MULTI AGENCY PUBLIC PROTECTION ARRANGEMENTS (MAPPA)

Trust-Wide Clinical Policy
### Document Control

<table>
<thead>
<tr>
<th>Title</th>
<th>Multi Agency Protection Arrangements (MAPPA) - Trust wide Clinical Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose of document</td>
<td>Guide best practice in co-operating with police, probation, prisons, and affiliated bodies under MAPPA rules</td>
</tr>
<tr>
<td>Electronic file reference (authors)</td>
<td>TBC</td>
</tr>
<tr>
<td>Electronic file reference (network or intranet)</td>
<td>TBC</td>
</tr>
<tr>
<td>Status</td>
<td>draft</td>
</tr>
<tr>
<td>Version No.</td>
<td>4</td>
</tr>
<tr>
<td>Date of this draft</td>
<td>6th August 2009</td>
</tr>
<tr>
<td>Author (s)</td>
<td>Dr Gerard Waldron</td>
</tr>
<tr>
<td>Circulated to</td>
<td>D Oyebode, T Lambert, N Boast, J Wilson</td>
</tr>
<tr>
<td>Approved by (Names, titles and dates)</td>
<td></td>
</tr>
<tr>
<td>Next Review Date</td>
<td></td>
</tr>
</tbody>
</table>

### VERSION CONTROL SUMMARY

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Status</th>
<th>Comments/ Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>January 09</td>
<td>Draft</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>April 09</td>
<td>Draft</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>June 2009</td>
<td>Draft</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>August 2009</td>
<td>Draft</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>September 09</td>
<td>Final Version</td>
<td></td>
</tr>
<tr>
<td>Contents</td>
<td>Page No.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Control</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Version Control</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contents</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Summary</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aim</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objectives</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equality/Diversity</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Definitions</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How people are assigned to categories of offenders within MAPPA</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Levels of management within MAPPA</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral to MAPPA</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Young Offenders</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Orders</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exceptions</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedure</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decision making about information sharing</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feedback</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resources</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audit, monitoring and evaluation</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementation Plan</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appendix 1 (History and Legal authority to disclose relevant information to the MAPPA)</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appendix 2 (Referral forms)</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appendix 3 (Specified Offences)</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appendix 4 (Audit standards)</td>
<td>25</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Executive Summary

Our Mental Health Trust is one of the bodies with a duty to co-operate with the police, prisons and probation (the Responsible Authorities) 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), defines terms that specifically relate to these arrangements and guides clinicians and others about procedures relating to the arrangements. The policy refers to the law, codes of practice and guidance on the matter of confidentiality but does no more than refer the reader to this matter. This policy does not offer in-depth advice on confidentiality.

The policy provides a framework for working with and referring to MAPPA.
Aim
This policy will set out the background to the development of the MAPPA arrangements as well as the rules governing our cooperation with the Responsible Authorities (generally the police and probation) and link with both a trust-wide and where necessary service specific protocols for working with the relevant Responsible Authorities. This policy sets out how Trust services integrate into these arrangements.

Objectives
1. Clinical risk assessment and management, which is both based on general clinical practice and formal structured assessments of risk, links affectively with multi-agency risk assessment and management for people referred and known to MAPPA.

2. To ensure effective communication between Trust services and the Responsible Authority to enable coordinated and integrated management of risk.

3. To ensure that information exchange is consistent with Caldicott guidelines, legal duties, duties set out in the European Convention of Human Rights, and professional duties.

4. This policy should be cross referenced with the Care Programme Approach and Risk Assessment & Management Policies of the Trust. This policy does not vary any duty about confidentiality imposed upon a professional by his/her relevant supervising body.

Equality/Diversity
The policy should apply equally to all people meeting the criteria set out in the paragraphs under section entitled “how people are assigned to categories of offenders within MAPPA” irrespective of race or gender.

Definitions
Multi-agency Public Protection Arrangements (MAPPA)
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.

