and **external controls**. There is robust evidence of the likely stability of these strengths and resources and the effectiveness of the external controls and their likely combined positive impact on the risk of serious harm. The **capacity to engage** with risk management strategies and/or treatment is crucial.*

Strengths (or internal protective factors) refers to what the person has within themselves to support pro-social behaviour (e.g. hopefulness, well-developed social skills).

Resources (or external protective factors) refers to what the person can draw on from the world around them to support pro-social behaviour (e.g. rewarding personal relationships, satisfaction in their employment, rehabilitative interventions provided as part of the sentence).

External Controls are actions taken by criminal justice and other agencies that place restrictions on an offender's actions, whereabouts etc. to limit their capacity to cause serious harm to others. Some controls such as electronically monitored curfews, prohibited contact with named individuals and exclusion from a geographical area will usually be imposed by a court and/or as part of a post-release licence. Other controls might be imposed at the discretion of service providers. For example, following an altercation between drug users, one of whom is a supervised offender, that offender could be told to collect their prescription from another pharmacist in order to reduce the risk to other customers and pharmacy staff.

Capacity to engage refers to the extent to which the person is motivated and able to respond to and make a positive commitment to those activities and restrictions which are in place to manage the risk of serious harm. This will need to take account of any learning difficulties. It will also need to take into account whether the activities and restrictions offered are responsive and show due regard for protected characteristics; in order to maximise motivation and foster engagement. For example, does the plan demonstrate an understanding of how earlier experiences, such as exclusion and discrimination, may be affecting behaviour?

However, it is important to note that the existence of strengths and resources does not in itself indicate any reduction in risk of serious harm. For example, depending on the individual, well-developed social skills and satisfaction in employment can be entirely consistent with either a sustained risk of serious harm to a partner or children or some degree of mitigation of that risk. Equally,

an individual with low levels of strengths and resources might nevertheless lack the motivation and capability to inflict serious harm on others.

Effective identification of a protective combination of strengths and resources relies on good knowledge of the individual and a considered review of the assessment, drawing on a range of perspectives.

e) Immediate actions to manage risk of serious harm

The process of risk management is an ongoing one. At any stage during the identification of new information and the review of the risk, the Offender Manager (and/or the prison Offender Management Unit for those in custody) will need to consider whether they need to put additional measures in place (for example, increasing the frequency of reporting, completing a home visit, alerting other agencies to the potential increase in risk, additional security measures within the prison). The implementation of additional external controls may mean that the person can then be managed at medium rather than high RoSH

Risk escalation in emergencies

The scenarios below are designed to demonstrate that there will be situations when the risk is so imminent that decisions may need to be made without following the process identified in the Risk Escalation decision tree. The scenarios are not an exhaustive list and are illustrative only.

Principles:

- **Victim safety is the paramount consideration** – *The prevention of harm to current or potential victims must be the over-riding concern in situations when there is thought to have been an immediate and significant escalation of risk of serious harm.* All activity should work towards securing this outcome.
- **Managing RoSH is an organisational responsibility** - Service providers should ensure that policies are available to guide staff in circumstances of emergency risk escalation.
- **All staff have a duty to take appropriate action in a situation of an emergency risk escalation** – Where possible, cases where RoSH has increased should be discussed with a line manager before action is taken. However, if there is a situation where there is perceived to be an immediate danger to another person or the offender, it is incumbent on the person who receives the information to take action. In these circumstances, all action should be recorded and the relevant manager informed.

In some cases, the immediate and appropriate course of action will be to contact the emergency services. If there is a situation where there is perceived to be an immediate danger to another person or the offender, the first activity will be to contact the services who have the authority and/or resource to act to prevent significant harm from happening.

- **Attention must be given to the quality and reliability of the new information** – There will be occasions when the information received is partial or appears to lack reliability. In these situations and before taking action, all effort should be made to verify the information received. This is likely to involve contact with other professionals working with the offender or with other individuals with whom contact has previously been made. The principles above still apply and the reliability of the information and the significance and immediacy of the concerns will need to be considered together.

Scenario 1

The Offender Manager (OM) believes the offender is on their way to commit a seriously harmful offence/is in the process of committing a seriously harmful offence.

