

MULTI AGENCY PUBLIC PROTECTION ARRANGEMENTS (MAPPA)

Trust-Wide Clinical Policy

Version number :	5
Consultation Groups	Dean Henderson, Richard Harwin, Neville Green, Dr Gerard Waldron, Fiona Kennedy
Approved by (Sponsor Group)	Lead nurses group
Ratified by:	Quality Committee
Date ratified:	22 nd January 2020
Name of originator/author:	Denis Thompson
Executive Director lead :	Lorraine Sunduza
Implementation Date :	January 2020
Last Review Date	July 2019
Next Review date:	July 2022

Services	Applicable
Trustwide	x
Mental Health and LD	
Community Health Services	

VERSION CONTROL SUMMARY

Version	Date	Status	Comments/ Changes
1	January 09	Draft	
2	April 09	Draft	
3	June 2009	Draft	
4	August 2009	Draft	
5	September 09	Final Version	
6	July 2019	Draft	Major changes to update policy in line with revised national and local guidance

Contents	Page Number
Executive Summary	4
Introduction	4
Purpose	4
MAPPA Framework	4
Identification of Mental Health Cases under MAPPA	5
Role of NHS Trusts within MAPPA	5
Review of MAPPA Level 1 Cases in the Community	7
Exit from MAPPA	7
Information Storage	7
Associated Documentation	8
 Appendices	
Appendix A: Mental Health Notification Form (MAPPA I)	9
Appendix B: MAPPA Screening Form (MAPPA Q)	15
Appendix C: Referral to MAPPA Level 2/3 (MAPPA A)	18
Appendix D: Notes for Completion of MAPPA Level 2/3 Form	31
Appendix E: Notification to Jobcentre Plus (MAPPA J)	35
 Flowcharts	
Section 37	37
Section 37/41	38
Section 47/49 (determinate sentence)	39
Section 47/49 (indeterminate sentence)	40

1. Executive Summary

NHS Mental Health Trusts have a duty to co-operate with the police; prisons and probation services in a way set out in the Criminal Justice and Court Services Act (2000) and later strengthened by the Criminal Justice Act (2003).

This policy sets out the background to Multi-Agency Public Protection Arrangements (MAPPA), and provides a framework for working with and referring to MAPPA.

2. Introduction

MAPPA is a framework of statutory arrangements introduced by the Criminal Justice Act (CJA) 2003, through which the Police, Probation and Prison Services (jointly comprising the MAPPA Responsible Authority) work together with other agencies to manage the risks posed by violent and sexual offenders, in order that re-offending is reduced and the public are protected. MAPPA is not a statutory body in itself, but is a mechanism through which agencies can better discharge their statutory responsibilities and protect the public in a coordinated way. Agencies at all times retain their full statutory responsibilities and obligations.

Under section 325(3) of the CJA (2003) certain agencies have a “duty to co-operate” with the Responsible Authority, for the purpose of assessing and managing the risks posed by MAPPA offenders. NHS Trusts are one of these agencies and are therefore required to co-operate as far as they can do so, consistent with the exercise of their other statutory functions.

3. Purpose

The purpose of this policy document is to provide staff working for the Trust with an understanding of the MAPPA framework and the duties imposed on Trust staff working with MAPPA-eligible offenders. This includes identifying MAPPA-eligible offenders, notification and referral requirements, and termination of MAPPA status.

The policy should be considered in conjunction with the Care Programme Approach and Clinical Risk Assessment and Management policies of the Trust, and with domestic abuse, child and adult safeguarding procedures.

4. MAPPA framework

The types of offenders who are managed within MAPPA are organised into three categories according to their offence and sentence:

Category 1: Registered sexual offenders (RSOs). Those offenders convicted of a sexual offence since 01/09/1997, and subject to the notification requirements of part 2 of the Sexual Offences Act 2003.

Category 2: Violent and other sexual offenders. Those offenders convicted of an offence listed under the Criminal Justice Act 2003 schedule 15 who received a custodial sentence of 12 months or more, or were sentenced to hospital or guardianship orders under s37 of the Mental Health Act 1983.

Category 3: Other offenders. These are offenders who do not qualify under categories 1 or 2 but are considered by the referring agency to pose a risk of serious harm that requires active inter-agency management at level 2 or 3 (see below).

The MAPPA framework identifies three different levels at which offenders are managed, according to the resources needed to manage the risks they present.

Level 1: Ordinary agency management. This is where the risks posed by the offender can be managed by the agency responsible for the supervision or case management of the offender (e.g. mental health services). This does not mean that other agencies will not be involved; only that it is not considered necessary to actively manage through multi-agency meetings. The great majority of offenders are managed at this level.

Level 2: Active multi-agency management. Risk management plans for these offenders require the active involvement of other agencies via multi-agency public protection meetings.

Level 3: Active enhanced multi-agency management. As for level 2, but in addition these cases require the involvement of senior officers from the relevant agencies in order to be able to commit significant resources at short notice and/or where there are significant media issues and/or public interest in the case.

5. Identification of Mental Health Cases under MAPPA

Mental Health Trusts act as the lead agency under MAPPA for patients who are detained in hospital under a Hospital Order (s.37 Mental Health Act 1983) with or without a Restriction Order (s.41 MHA 1983) and for those who remain in hospital as a “notional s37” after their custodial sentence has expired. These patients remain subject to MAPPA, and the Trust continues to act as lead agency, until they are absolutely discharged from a Restriction Order or any Community Treatment Order ends.

The National Probation Service (NPS) or Youth Offending Team acts as the lead agency for patients detained in hospital under a Hospital and Limitation Direction (s.45A MHA 1983) or a Transfer Direction (s.47 MHA 1983) with or without a Restriction Order (s.49 MHA 1983). Although the Trust is not the lead agency for these patients, it is necessary for the Trust to co-operate with the NPS and other agencies to facilitate public safety.

Existing MAPPA offenders may also be admitted to hospital through a civil route. These patients will continue to be managed by the lead agency that had responsibility for them before admission.

6. Role of NHS Trusts within MAPPA

The role of NHS mental health Trusts is outlined in Chapter 26 of the Statutory MAPPA Guidance, which was updated in 2016 and can be found at www.mappa.justice.gov.uk. This role includes:

6.1 Identifying patients subject to MAPPA within three days of admission to hospital via a criminal justice route. There is no expectation that NHS staff check whether patients admitted through a civil route (i.e. sections 2 or 3 of the Mental

Health Act) are subject to MAPPA, unless staff are made aware of the fact or the patient's behaviour gives cause for concern.

6.2 Notifying the relevant MAPPA administrator (for the patient's home address) at various points using the MAPPA I form (appendices A and B). These points include admission, first unescorted leave, discharge and exit from MAPPA. In addition, it may be appropriate to complete the MAPPA I at first escorted leave if there is an identified risk of absconding.

6.3 Referring patients to Level 2 or 3 MAPPA meetings. When planning first unescorted leave or when discharge plans are being made, the CPA meeting should consider the appropriate level of MAPPA management. The MAPPA Q screening form (appendix C) should be used for this purpose. If MAPPA management at level 2 or 3 is believed to be required, a formal referral **must** be made, using the MAPPA A form (appendix D).

6.4 Attendance at MAPPA meetings. It is good practice for each MAPPA area to have a mental health representative, who is a 'core' MAPPA panel member to meet the general duty to co-operate. This person should have the authority to commit resources on behalf of the Trust and should possess relevant experience of risk / needs assessment, as well as analytical and team-working skills. In this Trust Service Directors are responsible for appointing the mental health representative.