The Responsible Authority (RA)
The Responsible Authorities (RA) are the police, prison and probation services. They are charged with the responsibility to ensure that MAPPA is established in their area (usually a borough) and for the assessment and management of risk of all identified MAPPA offenders.

Cooperating bodies
These are agencies that have a duty to cooperate with the Responsible Authority. They include Local Authorities, Social Care Services, Primary Care Trusts, other NHS Trusts and Strategic Health Authorities, Job Centre Plus, Youth Offending Teams, Local Housing Authorities and related bodies, Local Education Authorities, and electronic monitoring providers.
**Borough Representative**
This is the person who represents a defined part of the Trust to the borough MAPPA panel. This will ordinarily be a representative of mental health services for the boroughs the City, Hackney, Newham and Tower Hamlets. The Service Directors for these areas will be responsible for appointing the Borough Representative. This person has the authority to make decisions committing their agencies involvement. He/she must have the relevant experience of risk/needs assessment and management and analytical and team working skills to inform discussions.

**How people are assigned to categories of offenders within MAPPA**
A person who might be referred to the Responsible Authority under MAPPA should pose a risk in the fashion set under the following defined types or category of offender.

**Category 1:**
These are registered sex offenders (those offenders who have been convicted or cautioned since 1st September 1997 of a sexual offence or patients who were serving a custodial sentence or being treated under a hospital order for a sex offence at this time). See Appendix for a list of sexual offences.

**Category 2:**
Violent and other sex offenders (those offenders who have received a sentence of imprisonment of 12 months or more since 1st April 2001, or who were sentenced to a hospital or guardianship order. See appendix 2 for a list of violent offences.

**Category 3:**
Other offenders. These are offenders not included in categories one or two who are considered by the referring agency to pose a serious risk of harm to the public on the basis of (a) previous conviction which indicates the potential to cause harm and (b) assessed as a risk of future serious harm. To come within the third category while it is necessary for the person concerned to have been convicted of an offence, it need not be an offence of violence.

Serious harm is defined in the Criminal Justice Act 2003 to mean death or serious personal injury, whether physical or psychological. Under Section 41 of the Mental Health Act “serious harm” refers to possible serious harm to the public in the future rather than proven harm to the public in the past.

**Levels of management within MAPPA**
The MAPPA framework identifies three levels at which cases are managed;

**Level 1:**
Ordinary agency management. Activity at level one involves a single agency, which could be mental health services, managing an offender without the active involvement of other agencies.
Level 2:
This involves discussion in multiagency public protection meetings and includes interagency risk management. The person is actively managed by more than one agency or the involvement of two or more agencies is required.

Level 3:
The critical few. This also involves discussion at multiagency public protection meetings. These few people pose the highest risk or their management is so problematic that multiagency cooperation at a senior level is required.

The case for an individual that merits level 2 or 3 involvement will be discussed at multiagency public protection panel meetings.

Referral to MAPPA
The decision to refer to MAPPA is not discretionary. This means that if an identified person meets the criteria for one of the three categories, he/she should be referred to MAPPA. Thereafter, it is the responsibility of the MAPPA panel to decide whether a referral should be registered.

Referral and registration of individual cases are made on the basis of a person’s current address. In the event that an individual is detained for a significant period of time in hospital, it is likely to be the address of the hospital that indicates the MAPPA panel that needs to be informed. It is very likely when an individual moves from one address to another in a new MAPPA area, the case will be transferred to the new area as well.

The referral forms to be used when making a referral to MAPPA are attached in Appendix 1. Form 1 is to be used in all boroughs covered by the Trust except Hackney. Form 2 is the one to be used in Hackney.

Young Offenders
Young Offenders are offered comprehensive support through the Youth Offending teams. CAMHS YOT nurses are part of the teams and may be called to a MAPPA meeting to report on risk. They use structured assessment tools for risks assessment. Factors that need to be taken into account when considering these young people include capacity to consent, parental and carer involvement and Safeguarding Children Matters. The work undertaken should be within the framework of the Children Act.

