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| **PDP REFERRAL FORM** | | | |
| *A* ***PDP*** *is a person who is* ***not eligible*** *for management under* ***MAPPA*** *but whose behaviour gives reasonable grounds for believing that there is a present likelihood of them committing an offence or offences that will cause serious harm. There must be a present likelihood which reflects* ***imminence*** *and that the potential event is more likely than not to happen.* | | | |
| ***Referrer Information:*** | | | |
| *Name and Details of referring Officer:* | |  | |
| *Name and Details of countersigning Area Inspector:* | |  | |
| *Date referral completed and sent to the DI in PPU by District Lead via email:* | |  | |
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| **1. SUBJECT INFORMATION** | | | |
| Last name: | |  | |
| First name: | |  | |
| Middle Name: | |  | |
| Date of birth: | |  | |
| Aliases: (including nicknames): | |  | |
| PNC ID: | |  | |
| Parent/Guardian details (if applicable): | |  | |
| Subjects Current Address: | |  | |
| Gender: | |  | |
| Disability: | |  | |
| Ethnicity: | |  | |
| Any other Diversity Considerations: | |  | |
| **2. DISTRICT TRIGGER PLAN to manage the current risk** | | | |
| Has a Trigger Plan been created (include name of plan) | |  | |
| Name of OIC: | |  | |
| Trigger Plan disseminated to CDC: | |  | |
| Review date of Trigger Plan: | |  | |
| **3. MANDATORY CHECKS** | | | |
| **Have checks been undertaken with the following Agencies via** [**MASHSafeguardingSupport@norfolk.pnn.police.uk**](mailto:MASHSafeguardingSupport@norfolk.pnn.police.uk) **(please provide full details):** | | | |
| Health (to include Mental Health) | |  | |
| Local Authority Social Care Services (Child and Adults) | |  | |
| OPT (to ascertain if partner agencies hold any relevant information) | |  | |
| PNC check (attach Pre cons when emailing PDP referral form). | |  | |
| **4. OTHER CHECKS** | | | |
| ***Checks with other agencies should be undertaken if it is felt they may hold information pertinent to the prevention and detection of crime. These checks identify all relevant information held by the agency. Clarification should be sought on what the agencies view is on the risk presented and what actions they are currently undertaking or intend to undertake to manage risk. If none undertaken, state none and reason why.*** | | | |
| National Probation Service: | |  | |
| Local Housing Authority: | |  | |
| Education Authority: | |  | |
| Other Relevant Agencies: | |  | |
| **5. RISK ASSESSMENT** | | | |
| To qualify as a PDP the subject must be assessed as **High or Very high Risk** of causing serious harm: | | | |
| **Serious Harm** - a risk which is life threatening and/or traumatic and from which recovery, whether physical or psychological, can be expected to be difficult or impossible. The potential event could happen at any time and the impact would be serious.   * **Low** No significant, current indicators of risk of harm. * **Medium** There are identifiable indicators of risk of harm. The offender has the potential to cause harm but is unlikely to do so unless there is a change in circumstances, for example, failure to take medicine, loss of accommodation, relationship breakdown, drug or alcohol misuse. * **High** There are identifiable indicators of risk of harm. The potential event could happen at any time and the impact would be serious. * **Very high** 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. | | | |
| **Risk assessment and Rationale** | | | |
| **6. RELEVANT INFORMATION** | | | |
| **Details of Referral: (Describe the subjects behaviour)**  This could be information which indicates behaviour (either an isolated incident or pattern of behaviour) that gives reasonable grounds to believe there is a likelihood of that person committing an offence or offences that will cause serious harm.   * Nature and pattern of individuals behaviour | | | |
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| Reason for PDP referral **(evidence of imminent serious harm)** | | | |
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| What inter-agency work has been undertaken so far (if any) | | | |
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| How will active multi-agency management via the PDP process add value to the management of the risk(s) of serious harm | | | |
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| **7. Risk Assessment Summary** | | | |
| Who is assessed to be at risk of serious harm and what is the level of this risk? | | | |
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| What is the nature of the risk? | | | |
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| When is the risk likely to be greatest? | | | |
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| What circumstances are likely to increase risk? | | | |
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| What factors are likely to reduce the risk? | | | |
|  | | | |
| **8. VICTIM /POTENTIAL VICTIM CONCERNS** | | | |
| Outline any concerns about victim or potential victim(s): |  | | |
| Has the victim been referred to MARAC? |  | | |
| Has a meeting been held / Is a meeting due to be held? |  | | |
| Date of meeting (if known) |  | | |
| Actions from MARAC |  | | |
| **9. SAFEGUARDING** | | | |
| **Child Protection Concerns** | | | |
| Are there any child protection concerns? |  | | |
| a. What are they?  Include child details, including their date of birth, address and their relationship to the subject. |  | | |
| b. Is there an allocated social worker? If so, please give details |  | | |
| c. Is the child or children currently subject to a Child Protection Plan? |  | | |
| Relationship to subject: |  | | |
| **Vulnerable Adult Concerns** | | | |
| Name: |  | | |
| Date of birth: |  | | |
| Gender: |  | | |
| Does this person live with the subject? |  | | |
| Relationship to subject: |  | | |
| Name of social worker (if relevant): |  | | |
| **10. ADDITIONAL PDP INVITEES (Please list who you would like invited to the meeting)** | | | |
| **Invitee 1** | | | |
| Name: |  | | |
| Agency: |  | | |
| Address: |  | | |
| Email address: |  | | |
| Telephone number(s) | (w) | | (m) |
| **Invitee 2** | | | |
| Name: |  | | |
| Agency: |  | | |
| Address: |  | | |
| Email address: |  | | |
| Telephone number(s) | (w) | | (m) |
| **Invitee 3** | | | |
| Name: |  | | |
| Agency: |  | | |
| Address: |  | | |
| Email address: |  | | |
| Telephone number(s) | (w) | | (m) |
| **Invitee 4** | | | |
| Name: |  | | |
| Agency: |  | | |
| Address: |  | | |
| Email address: |  | | |
| Telephone number(s) | (w) | | (m) |
| **Invitee 5** | | | |
| Name: |  | | |
| Agency: |  | | |
| Address: |  | | |
| Email address: |  | | |
| Telephone number(s) | (w) | | (m) |
| **Invitee 6** | | | |
| Name: |  | | |
| Agency: |  | | |
| Address: |  | | |
| Email address: |  | | |
| Telephone number(s) | (w) | | (m) |
|  | | | |
| **SCREENING DECISION**  ***(TO BE COMPLETED BY DI, PPU, V&P)*** | | | |
| Screened by: |  | | |
| Date referral received: |  | | |
| Does this subject qualify for screening as PDP (delete as appropriate) | Yes  *If YES complete section 19 below* | | No  *If NO retain all paperwork and file as per force instruction* |
| Comments: |  | | |
| Date referrer notified of decision: |  | | |
| Meeting date to which referral is to be taken (if accepted): |  | | |

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| **11. Details of proposed plan to manage risk(s)** | | |
| **Action** | **Agency/Named Person** | **Target Date** |
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| **VPD SUPERINTENDENT RATIFICATION**  ***(Note – you have 5 days to complete before form is submitted to identify policing unit)*** | |
| Ratified by: |  |
| Date ratified: |  |
| Comments: |  |