In individual cases a representative from the patient's clinical team should also attend MAPPA meetings - attendance in person is the normal expectation when mental health services are the lead agency.

6.5 Sharing patient information. Mental health practitioners have a duty to co-operate with MAPPA and share information about patients which is relevant to the statutory purposes of assessing and managing risk, even where the patient does not consent.

The practice of information-sharing between agencies is governed by the Data Protection Principles set out in The Data Protection Act 2018. The primary legislation authorising information-sharing is the Criminal Justice Act 2003 for agencies with a duty to co-operate with MAPPA. General Medical Council guidance on sharing information is available at https://www.gmc-uk.org/guidance/ethical_guidance/30608.asp.

Patients should know that they are being managed through MAPPA, what MAPPA is, and what this means for them. However, there may be exceptional cases where information about MAPPA should be withheld from the patient on the grounds that it may increase his or her risk. This is a decision for the lead agency and must be discussed at a MAPPA meeting.

6.6 Data. MAPPA Strategic Management Boards (SMBs) need information about the number of MAPPA Level 1 cases being managed by mental health services in the community, for the MAPPA Annual Report. This information is requested annually (in March) in individual MAPPA areas.

6.7 Serious incident reviews. At the request of the SMB, the Trust may be required to contribute to MAPPA Serious Case Reviews in relevant cases. This may be in the form of providing evidence/case chronology to the independent review panel or by participating as a member of the panel.

7. Review of MAPPA Level 1 Cases in the Community

The Trust is the lead agency for conditionally discharged restricted patients under its care, and also for community patients subject to a Community Treatment Order following an unrestricted s37 Hospital Order. Most of these cases will be managed under MAPPA Level 1 ('single agency management').

Clinical teams should have a system for reviewing the MAPPA status of these cases. It is good practice for clinical teams to review MAPPA status at each CPA meeting – the MAPPA Q screening form can be used for this purpose – and to refer in to Level 2 or 3 MAPPA if active multi-agency management is required to manage the risk.

8. Restrictions on Employment

In the case of a level 1 offender where the Trust is the lead agency, the clinical team may need to inform Jobcentre Plus of any restrictions on employment, such as a legally imposed exclusion zone, or any risk of serious harm to Jobcentre Plus staff, using form MAPPA J (appendix F).

9. Exit from MAPPA

Offenders cease to be subject to MAPPA in the following circumstances:

Category 1 offenders: when their period of registration expires. In the most serious cases registration is for life. However, following a ruling of the Supreme Court in 2010, RSOs can seek a review of registration 15 years from the date of their first notification.

Category 2 offenders: where a s.45A or s.47 patient no longer requires treatment in hospital, and they are not remitted back to prison, they may be released on licence. MAPPA ceases to apply when the licence expires (unless referred into category 3). S.37 patients exit MAPPA on absolute discharge (for conditionally discharged restricted patients) or expiry of their Community Treatment Order.

Category 3 offenders: when a level 2 or 3 MAPP meeting decides that the case no longer requires active multi-agency management at level 2 or 3.

Part 4 of the MAPPA I form (part 5 of the London MAPPA form) should be completed by the Responsible Clinician or care co-ordinator and forwarded to the relevant MAPPA administrator when the patient is no longer subject to MAPPA supervision.

10. Information Storage

Information relating to a patient's MAPPA status must be kept securely and confidentially. It is vitally important that no third party information relating to victims, for example, is disclosed inappropriately. MAPPA documentation should be kept separately from the clinical record.

11. Associated documentation

1	MAPPA Guidance 2012 Version 4.4 (Updated March 2019)
2	London MAPPA Guidance January 2019
3	ELFT Clinical Risk Assessment and Management Policy
4	ELFT Safeguarding Children Policy
5	ELFT Safeguarding Adults Policy
6	Working with MAPPA: guidance for working with MAPPA in England and Wales, Royal College of Psychiatrists 2013
7	Confidentiality: good practice in handling patient information (Updated May 2018). General Medical Council

Appendix A

SENSITIVE OFFICIAL when completed
(Send via secure e-mail – Do not store in patient’s file)



**NOTIFICATION OF MAPPA-ELIGIBLE DETAINED
 PATIENT (MENTAL HEALTH)**

MAPPA I

Part 1. MAPPA Identification

To be completed at admission to hospital and sent to the MAPPA Co-ordinator for the local area and the area the patient is from.

1. CATEGORY OF OFFENDER	
The patient must fall into one of the MAPPA Categories summarised below. Please tick one box below.	
1. Registered sexual offender.	
2. Violent or other sexual offender. An offender convicted (or found not guilty by reason of insanity or to be unfit to plead and to have done the act charged) of murder or an offence specified under Schedule 15 or s.327(4A) of the Criminal Justice Act 2003 who has been sentenced to 12 months or more custody (this includes indeterminate and suspended sentences), detention in a youth detention accommodation for a term of 12 months or more, a hospital order (with or without restrictions) or a guardianship order.	
3. Other dangerous offender. If the Responsible Clinician believes that a patient who has previously committed a criminal offence is capable of causing serious harm please contact the local MAPPA Co-ordinator/Administrator for advice. This form should only be completed if advised by the MAPPA Co-ordinator/Chair/Administrator.	
2. OFFENDER INFORMATION	
Last name:	
First name(s):	
Date of birth:	
Aliases:	
Last known address (private residence) before hospitalisation:	
Home MAPPA area (location of patient’s home):	
Host MAPPA area (location of hospital):	
Gender:	
Ethnicity:	
NHS number:	
Mental Health Casework Section reference:	

3. DETAINED IN HOSPITAL	
Name of responsible clinician:	
Hospital:	
Please indicate the relevant section and basis for detention of Mental Health Act from the list below:	
Admission for treatment (s3 MHA 1983)	
Hospital Order (s37 MHA 1983)	
Restricted Hospital Order (s37/41 MHA 1983)	
Guardianship Order (s37)	
Hospital and limitation direction (s45A MHA 1983)	
Transfer direction (s47 MHA1983) (prison transfer without restriction)	
Restriction direction (s47/49 MHA 1983) (prison transfer with restriction)	
“Notional s37” (transfer direction where the custodial sentence has expired). Only relevant for Category 1 and Category 3 offenders.	
4. DETAILS OF CONVICTION OR CAUTION	
Index offence:	
Date of conviction and court / caution:	
Sentence (and sentence expiry date where relevant):	
5. VICTIM CONCERNS	
Has the victim(s) asked to be kept informed of relevant dates and decisions by Hospital Managers under the Probation Victim Contact Scheme? (Hospital managers are responsible for victim services under the Domestic Violence, Crime and Victims Act 2004):	
If YES name and contact details of VLO:	
Please state what information has been provided and summarise any concerns that the victim might have:	
Are there any other victims issues known to mental health staff e.g. victims of previous offences or offences that did not go to trial etc.?	
6. ABSCONDS AND ESCAPES: Contingency Plans for high risk offenders (see paragraph 26.73)	
E.g. Who should be informed (police, victim, etc.)? by whom and how? Any media plan in place/required?	

7. SIGN AND DATE	
Electronic signature (if available):	
Name and role:	
Date:	
Sent to:	
Date sent:	

Parts 3, 4 and 5 to be completed subsequently by mental health services. See appropriate part for instructions.