Hospital Orders
Offenders who commit sexual and/or violent offences and who receive a Hospital or Guardianship Order are subject to MAPPA. The hospital where the patient is detained has a responsibility to notify the appropriate MAPPA panel when the offender is admitted to hospital and to notify the area to which the offender/patient is likely to return as soon as the prospect of the patient’s discharge is being considered. Notification must include an assessment of potential risk of serious harm, any identified victims and how these risks are to be managed. In practice the Responsible Authority should be informed:
1. at the point of admission of a relevant patient detained under a hospital order;
2. on their transfer from one hospital to another;
3. if they abscond;
4. on their change in status from detained to informal or vice versa;
5. at the time that this individual gets unescorted leave;
6. when planning for this person’s ultimate discharge from hospital.

The same principles should apply where a patient is admitted to hospital under Sections 47, 48, 35, 36, 38, 45a, and a Notional Section 37

Exceptions
With the participation of the multi-disciplinary team, consideration must be given to referring all patients who fall within the three categories set out above to the MAPPA. This responsibility falls to the multi-disciplinary team led by the Responsible Clinician (Consultant). If, following this discussion, it is considered that a patient who falls within these categories will not be referred to the MAPPA, the Responsible Clinician (Consultant) must document the reasons for this decision. This decision must be discussed with the respective Clinical Director and confirmed in writing in the patient’s notes.

Procedure
All patients should have risk assessments carried out in a way that is consistent with the principles of Care Programme Approach and as set out in Trust policy with regard to risk assessment and management. Should the assessed risk indicate that an individual falls within the three categories of offenders defined in MAPPA, then a referral to MAPPA needs to take place.

A referral should be made to the appropriate MAPPA authority having considered that individual’s address.

If there is a dispute about the appropriate MAPPA that should be informed, this should be resolved in consultation with the representative of MAPPA and/or the Borough Representative.

Referrals to MAPPA for local patients should take place through the Borough Representative for MAPPA. In the case of specialist services, this may be a person other than the representative of general psychiatric services for that area. Whilst referral arrangements may differ slightly in each borough, all boroughs must have a standing representative for MAPPA, through whom referrals should be made. Contact should be made with the borough or specialist services management team for the details of this individual.

A representative from the referring team must attend the MAPPA meeting where the referral is being considered, as well as the borough (or specialist service) standing representative. For non local patients (patients from an area outside of those MAPPA areas that relate to our Trust), it is the responsibility of the Responsible Clinician (Consultant) to ensure that the appropriate public protection unit is contacted and the assessed risk can be managed in an integrated manner.

MAPPA will assess and manage the risk and the allocation of a case to level 1, 2 or 3. Where MAPPA allocate a case to level 3, the respective Responsible Clinician or representative must, except in an exceptional
circumstance, attend level 3 MAPPA meetings. In certain cases the Service Director or representative might also be called upon to attend a level 3 meeting.

The nature of risk that an individual may pose can and is likely to change over time. An individual can be managed at different levels within MAPPA at different times.

The information to be shared with the responsible authority will differ in individual cases, but the general principle is that it is the minimum necessary. The information to be shared in general should be agreed with the responsible authority for the appropriate borough or sector. The information exchanged can take a number of different forms, but it might include:

- Details of offences of which the individual has been convicted, or cautioned;
- Details of charges not proceeded with and why;
- Details of victims or potential victims;
- Details of children and vulnerable adults with whom the individual is associated
- Details of and compliance with community rehabilitation, punishment or supervision orders;
- Details of sex offender prohibitions;
- Alternative addresses;
- Current and other known associates;
- Behaviour on arrest during custody;
- Appointment times for surveillance;
- Risk assessment;
- Details of mental health or substance\alcohol misuse when pertinent to risk;
- Details of employment;
- Intelligence from other agencies.

