Home Office

HO Ref:

[REDACTED]

The purpose of the review is to ensure that the individual remains suitable for Electronic Monitoring (EM) and any supplementary conditions continue to be necessary and proportionate in light of the facts at the date the review is undertaken.

SUBJECT'S DETAILS:			
PID			
Full Name:		**Date of Birth**	
Nationality:		**Immigration Bail Type:**	
Date Monitoring Started:			

BAIL ADDRESS:	**TAGGING CONDITIONS:**
Address:	Non-Fitted Device (NFD) - no Curfew or Inclusion/Exclusion zones
Telephone Number:	
Email:	

OFFENDING HISTORY:

Offence type: **INSERT**

HARM / RISKS:			
Harm Tier:		**Risk of Re-offending (is it a MAPPA case?)**	

1. STATE ANY RELEVANT IDENTIFIED VULNERABILITIES / EXCEPTIONS / CHANGES OF CIRCUMSTANCES

I have considered the information on this case to determine if vulnerabilities or safeguarding issues exist which would mean that the current EM bail condition might be disproportionate. However, I have not identified any previously unknown vulnerabilities or other factors that would affect the decision to sustain the electronic monitoring condition.

Do these factors suggest an immediate cessation of EM is needed?	No

2. COMPLIANCE AND BEHAVIOUR	
Is subject's attendance at reporting events satisfactory?	
Number of breaches across whole monitored period (including within last 3 months):	
Compliance with EM conditions across whole monitoring period within acceptable threshold?	
Number of breaches since last review:	
Compliance with EM conditions since last review within acceptable threshold?	
Further criminal offences resulting in a conviction since EM instigated?	
Absconded, currently lout of contact, or continuously out of contact for more than seven days since last review?	

Mitigations sufficient to account for breaches?	Good compliance - no mitigations needed

Compliance and behavioural assessment

I have assessed **Mr XXXX** overall compliance with his immigration bail conditions, in particular his level of contact and his adherence to electronic monitoring. He was successfully transitioned to NFD on **insert date.**

Mr XXXX is currently in contact and there have been no occasions where he has been out of contact for a period of time deemed to indicate non-compliance.

I have taken account of the fact that there is only minimal evidence of breaches of EM conditions across the whole monitoring period and no breaches recorded during the recent review period.

He is subject to **frequency** reporting at ROM - **XXXX** and has been fully compliant during this review period.

As such, on balance I am prepared to consider that compliance overall is currently within an acceptable threshold.

Sufficiently Compliant?	**Yes**

3. SUPPLEMENTARY CONDITIONS:

Are supplementary conditions in place?	No

Proportionality of the supplementary conditions: NB; N/A if no supplementary conditions or if still subject to any conditions are the periods still appropriate in terms of timing and length? Are there any grounds on which to alter the conditions?

There are no supplementary conditions in this case. Mr XXXX is not subject to a curfew and is also not subject to any inclusion or exclusion zones.

CONSIDERATION:

In line with the agreed principles for assessing harmfulness, in particular considering **Mr XXXX** Offending History, I have decided it remains proportionate for **Mr XXXX** to remain on NFD at this time.

In making this decision, I have examined whether there may be safeguarding issues or vulnerabilities that may make the existing electronic monitoring regime disproportionate. However, on this occasion, I have not identified that any such issues apply.

This decision also considers the period **Mr XXXX** has already been monitored for as well as taking account of how compliant he has been with his Immigration Bail conditions, as outlined in the bail policy and guidance and as assessed above.

On this occasion, I have determined that compliance overall is currently of a good standard and the risks appear sufficiently managed to support the continuation of EM on NFD.

Current barrier(s) to removal:

REVIEWER DETAILS:

Name of Reviewer:		**Date of Review**	
Unit:	Electronic Monitoring Hub	**Telephone:**	