***Further information on MAPPA Category 3 can be found in Chapter 6 – Identification and Notification of MAPPA offenders and Chapter 26 - Mentally Disordered Offenders and MAPPA.**

Part 2. Information from MAPPA Co-ordinator

To be completed by MAPPA Co-ordinator and sent to the Responsible Clinician.

8. INFORMATION HELD BY MAPPA CO-ORDINATOR/MAPPA UNIT	
Previous convictions for unrestricted patients (these will be sent to the hospital by Mental Health Casework Section for restricted patients):	
ViSOR number:	
Is there any other information known to the MAPPA Unit, including information held on ViSOR or Probation case management systems, regarding this patient that should be shared to help manage the risk to the public?	
If YES:	
Information provided to Responsible Clinician by (provide name, role and contact details):	
Date sent back to hospital:	
Information copied to:	
(MAPPA Unit to cc other mental health professionals involved, ViSOR Officer, Probation Officer, MAPPA Unit in home/discharge area as applicable)	

On receipt of this form back from the MAPPA Unit, the Responsible Clinician should check the information received, and then:

- **Ensure that the information is stored securely and not on the patient's file. Information provided on this form must not be shared with the patient without consulting the MAPPA Unit.**
- **Update the risk assessment.**

- Update the risk management plan.
- Notify the MAPPA Unit of any change of address.
- At the appropriate time and in line with guidance make and record a clear decision whether the case can be managed at level 1 or whether to make a referral to the MAPPA unit for management at level 2 or 3.

If MAPPA level 2 or 3 management is required, Mental Health as the lead agency, should make a referral to the MAPPA unit in the area where the patient is to be discharged. MAPPA A should be used in accordance with the MAPPA Guidance.

Further information on referral to level 2 or 3 is found in Chapter 7 – Levels of Management or Chapter 26 - Mentally Disordered Offenders and MAPPA under the “Making a referral to MAPPA level 2 and 3” section.

Part 3. Notification of Leave and Discharge Planning

To be completed/updated prior to first unescorted leave and after first CPA/CTP meeting where discharge/release is discussed. Also to be completed prior to first escorted leave where there is a high risk of abscond, very high risk of harm or high risk of reputational damage. To be sent to the MAPPA Co-ordinator for the local area and the area the patient is from.

9. MAPPA LEVEL (only necessary where mental health are the lead agency)	
Date MAPPA level screening tool completed (MAPPA Q or equivalent):	
Completed by:	
Endorsed by (Responsible Clinician):	
Managed by lead agency at Level 1:	YES/NO
Referral to Level 2/3 recommended:	YES/NO
Date referral submitted (MAPPA A):	
10. DETAILS OF LEAVE	
Details of community leave arrangements Please provide as much detail as possible. Include dates and relevant addresses and details of any exclusion zone. Victim issues. Confirm below whether escorted or unescorted:	
Escorted:	
Unescorted:	
Date of next CPA/CTP meeting if applicable:	

11. DISCHARGE PLANNING	
Date of next tribunal hearing if applicable:	
Details of discharge (including any conditions): [include dates and address]	
12. CONTACT DETAILS OF RESPONSIBLE CLINICIAN	
Name:	
Hospital:	
Telephone Number(s):	
Email Address:	
13. SIGN AND DATE	
Signed:	
Name and role:	
Date:	

Part 4. Discharge

To be completed prior to discharge (only necessary for MAPPA Level 1 cases). To be sent to the MAPPA Co-ordinator for the local area and the area the patient is being discharged to.

14. DISCHARGE DETAILS	
Return to custody or release on probation licence (restriction direction or hospital and limitation direction):	
Conditional discharge:	
Discharge on Community Treatment Order (CTO):	
Absolute discharge:	
Date of discharge:	
Address following discharge:	
15. CONTACT DETAILS OF CLINICAL SUPERVISOR	
Name and role:	
Hospital:	
Telephone Number(s):	
Email Address:	
16. CONTACT DETAILS OF COMMUNITY CARE CO-ORDINATOR	

Name and role:	
Hospital:	
Telephone Number(s):	
Email Address:	
17. DATE SENT	
Date sent:	

Part 5. Exit from MAPPA

To be completed by mental health services where patient no longer meets the criteria for MAPPA. To be sent to the MAPPA Co-ordinator for the area the patient lives in.

18. ABSOLUTE DISCHARGE/END OF COMMUNITY TREATMENT ORDER
Where a patient, managed through MAPPA at any level, receives an absolute discharge this section must be completed and returned to the MAPPA Unit in the area where the patient is residing. It is at this point that the patient will no longer meet the criteria for being managed under MAPPA.
Date of absolute discharge and name of Responsible Clinician:



Name of Offender:

Date of Birth:

Step 1: Legality

Is the nominal a MAPPA Offender?

(Please note that offenders can only be identified in one of the three Categories at a time. Offenders can only be considered for Category 3 if they do not meet the criteria for Category 1 or Category 2. Offenders only fall into Category 2 if they do not meet the criteria for Category 1. However, an offender who ceases to meet the criteria of one Category can be identified in a different category if they meet the relevant criteria.)

Category 1. Registered Sex Offender (RSO) (W/M marker shown on PNC)
 Schedule 3 SOA 2003:

- convicted/cautioned and within Notification period or
- subject of a SOPO

Category 2. Violent Offender (and ‘other sexual offenders’)
 Murder or Schedule 15 of CJA 2003:

- sentenced to custody for 12 months or more (including indeterminate and suspended sentences)and on licence*, or
- s37/41 restricted hospital order patient conditionally discharged from hospital, or s37 unrestricted hospital order patient discharged from hospital on a community treatment order

Subject of a Disqualification Order

*This includes persons sentenced to 12 months or more who are also the subject of a s47 transfer to hospital or a s45A hospital direction who have been discharged from hospital (such persons may be subject to a Community Treatment Order while also on licence. MAPPA eligibility as a Cat 2 ends when the sentence expires).

Category 3. Other ‘dangerous’ offender
 The offender:

- must have been convicted/cautioned for an offence that indicated they are capable of causing serious harm to the public, **and**
- poses a current risk of serious harm to the public that requires multi-agency management at Level 2 or 3

None of these categories apply: the offender is not a MAPPA nominal.

One of the three categories applies: proceed to step 2

Step 2:

Do two or more agencies need to meet and actively collaborate to develop and implement a Multi-Agency Risk Management Plan? (If Police and Probation are involved, then three or more agencies – unless extra police resources need to be committed and/or actively co-ordinated)

For Mental Health patients: as above and/or does the Care Programme Approach (CPA) process need to be reinforced in order to manage the risk?

Level 2 or 3 (Active Multi-Agency Management) should ‘add value’ to the management of the offender (i.e. Answer the question, “what is it that the increased level of management will additionally provide to the effective management of this case?”)

Issues and questions to be considered regarding L2 or L3 include:

- Does the offender/patient pose a current, active risk of serious harm to others?
- Is the amount and level of information available within different agencies such that a discussion will facilitate a better understanding?
- Is there a need to explore and reach a consensus (or record a formal difference) between agencies about the level of risk or risk management?
- Does the complexity of the case need a more co-ordinated approach to ensure agencies are clear about their respective roles and responsibilities?
- Would active multi-agency management assist in brokering the engagement of other agencies and services in developing a risk management plan?
- for mental health patients;
 - Is the nature of the risk such that it cannot be effectively managed through the CPA process?
 - Is it likely that a tribunal might lead to discharge against the recommendation of the treating team?
- Would multi-agency management improve or expedite referrals for services under other agencies’ procedures?
- Would it support priority access to limited or specialist resources?
- It is necessary to plan more complex third party disclosure (e.g. where there may be personal or community repercussions)?
- Is there a need to plan for media or community impact/interest?
- Does the case require middle/senior management oversight outside normal processes?
- Are there any other issues that warrant a multi-agency approach?