**Decision making about information sharing**

Although each decision whether or not to disclose information to MAPPA about a particular patient will have a different basis, the following principles are likely to apply.

- Identify the information to be disclosed. It should be the minimum necessary.
- Is the information confidential? Information from the patient’s clinical record or from the clinician patient relationship is confidential. Information from some other sources might not be confidential.
− What is the justification for disclosure (see Legal authority to disclose relevant information to the MAPPA, page 6).

− What are the risks of disclosure? Are there any risks of disclosure that outweigh the benefits? Might the disclosure create a greater, long term risk?

− To whom is the information to be disclosed? Is it possible to restrict to whom the information has been disclosed or will you loss control of the information disclosed?

− Has the patient been informed or consulted about the intended disclosure. If so does he/she consent? If not, should the disclosure take place because there is a real risk of serious harm? Should the patient not be informed of intended disclosure before it takes place, for example because of the need to protect third parties or to maintain a therapeutic relationship and/or other clinical issues?

− Has the patient capacity to consent? Consider consulting with the patient’s relative, carer, or advocate

Examples of registration forms to refer an individual to MAPPA are provided in Appendix 1.

Feedback
The Borough Representative is responsible for providing feedback to the referring clinician about the outcome of discussions under MAPPA. This will include feedback about any ongoing involvement of agencies under MAPPA, tasks asked of the clinician or clinical team, and when the referred individual’s case is closed or moved from one level to another, which usually refers to a reduction from level 2 to 1.

Resources
There are no extra resources associated with the duty to cooperate.

Review
This policy will be subject to review 2 years after its implementation or when future legislation/guidance prompts an earlier review.

Training
This policy recommends integrating decision making about risk when it comes to making referrals to the Responsible Authorities under MAPPA. This highlights a need to integrate training about MAPPA, referral to the Responsible Authority and roles that relates to confidentiality, into induction and refresher training for all relevant clinicians. This is likely to include doctors, nurses, social workers, and psychologists, possibly occupational therapists.

Audit, monitoring and evaluation
All MAPPA panels submit annual reports to measure their performance.

Legislation and guidance indicate responsibilities that could be translated into standards. These standards could be audited across the Trust and a certain
number of standards could be added to be audited with regular Trust-wide CPA audits or could be audited separately.

Audit standards proposed for internal audit are in appendix 3 of this document.

**Implementation Plan**
This policy will be submitted to the Healthcare Governance Committee for the Trust for final ratification. Once ratified it will be sent to both Service and Clinical Directors for all borough and specialist services. In addition it will sent to relevant leads, such as for Safeguarding Children.

The policy will be sent with a covering letter requesting that the relevant director(s) appoint a borough representative who has experience in working with MAPPA agencies and who is aware of and has familiarised themselves with this policy.

The policy will be made available to Trust employees on the Trust intranet.
Appendix 1

History
The Multi-Agency Public Protection Arrangements (MAPPA) grew out of the closer working relationship that developed between the police and probation in the late 1990s. Since 2003 the relationship extended to other agencies including health, local authority and the voluntary sector. Section 67 & 68 of the Criminal Justice and Court Services Act (2000) placed these arrangements on a statutory footing. Section 325 – 327 of the Criminal Justice Act (2003) reemphasised and strengthen those provisions.

Essentially the legislation requires the police, prison and probation services to act as the “Responsible Authority” in each of the police areas (usually boroughs in England and Wales) to:

1) establish arrangements for assessing and managing the risk posed by sexual and violent offenders;
2) review and monitor the arrangements and as part of the reviewing and monitoring arrangements;
3) prepare and publish an annual report on their operation.

The Criminal Justice Act (2003) set out a “duty to cooperate” with MAPPAs on NHS bodies (in our case a NHS Trust), incorporating:

1) a general duty to cooperate in the supply of information in relation to risk management and assessment;
2) a duty on professionals to consider thoroughly as part of the care planning process whether there is a need to share information;
3) a need to develop protocols between agencies.