Examples could include: the offender leaves an appointment and the OM believes that they will immediately seek out a former/potential victim and harm them or the OM receives information to suggest that an offender may be holding someone against their will.

ISSUE: there is no time to verify concerns further and any delay in acting would leave the offender free to cause serious harm.

ACTION:

- Phone Police and provide as much detail as possible about location of offender, address/location of anticipated victim, mental state of offender and required offender details (DOB, PNC number) and own contact details.
- Then discuss within own organisation, as soon as possible afterwards, to check what additional/follow-up activity (including recall/breach) is needed and to consider revised RoSH level.

Scenario 2

The OM is very concerned that the offender is highly likely to seek out a previous/potential victim and this may lead to a further offence or to the victim being very frightened.

ISSUE: Some discussion is possible but an initial decision needs to be made about immediate action before a full review of the case is undertaken because there is an imminent risk of a victim being contacted.

An adapted case example: An offender is within 2 weeks of release from prison. He is serving a custodial sentence for an offence of Grievous Bodily Harm against his ex-partner. He has six convictions for the breach of a restraining order on same victim. He has discovered that he will not be allowed to see his daughter by order of the court. He believed his ex partner had lied to the courts to prevent him seeing his daughter and has said to his Offender Supervisor and Offender Manager that there will be consequences for the ex victim and that he knows where she lives, despite the victim being re-located. There is some credibility to this as his extended network of family and friends are in contact with others who may know her address.

ACTION:

- Contact Independent Domestic Violence Advisor (IDVA) to ask them to alert the victim about the potential risk.
- Contact police DV unit to inform them of concerns and ask them to put a marker on the address for when the offender is released and do safe and well checks.
- Afterwards discuss what additional/follow-up activity is needed (including contingency plans for recall) and to consider revised ROSH level.

Other examples could include:

A previous partner and victim of a domestic abuse offence contacts the OM and says that, earlier in the day, they have seen the offender near his or her house in breach of an exclusion zone.

ACTION:

- Provider to discuss within own organisation and contact Police and other agencies directly. Agree what action these agencies will undertake.
- Afterwards discuss what additional/follow-up activity is needed (including recall/breach) and to consider revised ROSH level.

Scenario 3

The NPS is contacted by the Police or another agency in relation to an offender held by a CRC about whom they have significant concerns.

ISSUE – Information has come directly to NPS from a partner agency.

An actual case example: An offender has been released on licence from a five year prison sentence for burglary of commercial premises. He was assessed as medium risk of serious harm and was fully co-operating with his Offender Manager. The NPS receive a call from Police CID based in another area. They have reason to believe that the offender is involved in planning an armed robbery on a post office. They request that he is recalled so that the gang with whom he has become involved could be disrupted and they would have more time to investigate.

ACTION:

- NPS to inform CRC of allegations and concerns.
- CRC contact Police and explain that some level of evidence or assurance is needed from the Police. It becomes clear that they have evidence (offender is under surveillance) that the offender is spending the majority of his time on a canal boat in their area and so technically not living as directed. The Police investigating officer agrees to submit a confidential addendum to the recall report that would go directly to the Parole Board chair and would not be disclosed to the offender.
- Recall is initiated, a warrant is issued and the offender is arrested on his houseboat and returned to prison for failing to live at the address as directed by his Offender Manager. His appeal is not upheld by the parole board.

Another example could be: Children's Services contact the NPS about an offender, managed by a CRC, who has been convicted of domestic abuse offences and who is assessed as a medium risk of serious harm to children. They have received complaints from neighbours and believe that the offender has been violent to a female and children living at an address which is known to them. When Children's Services visited the house, the female admits the offender is living there and that they are in a relationship. She has visible bruising around her face and neck but declines to say how this has happened. Both she and the children appear frightened of him. Children's Services are very concerned for the welfare of the children and are requesting that action is taken.

ISSUE Information has come to the NPS about an offender held by a CRC who may present an imminent risk of serious harm to children and another adult.

ACTION:

- NPS to inform CRC of allegations and concerns.
- The CRC contacts Children's Services and confirms that the offender is in breach of two Licence conditions, that he resides with his aunt and that he informs his Offender Manager of any developing relationship.
- The risk of serious harm has increased to such an extent that it is not assessed as possible to continue to manage him in the community and recall action is initiated by the CRC.