In light of these considerations does this case require active Multi-Agency Management at MAPPA Level 2 or 3?

Yes: proceed to step 3.

No: the case can be managed at Level 1 (Ordinary Agency Management).

This decision should be endorsed by your line manager (or representative)

– see step 4.

Step 3:

Is the case likely to attract a high level of media scrutiny and/or public interest in the management of the case and is there a risk of public confidence being damaged?

If 'yes': consider referral to Level 3

If 'no': does the case

- require input from a senior manager due to complexities (e.g. cross border issues)?, or
- Does the likely seriousness and the imminence of the risk or the complexity of the case require input from special or higher level resources, perhaps at short notice, that can only be committed by senior managers?

Yes: consider referral to Level 3.

No: refer to Level 2.

Step 4:

Discuss this case with your line manager.

Decision not agreed:
Reason/s

Decision endorsed by line manager

Retain at Level 1, Ordinary agency management.

Refer into MAPPA (Level 2 or 3). Offender manager should complete the MAPPA referral form and send it to the MAPPA Administrator.

Offender Manager Date

Line manager Date

For more comprehensive information, refer to:

- 'MAPPA Guidance 2012 (Version 4)', Sections 6.1 – 6.14 and Section 7, for details of MAPPA Categories and Management Levels
- NOMS Guidance, March 2011. 'MAPPA Level 1 – Ordinary Agency Management Best Practice'



Appendix C
REFERRAL TO MAPPA LEVEL 2/3
Fields marked with * are mandatory

MAPPA A

Name of MAPPA area:		
Referral to which level?	2	3
1. CATEGORY OF OFFENDER		* All agencies
The offender can fall into only one of the MAPPA Categories summarised below. Please place an X against only one of the following three Categories.		
1. Registered Sexual Offender		
2. Violent or other sexual offender: An offender convicted (or found not guilty by reason of insanity or to be unfit to plead and to have done the act charged) of murder or an offence specified under Schedule 15 or Section 327(4A) of the Criminal Justice Act 2003 who has been sentenced to 12 months or more custody (this includes indeterminate and suspended sentences), detention in a youth detention accommodation for a term of 12 months or more, a hospital order (with or without restrictions) or a guardianship order.		
3. Other dangerous offender: Has been cautioned for or convicted of an offence which indicates that he or she is capable of causing serious harm AND which requires multi-agency management. This might not be for an offence under Sch.15 of the Criminal Justice Act 2003. Offenders convicted abroad could qualify for Category 3.		
2. OFFENDER INFORMATION		
Last name:		* All agencies
First name:		* All agencies
Date of birth:		* All agencies
Aliases (including nicknames):		All agencies
Gender:		All agencies
Ethnicity:		All agencies

ViSOR Reference: (must be completed for all Registered Sexual Offenders):		All agencies
PNC ID:		* All agencies
Agency unique identifier:		* All agencies
Prison:		* All agencies
Prison number:		* All agencies
Last known address before sentence:		Police / Probation
Proposed release address:		Police / Probation
Current address if in community:		All agencies
GP name and address:		All agencies
Social care legal status:		All agencies
3. CONVICTION / CAUTION INFORMATION		
Index offence / Relevant caution:		* All agencies
Date of conviction / caution:		* All agencies
Sentence length and type:		All agencies
Brief offence(s) details:		* All agencies
Relevant previous convictions and pattern of offending:		All agencies
Other relevant information:		All agencies
4. RELEVANT DATES		
Automatic Conditional Release Date:		YOT / Probation

Parole Eligibility Date:		YOT / Probation
Non-Parole Date:		YOT / Probation
Licence Expiry Date:		YOT / Probation
Sentence Expiry Date:		YOT / Probation
Post Sentence Supervision Expiry Date:		YOT / Probation
Home Detention Curfew:		YOT / Probation
Community Order end date:		YOT / Probation
Imprisonment for Public Protection:	YES / NO	* Probation
Extended Sentence for Public Protection:	YES / NO	* Probation
Lifer:	YES / NO	* YOT / Probation
Mental Health review date(s):		Mental Health
Sexual Offences Prevention Order:	YES / NO Conditions:	* Police / Probation
Sexual harm Prevention Order:	YES / NO Conditions:	* Police / Probation
Sexual risk Order:	YES / NO Conditions:	* Police / Probation
Registered Sex Offender Notification end date:		Police / Probation
Other Order: (e.g. Disqualification Order, Violent Offender Order, Terrorism Notification)	YES / NO Type of Order: Conditions:	* Police / Probation
5. DETAINED IN HOSPITAL		Mental Health
Name of responsible clinician:		

Hospital:	
Earliest possible discharge date:	
Proposed release address:	
Name / contact details of Forensic Social Worker:	
Date of next tribunal:	
Please indicate the basis for detention from the options below	
Guardianship order – s.7/s.37 MHA 1983	YES / NO
Hospital order – s.37 MHA 1983	YES / NO
Restriction order – s.41 MHA 1983	YES / NO
Transfer from prison – s.47 MHA 1983	YES / NO
Other:	
6. RELEVANT INFORMATION	* All agencies
Reason for referral and how will active multi-agency management add value to the management of the risk(s) of serious harm?	
What inter-agency work has been undertaken so far?	
Equality considerations linked to risk of serious harm (if an offender is a child, consider the voice of the child)	
Add any other relevant information (e.g. media handling, disclosure, medical issues etc)	

7. RISK ASSESSMENT					
RM 2000 Risk of Reconviction [complete for all sexual offenders]					Police / Probation
	Level			Date of assessment	
RM 2000 Sexual:					
RM 2000 Violent:					
RM 2000 Combined:					
ARMS					Police/Probation
	V High	High	Medium	Low	Date completed
Risk of sexual re-offending:					
OASys Risk of Reconviction					Prison / Probation
	1 year %	2 year %	Band	Date completed	
OGP:					
OVP:					
OGRS3:					
OASys Risk of Serious Harm – (1) Risk in the Community					Prison / Probation
	V High	High	Medium	Low	Date completed
Children:					
Public:					
Known adult:					
Staff:					
Prisoners:					
OASys Risk of Serious Harm – (2) Risk in Custody					Prison / Probation
	V High	High	Medium	Low	Date completed
Children:					
Public:					

Known adult:					
Staff:					
Prisoners:					
SARA Assessment [complete for all domestic abuse offenders]					Probation
	High	Medium	Low	Date completed	
Risk to partner:					
Risk to others:					
ASSET/ ASSET PLUS Risk of Serious Harm [complete for all offenders under 18]					YOT
	V High	High	Medium	Low	Date completed
Risk of serious harm:					
ASSET risk of reconviction					Date completed
Any Other Risk Assessment Tools (for example, AIM2 and SAVRY)					All agencies (if applicable)
					Date completed
Mental Health / Psychological Risk Tool					Mental Health
					Date completed
8. SAFEGUARDING					All agencies
Child Protection Concerns (continue on additional sheet if required)					
Are there any child protection concerns? If YES, answer a to c below	YES / NO / NOT APPLICABLE / NOT KNOWN *				
a. What are they?					