Legal authority to disclose relevant information to the MAPPA
The Criminal Justice Act (2003) Section 325 (4) recognises that cooperation between the Responsible Authority and the agencies that have a duty to cooperate may include the exchange of information. Therefore, all MAPPA agencies have the legal power to exchange information with the Responsible Authority when necessary. In addition Section 115 of the Crime & Disorder Act 1998 confers on any person a power to pass on information to certain relevant authorities (including police, probation, health and local authorities) if necessary to help implement the provisions of that Act, which includes local strategies to reduce Crime & Disorder.

Necessity – The concept of necessity is important when deciding whether or not to share confidential information with the Responsible Authority. Necessity will be influenced by Common Law, Legal Statute, NHS codes of practice and guidance to clinicians from their representative bodies, among others. Information should only be exchanged where it is necessary for the purpose of properly assessing and managing the risk posed by offenders. The specific purposes of sharing information within MAPPA are:

- to identify those offenders who present a serious risk of harm to the public;
• to ensure that the assessment of the risk they present are accurate and;

• to enable the most appropriate plan to be drawn up and implemented to manage the assessed risk and thereby protect members of the public.

The following principles also apply:

• Proportionality in information sharing – it must be shown that the assessment and management of the risk(s) presented by the offender could not effectively be achieved other than by sharing the information in question.

• The information should be kept and shared safely and securely.

• Accountable information sharing – this falls to the Responsible Authority and is demonstrated through appropriate record keeping regarding multi agency discussion of MAPPA cases.

• Information sharing within the MAPPA will be compliant to Caldicott Guidelines and with the principles set out above.

Article 8 of the European Convention of Human Rights states that:

• everyone has the right to respect for his\her private and family life, home and correspondence;

• there shall be no interference by a public authority with the exercise of this right except in accordance with the law and when it is necessary in a democratic society in the interest of national security, public safety, for the prevention of disorder or crime, protection of health or morals or for the protection of rights and freedoms to others.

• The rights granted under Section 8 of the European Convention of Human Rights are therefore not absolute and provide clinicians with legal authority to disclose relevant information to the MAPPA.

The Data Protection Act (1998) regulates the handling of information by public bodies and requires that personal information is only disclosed without an individual’s consent if the specific conditions of the Act are satisfied. Schedule 2 of the Act sets out the legitimate conditions for sharing information without consent. This includes the disclosure where it is necessary to comply with a legal obligation. The disclosure of information to MAPPA is governed by the common law principle of proportionality. The quality and quantity of confidential information disclosed should be no more than is necessary. Consequently, all information disclosed to the MAPPA must be directly related to the assessment and management of risk.

East London Foundation NHS Trust provides members of staff with the following documents that relate to confidentiality and the security of personal information:

Confidentiality Code of Conduct (Dept Health guidance)

Internal confidentiality leaflets (various) http://elcmhtintranet/info.html
Information governance & IT security policy
Appendix 2

**MAPPA Risk Management Panel Level 2 & 3 Referral Document**  
Exemptions under s.31 and s.40 FOIA may apply

This form is to be used by agencies referring cases to Panel for discussion. To be sent to the Jigsaw Team 7 days before scheduled meeting.

<table>
<thead>
<tr>
<th>Subject Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Aliases</td>
</tr>
<tr>
<td>PNCID / CRO</td>
</tr>
<tr>
<td>Current Risk Status</td>
</tr>
<tr>
<td>Supervision dates</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address(es)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
</tr>
<tr>
<td>Other(s)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Previous Convictions</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Index offence</th>
</tr>
</thead>
</table>

Sentence:  
**Brief M.O. of offence** *(Include under what circumstances /dynamic risk factors / triggers)*

<table>
<thead>
<tr>
<th>Victim details</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for referral</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Referral by</th>
<th>Referral date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency</td>
<td>M.A.P.P.P date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies involved</th>
</tr>
</thead>
</table>