Agencies who may need to be contacted in a situation where it is deemed that there is an emergency risk escalation:

- Police including: emergency services, adult protection teams (Police domestic violence units), public protection teams, SOCA and counter-terrorism units. Ambulance.
- Fire and Rescue.
- Children's Services.
- NSPCC.
- Victim Liaison Officer.
- Community Mental Health Teams.
- Forensic Mental Health teams.
- GPs.

And any other agencies who are responsible for detecting/preventing crime or who have contact with victim/offender and who will therefore need to be made aware or who will need to become involved because of the increasing risk.

3. Identification for Risk Review

The decision to identify a case for Risk Review should not be routine and should be based on a well-evidenced judgement that there are very particular reasons why this case should, unusually, be subject to Risk Review at the direction of the NPS rather than through the Risk Escalation process.

There may be some cases where the National Probation Service (NPS) is concerned that, although a case is appropriate at that time for allocation to a Community Rehabilitation Company (CRC), there are certain case-specific circumstances that, if they had been in place at the point of allocation, would have altered the allocation decision on the basis that the level of risk of serious harm (RoSH) was high.

The relevant process is for the NPS at point of allocation to identify the case for Risk Review.

A case that is identified for Risk Review will always have been subject to a full OASys assessment and is likely to have been managed previously at a High RoSH, possibly for an extended period of time. The assessment will be on the threshold between Medium and High RoSH, with the influencing factor being the identified 'case-specific circumstances'. *These circumstances must be of such a nature that they are highly individualised to the particular case and pinpoint very specific situations or behaviours. They must be clearly identified within the Risk of Serious Harm Analysis section within a full OASys.*

In relation to a case identified for Risk Review, the CRC must refer it back for such a review if the case-specific circumstances manifest, or within a specified timescale, whichever is sooner. The NPS will not be required to set a timescale, but it is expected that they would do so as a general rule.

It is essential that all those working with the offender are aware that the case has been 'Identified for Risk Review'. This includes custodial staff, who may find that the relevant circumstances manifest while the person is in custody, including during periods of recall.

Once identified for Risk Review, the case retains that status throughout the sentence, and should be referred back to the NPS for Risk Review at any time that the case-specific circumstances occur. In addition, the NPS, having completed a Risk Review, can decide to set a further date for Risk Review, and do so as many times during the sentence as is found to be necessary.

This glossary provides an explanation both of key terms used in this document and some key terminology likely to be used elsewhere

Actuarial risk assessment – Based on statistical predictions, relating to groups of offenders, derived from risk tables developed by large scale studies.

Acute risk factors – those that change quickly, perhaps over days or hours and whose emergence indicates a period of critical risk for an individual where the potential for inflicting serious harm on others already exists. Examples might be:

- Increased levels of substance misuse or destabilisation of socio- economic factors such as loss of accommodation.
- While alcohol may be a dynamic risk indicator, intoxication would be the acute risk factor.

Chronic (or stable) risk factor – a dynamic risk factor that tends to be persistently present.

Clinical assessment – Based on professional judgement through interview and observation, knowledge of case history and current circumstances. The aim is to increase the understanding of how relevant dynamic risk factors interact for this individual and thus be able to work more effectively with them to construct a workable plan to address the risks.

Clinical case review checklist – A checklist (included at Annex A of the Practice Guidance to support Risk Escalation Decision Tree – this document) to outline key considerations when deciding whether there is good reason to suppose that RoSH may have increased to high.

Contingency plan – an outline of any contingencies in place if essential elements of the plan break down.

Defensible decisions – These are decisions that will stand up to ‘hindsight scrutiny’ should a further offence of serious harm occur. *Such decisions must demonstrate that ‘all reasonable steps’ have been taken to minimise the Risk of Serious Harm.*

Dynamic risk factor – a factor that contributes to further offending, but is amenable to change. A dynamic risk factor may be stable or acute (see respective definitions in this glossary). Examples of dynamic risk factors might be: alcohol; substance misuse; mental ill health; suicidal ideation; threats to harm others; access to weapons; relationship problems; psychotic and manic behaviour; financial problems; unemployment.