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?	YES / NO / NOT APPLICABLE / NOT KNOWN *
Child 1	
Last name:	
First name:	
Date of birth:	
Gender:	
Relationship to offender:	
Child 2	
Last name:	
First name:	
Date of birth:	
Gender:	
Relationship to offender:	
Child 3	
Last name:	
First name:	
Date of birth:	
Gender:	
Relationship to offender:	
Genogram Required/ Available?	YES / NO
Vulnerable Adult Concerns (continue on additional sheet if required)	
Name:	

Date of birth:	
Gender:	
Does this person live with the offender?	YES / NO
Relationship to offender:	
Name of social worker (if relevant):	
Genogram Required/ Available?	YES / NO
Risks to the Offender	
9. VICTIM CONCERNS	
	All agencies
Outline any concerns about the victim of the index offence or potential victims:	
Has the victim taken up the Victim Liaison Service?	YES / NO / NOT APPLICABLE / NOT KNOWN *
If YES, give contact details of VLO	
Are there any domestic abuse concerns? If YES, answer a to e below	YES / NO / NOT APPLICABLE / NOT KNOWN *
a. What are they?	
b. Has the victim been referred to MARAC?	YES / NO / NOT APPLICABLE / NOT KNOWN *
c. Has a meeting been held / Is a meeting due to be held?	YES / NO / NOT APPLICABLE / NOT KNOWN *

d. Date of meeting (if known)	
e. Actions from MARAC	
10. RISK ASSESSMENT AND MANAGEMENT PLAN	* All agencies
Lead Agency Risk Assessment Summary	
Who is at risk?	
What is the nature of the risk?	
When is the risk likely to be greatest?	
What circumstances are likely to increase risk?	
What are the protective factors?	
Lead Agency Risk Management Plan	
Supervision:	
Monitoring & Control:	
Interventions & Treatment:	
Victim Safety:	

--

Contingency Planning

--

11. ADDITIONAL MAPPA INVITEES	All agencies
--------------------------------------	---------------------

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)
12. REFERRING AGENCY INFORMATION		
Referring agency:	*	

Name:	*	
Grade:	*	
Office:	*	
Telephone number(s)	* (w)	(m)
Email address:	*	
Date sent to line manager:		
Endorsement by line manager (where required by your agency)		
Name:		
Grade:		
Office:		
Telephone number(s):	(w)	(m)
Email address:		
Date endorsed by line manager:		
<p>Once completed, please send this form to the MAPPA Co-ordination Unit.</p> <p>ONLY USE SECURE EMAIL</p> <p><u>Insert your email address here</u></p> <p>If email is not secure, please fax to: <u>Insert your fax number here</u></p>		
Date sent:		
13. MAPPA CO-ORDINATION UNIT DECISION (for official use only)		
Screened by:		
Name:		
Title:		
Area:		
Date referral received:		
MAPPA qualifying offender?	YES / NO	

If NO, return form to referring agency line manager	
Comments:	
Does referral meet threshold for Level 2/3? If YES, which level?	
If NO, return form to referring agency line manager	
Comments:	
Date referral accepted / rejected:	
Date referring agency notified:	
Meeting to which referral is to be taken:	

	Notes for completion	MAPPA A
--	-----------------------------	----------------

- The MAPPA Area should be identified at the top of the form
- The referrer should identify the Level being referred to (2 or 3)
- The agency that should complete each section is identified on the right hand side of the field

1. CATEGORY OF OFFENDER

This section identifies which category brings the offender into MAPPA, and therefore avoids incorrect identification from the outset. The offender can only fall into **one** category. If they meet the criteria for more than one category they should be identified as the first category they meet the criteria for. Referrals to Category 3 will not yet be MAPPA offenders but should still be identified as other dangerous offenders until the referral is approved by the Responsible Authority.

2. OFFENDER INFORMATION

- Nicknames have been included as this is relevant for a number of reasons including gang membership
- State the actual ethnicity, not the code.
- ViSOR reference should be included when a ViSOR record has been created e.g. sexual offenders
- Agency unique identifier should be included (e.g. PNC ID, nDelius reference number)
- Where the offender was NFA prior to imprisonment that should be stated, and then the area to which the offender has closest links identified
- The proposed release address should be that which has been approved

3. CONVICTION / CAUTION INFORMATION

- The index offence or relevant caution (for Category 3) is the offence/s or caution which has brought the offender into MAPPA
- Sentence length and type is the outcome of Court proceedings
- **Brief** details of offence. Information must not be cut and pasted from the Pre-Sentence Report or any other document. Use bullet points
- Previous related offences should be included.
- There may or may not be additional information the referring agency wishes to add

4. RELEVANT DATES

Relevant dates are those which relate to the current sentence or order (input dates where known).

5. DETAINED IN HOSPITAL

This section should be completed by Mental Health Services and provides relevant information regarding the patient.

6. RELEVANT INFORMATION

Reason for referral
 The reasons why the referral has been made may include concerns about:

- Behaviour and attitudes
- Previous offences and patterns of offending
- Information gathered from other agencies
- The offender's pattern of co-operation
- Gang involvement

- TACT involvement
- Relevant psychiatric history
- Diagnosed personality disorder
- Information from Risk Assessment or risk of reconviction tool Disclosure issues

How will active Level 2 or 3 management add value to the management of the case over and above what is already being achieved?

- Key words are **active** and **add value**
- Describe what additional resources etc. the agencies involved in MAPPA can add to how the risk of the serious harm the offender poses can be managed more effectively
- Describe what is required from a level 2 or 3 MAPPA meeting in order to complete the risk assessment or deliver a defensible Risk Management Plan.

What interagency work has been undertaken so far?

Should include the outcomes of:

- Care Plan Approach Meetings
- Child Protection Conferences
- Professionals Meetings
- Which agencies have been contacted and what they have contributed to the risk management plan?
- MARAC

Equality considerations linked to risk of serious harm

- Consideration is to be given if any of the nine protected characteristics set out in the Equality Act 2010 (i.e. age, disability, gender reassignment, marriage & civil partnership, pregnant & maternity, race, religion or belief, sex, sexual orientation) apply to the offender
- Only comment on equality issues that could impact upon risk management, e.g. is the offender a vulnerable adult, does he/she have learning disabilities etc.
- If the offender is a child, consider the voice of the child

7. RISK ASSESSMENT

The information in the header line indicates the type of offender the tool should be completed for. It is important to include the date the tool was completed.

8. SAFEGUARDING

- Children's services keep records by the name of the child. To assist this agency, the name of the child and any other relevant information available should be provided to enable the coordination unit to invite the correct person to the meeting.
- Where the concerns relate to children in general, these should be specified.
- Vulnerable Adult concerns should be noted, both in relation to the offender and those adults the offender is in contact with. If in doubt, contact the local Safeguarding Adults Unit.
- The vulnerability of the offender should be distinguished from the risks presented by the offender. Where the offender is a child, it is important that the panel considers the needs of the child as well as the risks posed by them.

9. VICTIM CONCERNS

This section should outline any known or suspected concerns regarding the victim of the index offence/s, previous offences or potential victims e.g. children, partners, vulnerable adults etc, and why the referring agency thinks those identified are at risk of serious harm.

10. RISK ASSESSMENT AND MANAGEMENT PLAN

Lead Agency Risk Assessment Summary

Lead Agency Risk Management Plan

These fields must be completed.

Supervision

Supervision is not limited to statutory supervision by the NPS but also includes engagement with any other agency that has a role in helping offenders lead law abiding lives.