Page 15 of 25
MAPPA Level 2 or 3 - Minutes/Review
Location – date – time

Additional information / Update and clarification (Note who information is received from)

Present concerns

Information gaps relevant to decision making

Who is at risk? (Note victim and community issues)

<table>
<thead>
<tr>
<th>Child protection concerns</th>
<th>Child protection register</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYSICAL</td>
<td>SEXUAL</td>
</tr>
<tr>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>INITIAL CASE CONFERENCE</td>
<td></td>
</tr>
<tr>
<td>NEGLECT</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

Offender compliance

Victim unit / Victim service

Diversity issues (In relation to victim or offender which may affect risk assessment and/or risk management)

Assessment of risk of harm

<table>
<thead>
<tr>
<th>RISK MATRIX 2000</th>
<th>OASYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHER ASSESSMENT</td>
<td>AGREED RISK ASSESSMENT</td>
</tr>
</tbody>
</table>

Risk management plan and objectives - date

<table>
<thead>
<tr>
<th>Action</th>
<th>By whom</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Additions to Risk management plan - date

<table>
<thead>
<tr>
<th>Action</th>
<th>By whom</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Other options considered but not implemented

<table>
<thead>
<tr>
<th>Risk Management Plan agreed?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies involved in decision making process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any dissent to above decision?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><em>(if yes record persons details and reason for dissent)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who to inform of this meeting and how <em>(Reason)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other disclosure <em>(Refer to form 3311)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Media strategy <em>(Where appropriate)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Significant policy / strategic issues arising from this case</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral to SMB?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Date of next scheduled review</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Human Rights Validation**

*It was agreed that the actions decided upon were necessary and proportionate with particular reference to: Public safety; the prevention of crime and disorder; the protection of health and moral; the protection of the rights and freedom of others.*
The referral form used in Hackney differs from that used elsewhere in the Trust.

**Hackney MAPPA Minutes Level ( )**
New Offender Registration

<table>
<thead>
<tr>
<th>Date of meeting:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Offender discussed:</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered address:</td>
<td></td>
</tr>
<tr>
<td>Last known address in community:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MAPPA Category:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Risk Category:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Index Offence:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Review / Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last reviewed:</td>
</tr>
<tr>
<td>Last visited:</td>
</tr>
<tr>
<td>Police intel checks:</td>
</tr>
</tbody>
</table>

**Actions from last review:** Not applicable. New referral to Hackney MAPPA

**Points of discussion/Additional information received:**

**Present concerns:**

<table>
<thead>
<tr>
<th>Risk Management Plan and Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action</td>
</tr>
</tbody>
</table>

(Any major changes to circumstances please refer to initial minutes form)

**Other options considered but not implemented:**

**RMP agreed:** Yes

**Any dissent to above decision:** No
(If yes record persons details and reasons for dissent)

**Date of next scheduled review:**

**Human Rights Validation**

*It was agreed that the actions decided upon were necessary and proportionate with particular reference to:*

Public safety, the Prevention of Crime and Disorder, the protection of health and morals, the protection of the rights and freedom of others.*
Appendix 3

The following list is indicative of the sorts of violent and sexual offending that merit consideration of referral to MAPPA. This list is taken from a MAPPA guidance document written by the Home Office and National Probation Service (2003). It might not include all offences. If you consider an offence that falls outside this list might merit referral please seek advice from your Borough Representative.

