**PART A: Recall Report**

**This report forms the basis to request the recall of all types of offenders released on a determinate, indeterminate, ORA or extended sentence licence whether Standard or Fixed Term Recall (FTR).**

**FOR ALL EMERGENCY, IPP & LIFER RECALLS ONLY: PLEASE TELEPHONE PPCS BEFORE SUBMITTING REQUEST**

**Please note that this report will be disclosed to the offender, so careful consideration must be given to how any sensitive information is presented.  For further guidance please consult PI 14/2016 or PSI 15/2016.  There is also guidance available on EQuiP relating to the victim contact scheme (under 1.3.1 – Victims).’**

Sensitive information must be submitted as a separate document where there are concerns regarding disclosure. Non-disclosure information must be scanned, e-mailed and submitted as a separate document along with the Non-Disclosure Application Form (Annex A Pro-forma – attached to PI14/2016).

**Please confirm that you have considered all alternatives to recall prior to completion of this form.**

**You will be required to evidence this in Section 21**

**Recommendation on Recall**

**1. Is this an Emergency recall?**

You must call the Recall Team for verbal approval in advance of submitting the Emergency Recall request.

**Note:** **In the case of all emergency recall requests including those for life/IPP/DPP sentences, community offender managers must ensure that they remain contactable until PPCS has issued the revocation order.**

{{is\_this\_an\_emergency\_recall}}

**2. Is the offender serving a life or IPP/DPP sentence?**

**3. Is the offender serving one of the following:**

**- Extended Sentence (Criminal Justice Act 2003, Powers of Criminal Courts (sentencing) ACT 2000, Crime & Disorder Act 1998);**

**- Extended Determinate Sentence (Legal Aid Sentencing and Punishment of Offenders Act 2012); or**

**- Extended Sentence for Public Protection (CJA 2003)**

**4. Offender/Young Offender Details**

**Full name:** {{forename}}       {{surname}}

**Date of birth:** DOB

**Ethnic category:**

**What is your preferred language?** Written:       Spoken:

(including British Sign Language)

**Gender:**

**CRO No:**

**PNC No:** PNC

**Prison No:** PRISONERNUMBER

**PNOMIS No:** NOMSNO

**Releasing prison/Custodial establishment:**

**Date of last release and previous release**:

**Dates of previous recalls on this sentence**:

**5. Sentence details**

**Index offence of current sentence which has led to the offender’s recall:**

**Date of original offence:**

**Date of sentence:**

**Length of sentence:**

**Licence expiry date:**

**Sentence expiry date:**

**Extended sentence/EPP/EDS prisoners:**

* **Custodial term:**
* **Extended term:**

**6. Is the offender currently in police custody or prison custody?** {{custody\_status}}

**7. Last recorded address where s/he should be residing:**

If the offender is currently of ‘no fixed abode’, please state here:

If the offender is in police custody, state where:

Provide any other possible addresses:

**8. Are there any arrest issues of which police should be aware?** {{has\_arrest\_issues}}  **If yes, provide details below, including information about any children or vulnerable adults linked to any of the above addresses:** {{has\_arrest\_issues\_details}}

**9. Local police details and the OM’s local police contact:**

**Police single point of contact name:** {{contact\_name}}

**Current contact telephone number:** {{phone\_number}} 

**Fax number:** {{fax\_number}}

**Email address:** {{email\_address}}

**10. Are there any vulnerability issues and/or diversity needs in view of arrest and subsequent location at prison or police custody?**

**Consider the following:**

**- Risk of suicide or self-harm**

**- Relationship breakdown as a result of recall**

**- Domestic abuse issues**

**- Substance misuse concerns (drugs and /or alcohol)**

**- Risk to others by bullying behaviour/vulnerability to bullying**

**- Assessed as being at RoSH from others**

**- Adult or child safeguarding concerns.**

**- Mental Health concerns/conditions (including details of and compliance with medication)**

**- Any health concerns/conditions (including details of and compliance with medication**

**- Bereavement issues**

**- Learning difficulties or disabilities or physical disabilities**

**- Ethnicity/cultural language**

**If yes, provide details**:

**11. Do you have any suspicions that the offender is using recall to bring contraband into the prison estate?**

**If yes, provide details and contact your local police SPOC to share information or concerns:**

**12. Current MAPPA Management:**

**MAPPA Category**:

**MAPPA Level:**

**13. Registered PPO/IOM:** {{is\_under\_integrated\_offender\_management}} 

**14. VLO Contact:**

**Is there a victim(s) involved in the victim contact scheme (contact must be made with the VLO if there is victim involvement)?** {{has\_victims\_in\_contact\_scheme}}

**If yes, the community offender manager must inform the VLO:**

**- of the recall request**

**- that the victim can submit a Victim Personal Statement**

**- that the victim can request a copy of any Parole Board Decision Summary or**

**Secretary of State Executive Release Decision Summary**

**Confirm the date the VLO was informed of the above:** {{date\_vlo\_informed}}

**15. Current Risk of Serious Harm Assessment at time of this recall: Public: Known Adult:**  **Children:**  **Prisoners:**  **Staff:**

**16. Provide details of the index offence(s) and write a succinct offence analysis:**

**17. Tick all standard licence conditions which have been breached:**

|  |  |
| --- | --- |
| **a) be of good behaviour and not behave in a way which undermines the purpose of the licence period;** | {{good\_behaviour\_condition}} |
| **b) not to commit any offence;** | {{no\_offence\_condition}} |
| **c) keep in touch with the supervising officer in accordance with instructions given by the supervising officer;** | {{keep\_in\_touch\_condition}} |
| **d) receive visits from the supervising officer in accordance with instructions given by the supervising officer;** | {{officer\_visit\_condition}} |
| **e) reside permanently at an address approved by the supervising officer and obtain prior permission of the supervising officer for any stay of one or more nights at a different address;** | {{address\_approved\_condition}} |
| **f) not undertake work, or a particular type of work, unless it is approved by the supervising officer and notify the supervising officer in advance of any proposal to undertake work or a particular type of work;** | {{no\_work\_undertaken\_condition}} |
| **g) not to travel outside the United Kingdom, the Channel Islands or the Isle of Man except with the prior permission of your supervising officer or for the purpose of immigration deportation or removal.** | {{no\_travel\_condition}} |