Examples of supervision:

- Office-based supervision.
- Home visits (by police and probation) and other regular visits to the offender's premises.
- Contact with healthcare professionals.
- Interaction with staff in Approved Premises.
- Tenancy support from Housing Associations.
- Assistance from the Department of Work and Pensions (DWP) in finding work.
- Actions to build on offenders' strengths and protective factors.
- Curfews

Monitoring and Control

Monitoring and control are strategies aimed at controlling and reducing opportunities for harmful behaviour.

Examples of monitoring and control:

- The use of licence conditions (see PI 09/2015 for details).
- A licence condition placing restrictions on residence, for example, residing at Approved Premises.
- Restrictions on associations, activities and movements.
- Surveillance and electronic monitoring.
- Polygraph examinations.
- The use of Restrictive Orders.

Where offenders pose a continuing risk of serious harm, the police will consider whether these risks are high enough to justify applying for one of the following orders:

- Notification Order (Sexual Offences Act 2003 (SOA 2003) sections 97 to 101).
- Sexual Risk Order (SOA 2003 sections 122A to 122K).
- Sexual Harm Prevention Order (SOA 2003 sections 103A to 103K).
- Violent Offender Orders (Criminal Justice and Immigration Act 2008, Chapter 4, Part 8).

Interventions and Treatment

Interventions and treatment are activities that focus more on developing the offender's own ability to avoid and manage risk situations and to build strengths and protective factors that enable desistance from offending. They may be mandatory, such as complying with a licence condition, or voluntary. They may include, but will not be limited to, accredited programmes.

Examples of interventions and treatment:

- Attendance at accredited programmes, which address the causes of offending behaviour.
- Interventions that emphasise self-risk management and which promote the use of internal controls over the longer term.
- Interventions which combine intensive supervision with the appropriate use of sanctions and responding to non-compliance.

- Supportive and integrative approaches where risk assessments indicate their usefulness, e.g. Circles of Support and Accountability.
- Referral for medical or psychological interventions as required.
- Co-operation with drug and alcohol advisory services.
- Involvement in other activities to divert the offender from offending, such as appropriate employment or voluntary work.

Victim Safety

Victim safety strategies are designed to protect previous and *potential* victims from harm.

Examples of victim safety actions:

- The disclosure of information to third parties.
- Relocation of the victim.
- Action by Children’s Services.
- Exclusion zones and non-contact licence conditions.
- Restraining Orders and other orders made by the Family Court

Contingency Plans

Contingency plans should be included in all RMPs. They will include rapid response arrangements to changing situations or deterioration in circumstances or behaviours. The following factors are associated with escalating risk.

- A change in situational risk e.g. increased proximity to victims, increased opportunity to offend in other ways, change in family circumstances etc.
- Deterioration in lifestyle e.g. loss of accommodation, relapse into drug or alcohol use, increased association with offending peers etc.
- Psychological factors e.g. increased preoccupation with offending or offending related issues, deterioration in mental or psychological wellbeing etc.
- Breakdown in supervision e.g. missing appointments, superficial compliance etc.

11. ADDITIONAL MAPPA INVITEES

Invite 1 must be completed by the referring agency identifying themselves. This will identify who needs to be sent an invitation to the meeting when the case is to be discussed.

- The referring agency should also consider which other agencies would assist in the assessment and management of the risk posed by the offender. If there are more than six, complete on a separate sheet and attach to the referral

12. REFERRING AGENCY INFORMATION

This must be fully completed and endorsed by the line manager (this ensures that the line manager is fully aware of the case and the reason for the referral to MAPPA). For Mental Health Services, it may be more appropriate for a Doctor or other senior member of the team to endorse the form. If the referral is being completed by a line manager, the referral does not require endorsement if agreed by local agency protocol.

13. MAPPA CO-ORDINATION UNIT/ RESPONSIBLE AUTHORITY DECISION

This section should be completed as appropriate to the SMB endorsed local process.



Appendix E
NOTIFICATION TO JOBCENTRE PLUS

MAPPA J

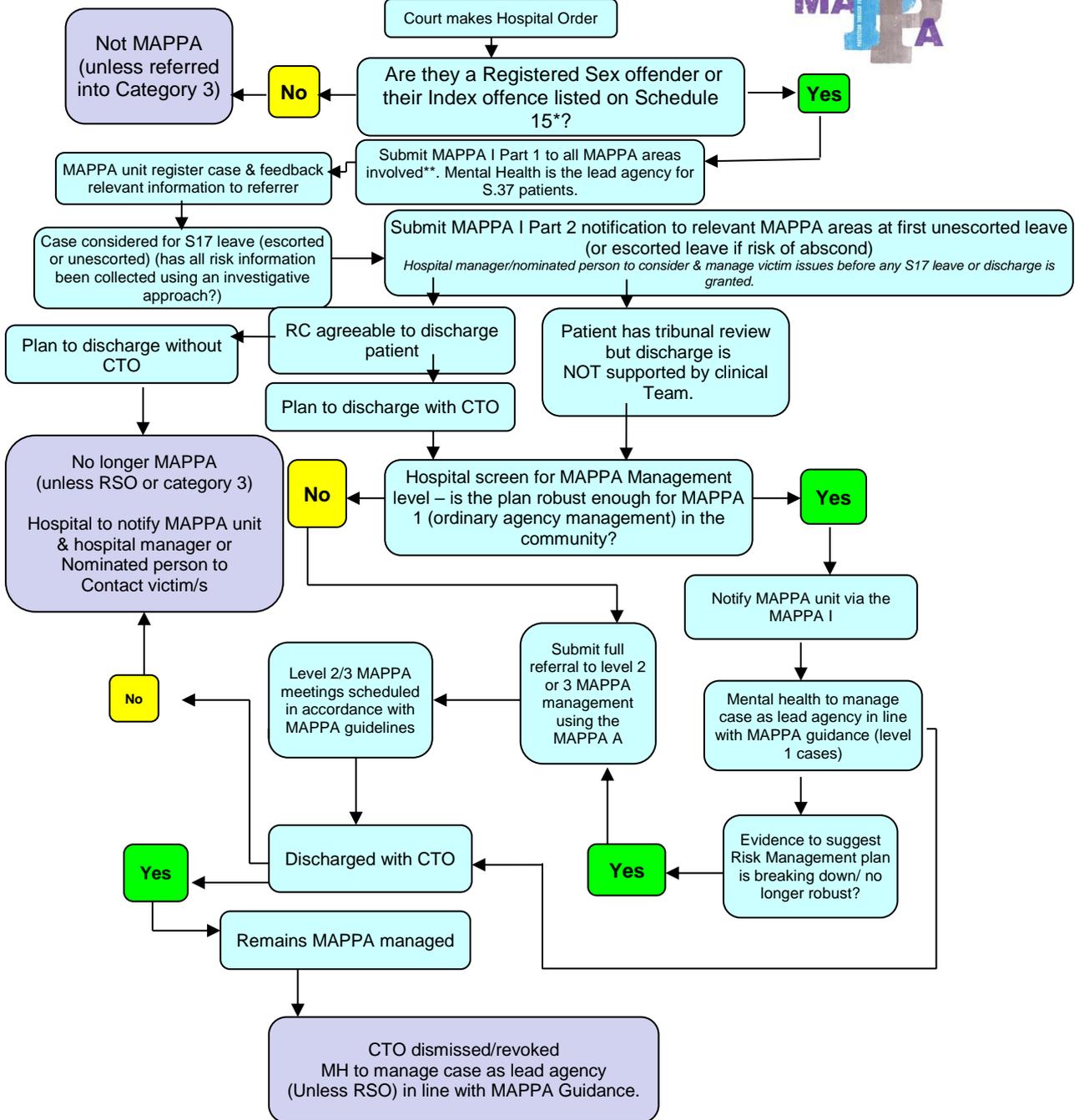
To be completed by the Offender Manager / Police Officer and sent via secure email to the identified Jobcentre Plus Designated Officer / Single Point of Contact (SPOC) in the area:

- **as soon as restrictions are known, and**
- **When there is a change to the restrictions.**
- **when there is a change to the Offender Manager**

1. THE JOBSEEKER			
Last name:			
First name:			
Middle name:			
Date of birth:			
Aliases including nicknames:			
Gender:			
Current address:			
Postcode:			
Telephone number:	(h)		(m)
Disability / Diversity considerations:			
2. NOTIFYING AGENCY			
Notifying agency:	Probation Service / Police		
Name:			
Grade:			
Office:			
Telephone number(s):	(w)		(m)
Email address:			
Date Jobseeker informed of Jobcentre Plus notification: <i>(In exceptional circumstances where Jobseeker not informed, give date of discussion with Jobcentre Plus Designated Officer / SPOC)</i>			
Does the offender present a risk of	YES / NO		

serious harm to Jobcentre Plus staff or other employment and training providers?	
If YES: Describe the nature of the risk of serious harm and contact the Jobcentre Plus Designated Officer / SPOC to discuss.	
3. MAPPA POINT OF CONTACT	
Name:	
Grade:	
Office:	
Telephone number(s):	(w) <input type="text"/> (m) <input type="text"/>
Email address:	<input type="text"/>
4. INITIAL RESTRICTIONS / CHANGE OF RESTRICTIONS which will affect the employment / training of the Jobseeker	
Initial Restrictions / Change of Restrictions <i>[delete as appropriate]</i>	Date restriction ends
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Date notification emailed to JCP designated Officer/SPOC:	<input type="text"/>
Date by which JCP Designated Officer / SPOC should contact lead agency to discuss (within five working days, if notification restriction/change of restrictions):	<input type="text"/>
5. NO RESTRICTIONS APPLY	
complete only when there is serious concern regarding employment and the need to protect the public from serious harm	
Date discussed with Jobcentre Plus Designated Officer / SPOC:	<input type="text"/>
Information shared:	<input type="text"/>

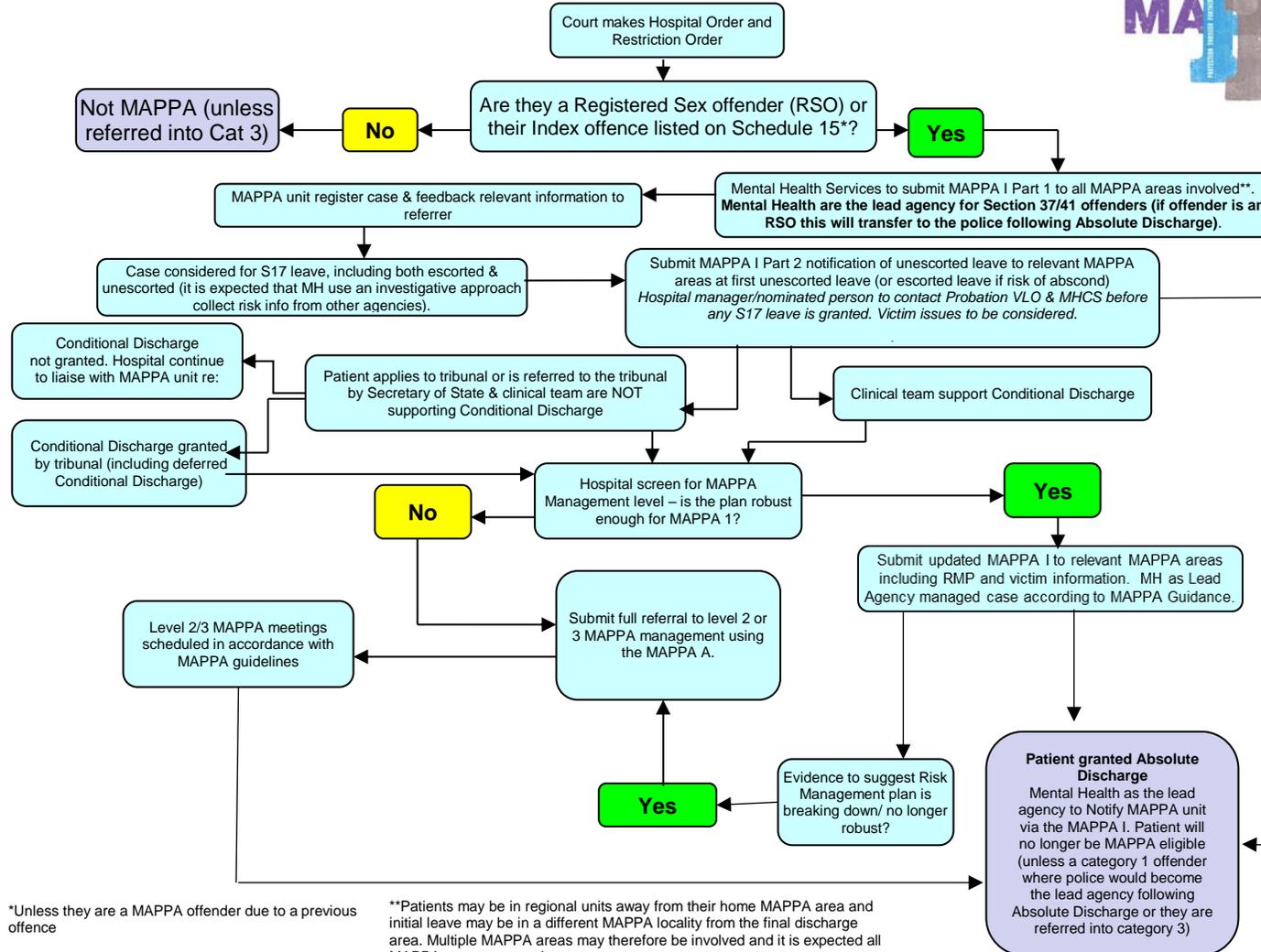
Section 37



*Unless they are a MAPPAs offender due to a previous offence

**As patients may be in regional units away from their home MAPPAs area and initial leave may be in a different MAPPAs locality from the final discharge area, multiple MAPPAs areas may be involved.