Emergency risk management – Urgent, ‘on the spot’ actions to address an imminent risk of serious harm. Once the action has been taken to manage the emergency, consideration should be given as to whether a risk escalation referral is needed.

Harm – Ill-treatment or the impairment of health or development including, for example, impairment suffered from seeing or hearing the ill-treatment of another. The threshold between non-harmful and harmful behaviour would be more easily met in the case of a child or vulnerable adult. ‘Serious Harm’ is a sub-category of this definition (see later).

High Risk of Serious Harm – An identified level of risk of serious harm defined in the OASys risk assessment tool. There are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious.

Imminence – Imminence relates to the timescale within which it is likely that an event will occur e.g. how soon will this offender do something harmful? Is the harmful offence likely today, tomorrow or in the foreseeable future? Professional judgement will need to determine such timescales in each individual case.

Low Risk of Serious Harm – An identified level of risk of serious harm defined in the OASys risk assessment tool. Current evidence does not indicate likelihood of causing serious harm.

MAPPA – Multi-Agency Public Protection Arrangements.

Medium Risk of Serious Harm – An identified level of risk of serious harm defined in the OASys risk assessment tool. 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.

National Delius (NDelius) – The NOMS national case recording system for community based work with offenders

Offence paralleling and offence approach behaviours – behaviours that demonstrate a moving back towards a pattern or types of behaviours that have previously preceded instances of offending. These behaviours may act as a testing of opportunities for offending and may build up quickly or over time.

Offender Assessment System (OASys) – The NOMS offender risk assessment and management tool.

OGRS 4 – Version 4 of the Offender Group Reconviction Scale, which is a validated risk predictor tool based on static risk factors.

OVP 2 – Version 2 of the OASys Violence Predictor, which is a validated risk predictor tool for violent offending, based on both static and dynamic risk factors.

Protective factors – static or dynamic factors, whether external or internal, that make it less likely someone will re-offend.

Risk assessment – The process of collecting, verifying and evaluating information to establish the nature and extent of risk, either of likelihood of re-offending or of the occurrence of serious harm. Risk assessment is often aided by the use of formal risk assessment tools. Good quality risk assessment builds on strengths as well as identifying difficulties; is grounded in evidence; is offender-centred; is a continuing process, not a single event.

Risk Escalation – the process of referring a case to the National Probation Service (NPS) on the basis that there is good evidence that Risk of Serious Harm (RoSH) may have become high.

Risk Management – Refers to those strategies used to manage risk, either by reducing the likelihood that a harmful offence will occur, or in reducing the impact of the offence should it take place (e.g. victim protection). Strategies most usually restrict opportunities to offend, restrict access to or impact on potential victims, and target risky behaviours for change. The term tends to be used with reference to risk of harm rather than risk of re-offending and to the activities of those with professional responsibilities in relation to work

with the offender, rather than those activities that the offender is voluntarily undertaking to effect change. Nonetheless, risk management is more effective when the offender is committed to and supports the activities, which is made more likely by a clear focus on desistance principles and opportunities to change.

Risk Management plan - a shared, actively monitored plan, for managing the identified risk of serious harm. Such a plan is required to be in place and documented for all offenders assessed as Medium, High or Very High RoSH.

ROR (LoR) – Risk of Re-offending or Likelihood of Re-offending.

Risk of serious recidivism (RSR) tool – A tool to identify a score for the probability that an offender will commit a seriously harmful re-offence within the next 12 or 24 months, based on a defined list of relevant offence types. The tool can be administered using static information only, or a combination of static and dynamic information.

SARA – The Spousal Assault Risk Assessment tool; used to assess the risk of repeat domestic violence.

Serious harm – an event which is life-threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible. As defined in the OASys risk assessment tool.

Stable risk factors (also referred to as ‘chronic’ risk factors) – dynamic risk factors that tend to be persistently present.

Static risk factors – those elements of an offender’s identity or past behaviour and its consequences that are historical and/or factual such as gender, age, number and type of previous convictions. Unlike dynamic risk factors, static factors are not susceptible to fluctuation.

Very High Risk of Serious Harm – An identified level of risk of serious harm defined in the OASys risk assessment tool. 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. This assessment is likely to relate to a ‘critical few’

VISOR – The national police database for violent and sexual offenders.