**18. If any additional licence condition(s) has been breached, write out each breached condition:**{{additional\_conditions\_breached}}

**19. Detail the circumstances and behaviours leading to the recall and provide an assessment as to why the risk is no longer manageable in the community. This must include details of any further offending, including ongoing police investigations and/or charges, court dates and convictions:**

**20. Provide details of how the offender has responded to supervision to date?**

{{response\_to\_probation}}

|  |  |
| --- | --- |
| **21. What alternatives to recall have been taken to try to secure compliance and manage risk prior to requesting recall? Provide full details below including dates:** | |
| **Action Taken:** | **Details including dates and type** |
| **Warnings (including dates given)** | {{warning\_letter\_details}} |
| **Increased frequency of reporting** | {{increased\_frequency\_details}} |
| **Additional licence conditions including AP/hostel accommodation** | {{extra\_licence\_conditions\_details}} |
| **Referral to multi-disciplinary teams (e.g. IOM, MAPPA, Gangs Unit)** | {{referral\_to\_other\_teams\_details}} |
| **Referral to partnership agencies** | {{referral\_to\_partnership\_agencies\_details}} |
| **Risk Escalation (CRC cases)** | {{risk\_escalation\_details}} |
| **Referral to Approved Premises** | {{referral\_to\_approved\_premises\_details}} |
| **Drug testing** | {{drug\_testing\_details}} |
| **Other** | {{alternative\_to\_recall\_other\_details}} |

**For determinate sentenced offenders only**

**Assessment for suitability for fixed term recall:**

**The offender is suitable for FTR if the identified risks can be safely managed in the community at the end of the fixed term period. In your assessment about the offender’s suitability for an FTR, you must consider the following factors:**

**- The offender’s index offence i.e. was it sexual or violent**

**- The offender’s previous offending**

**- Current behaviours and attitudes**

**- Manageability of risk in the community on re-release at day 14 or 28**

**- Risk factors**

**- Risk assessment**

**22. Select the proposed recall type, having considered the information above:** {{recall\_type}}   
**Explain your reasons for the above recall type recommendation:** {{recall\_type\_details}}

**23. If you are proposing a Fixed Term Recall, a new licence will be prepared by the prison. Therefore, write out any additional non-standard licence conditions you want added to the offender’s licence:**

**For indeterminate and extended sentence offenders only**

**24. When recalling an ISP or ESP the law requires that at least one of the following criteria below must be met. Select from the options below and comment on how the offender’s behaviour meets each criteria:**

**i) Has the offender exhibited behaviour similar to the circumstances surrounding the index offence; is there a causal link?**   **Please Comment:**

**ii) Has the offender exhibited behaviour likely to give rise, or does give rise to the commission of a sexual or violent offence?**   **Please Comment:**

**iii) Is the offender out of touch with probation/YOT and the assumption can be made that any of (i) to (ii) may arise?**   **Please Comment:**

**25. Probation Details – PS/YOT community offender manager completing the Recall Report and Risk Assessment:**

**Name of person completing the form:**

**Telephone Number:**

**Email Address:**

**Region: London**

**LDU (**Please select**)** or

**Switchboard Telephone Number:**

**Fax Number:**

**E-mail address to which PPCS should respond including a functional mailbox**:

**Date of decision to request revocation**:

**Time (24 hour) of decision to request information**:

**26. If different from above, details of the current supervising PS/YOT community offender manager:**

**Name of OM/YOT worker:**

**Telephone Number:**

**Email Address:**

**Region London**

**LDU (**Please select**)** or

**E-mail address to which PPCS should respond including a functional mailbox**:

**27. Endorsement of Recall Report and Risk Assessment by PS/YOT Line Manager**

**I am satisfied that alternatives to recall have been considered in this case and in my assessment the risk posed by this offender is no longer manageable in the community.  Tick Box**

I have discussed all aspects of this case with the community offender manager and I am endorsing:

Alternatives to recall have been fully explored

The recall type requested

The quality of information

The offender is no longer manageable in the community

Please provide additional information:

**Name of person completing this form:**

**Email address:**

**Telephone Number**:

**Date:**

**28. Authorisation and comments by senior manager who is equivalent to the former ACO grade/YOT Manager or equivalent.**

**I am satisfied that alternatives to recall have been considered in this case, however, in my assessment the risk posed by this offender is no longer manageable in the community.  Tick Box**

This means you are endorsing both the recall and the quality and content of the recall report.

**Name of person completing this form:**

**Telephone Number:**

**Email Address:**

**Date:**

**Time (24hr):**

**Email address for receipt of a copy of the revocation order to be sent to:**

**Report sent to the Public Protection Caseworker Section by email on**:

**29. Attachments**

## Please scan and email copies of the following documents to PPCS and indicate in your covering email any documents that are missing and why:

- OASys R6.1,

- OASys R6.2

- OASys R10 **(For cases assessed as low ROSH, a full OASys does not need to be completed);**

- The pre-sentence report (where available);

- **Up-to-date list** of previous convictions;

- Licence and details of and reasons for any conditions added post-release;

- Charge sheets/police evidence where relevant if recall relates to further offending;

**For Young Offenders:**

- Asset Core Profile;

- Asset Risk of Serious Harm