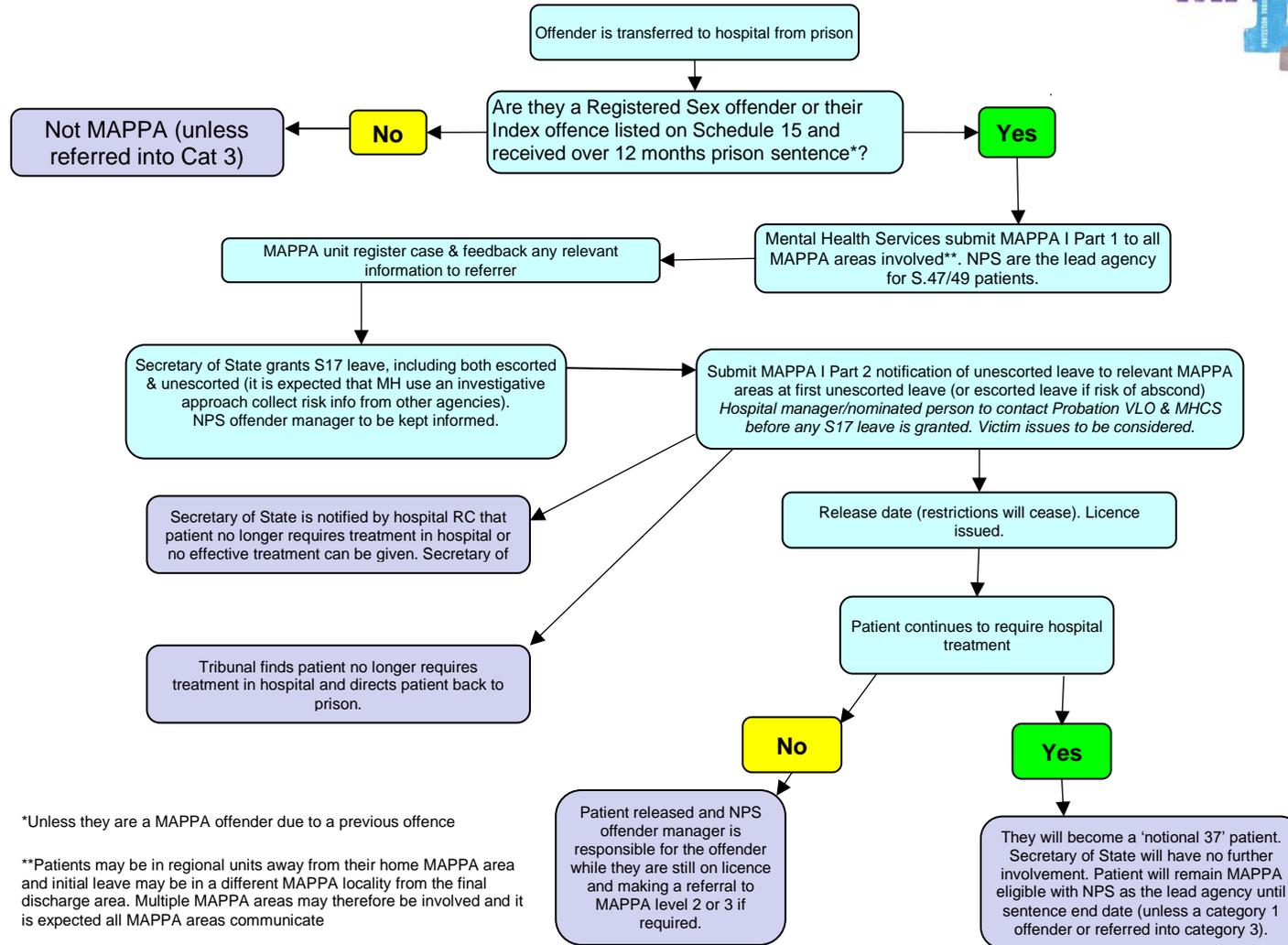
Section 37/41



*Unless they are a MAPP offender due to a previous offence

**Patients may be in regional units away from their home MAPP area and initial leave may be in a different MAPP locality from the final discharge area. Multiple MAPP areas may therefore be involved and it is expected all MAPP areas communicate

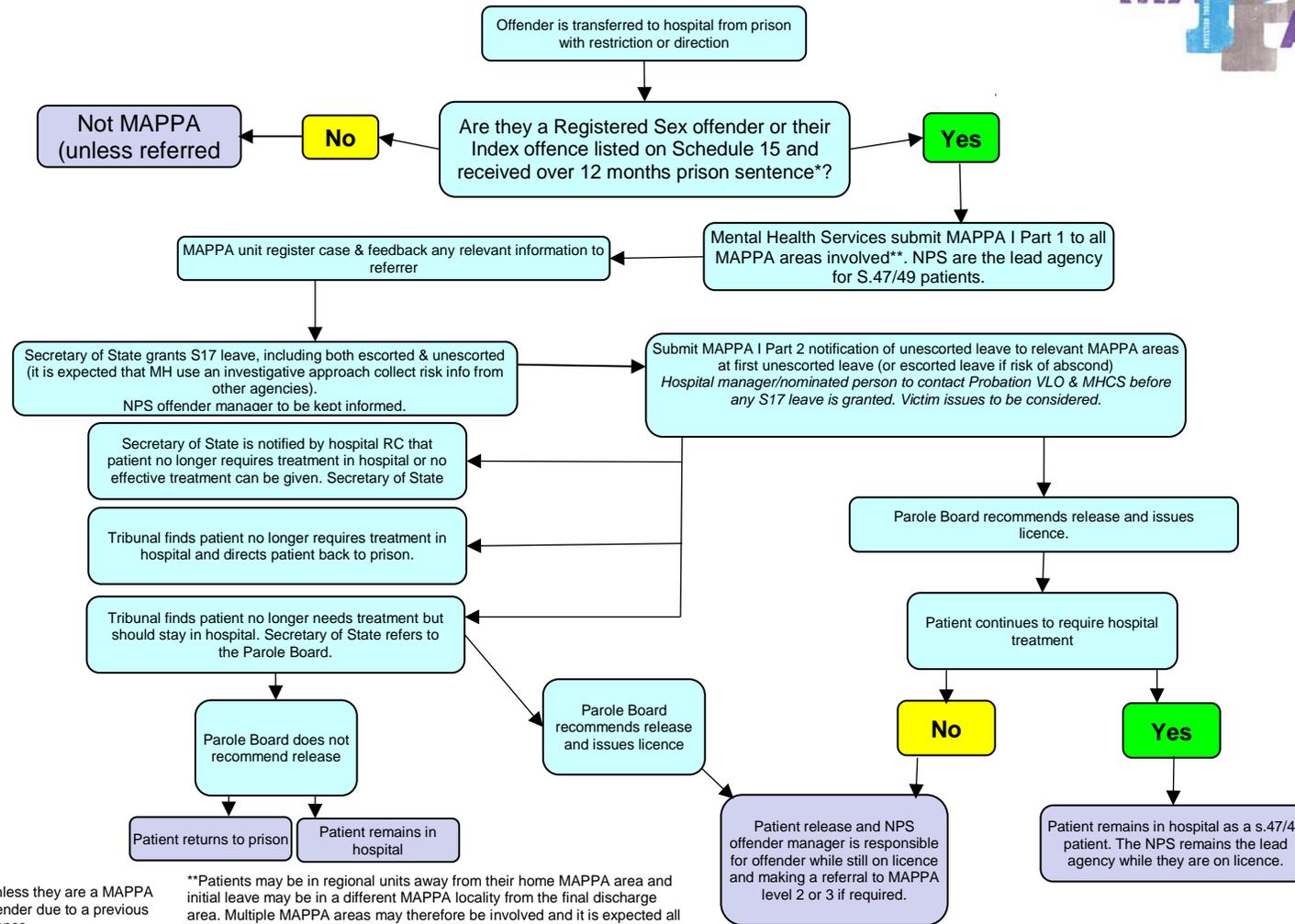
Section 47/49 Transfer (determinate sentence)



*Unless they are a MAPP offender due to a previous offence

**Patients may be in regional units away from their home MAPP area and initial leave may be in a different MAPP locality from the final discharge area. Multiple MAPP areas may therefore be involved and it is expected all MAPP areas communicate

Section 47/49 Transfer (indeterminate sentence)



*Unless they are a MAPP offender due to a previous offence

**Patients may be in regional units away from their home MAPP area and initial leave may be in a different MAPP locality from the final discharge area. Multiple MAPP areas may therefore be involved and it is expected all MAPP areas communicate