**SPECIFIED VIOLENT OFFENCES**

1. Manslaughter;
2. Kidnapping;
3. False imprisonment;
4. An offence under section 4 of the Offences against the Person Act 1861 (soliciting murder);
5. An offence under section 16 of that Act (threats to kill);
6. An offence under section 18 of that Act (wounding with intent to cause grievous bodily harm);
7. An offence under section 20 of that Act (malicious wounding);
8. An offence under section 21 of that Act (attempting to choke, suffocate or strangle in order to commit or assist in committing an indictable offence);
9. An offence under section 22 of that Act (using chloroform etc. to commit or assist in the committing of any indictable offence);
10. An offence under section 23 of that Act (maliciously administering poison etc. so as to endanger life or inflict grievous bodily harm);
11. An offence under section 27 of that Act (abandoning children);
12. An offence under section 28 of that Act (causing bodily injury by explosives);
13. An offence under section 29 of that Act (using explosives etc. with intent to do grievous bodily harm);
14. An offence under section 30 of that Act (placing explosives with intent to do bodily injury);
15. An offence under section 31 of that Act (setting spring guns etc. with intent to do grievous bodily harm);
16. An offence under section 32 of that Act (endangering the safety of railway passengers);
17. An offence under section 35 of that Act (injuring persons by furious driving);
18. An offence under section 36 of that Act (assaulting officer preserving wreck);
19. An offence under section 37 of that Act (assault with intent to resist arrest);
20. An offence under section 47 of that Act (assault occasioning actual bodily harm);
21. An offence under section 2 of the Explosive Substances Act 1883 (c.3) (causing explosion likely to endanger life or property);
22. An offence under section 3 of that Act (attempt to cause explosion, or making or keeping explosive with intent to endanger life or property);
23. An offence under section 1 of the Infant Life (Preservation) Act 1929 (c.34) (child destruction);
24. An offence under section 1 of the Children and Young Persons Act 1933 (c.12) (cruelty to children);
25. An offence under section 1 of the Infanticide Act 1938 (c.36) (infanticide);
27. An offence under section 16 of the Firearms Act 1968 (c.27) (possession of firearm with intent to endanger life);
28. An offence under section 16A of that Act (possession of firearm with intent to cause fear of violence);
29. An offence under section 17(1) of that Act (use of firearm to resist arrest).
30. An offence under section 17(2) of that Act (possession of firearm at time of committing or being arrested for offence specified in Schedule 1 to that Act);
31. An offence under section 18 of that Act (carrying a firearm with criminal intent);
32. An offence under section 8 of the Theft Act 1968 (c.60) (robbery or assault with intent to rob);
33. An offence under section 9 of that Act of burglary with intent to —
   (a) inflict grievous bodily harm on a person, or
   (b) do unlawful damage to a building or anything in it.
34. An offence under section 10 of that Act (aggravated burglary);
35. An offence under section 12A of that Act (aggravated vehicle-taking) involving an accident which caused the death of any person;
36. An offence of arson under section 1 of the Criminal Damage Act 1971 (.48);
37. An offence under section 1(2) of that Act (destroying or damaging property) other than an offence of arson;
38. An offence under section 1 of the Taking of Hostages Act 1982 (.28) (hostage-taking);
39. An offence under section 1 of the Aviation Security Act 1982 (c.36) (hijacking);
40. An offence under section 2 of that Act (destroying damaging or endangering safety of aircraft);
41. An offence under section 3 of that Act (other acts endangering or likely to endanger safety of aircraft);
42. An offence under section 4 of that Act (offences in relation to certain dangerous articles);
43. An offence under section 127 of the Mental Health Act 1983 (.20) (illtreatment of patients);
44. An offence under section 1 of the Prohibition of Female Circumcision Act 1985 (c.38) (prohibition of female circumcision);
45. An offence under section 1 of the Public Order Act 1986 (c.64) (riot);
46. An offence under section 2 of that Act (violent disorder);
47. An offence under section 3 of that Act (affray);
48. An offence under section 134 of the Criminal Justice Act 1988 (c.33) (torture);
49. An offence under section 1 of the Road Traffic Act 1988 (c.52) (causing death by dangerous driving);
50. An offence under section 3A of that Act (causing death by careless driving when under influence of drink or drugs);
51. An offence under section 1 of the Aviation and Maritime Security Act 1990 (c.31) (endangering safety at aerodromes);
52. An offence under section 9 of that Act (hijacking of ships);
53. An offence under section 10 of that Act (seizing or exercising control of fixed platforms);
54. An offence under section 11 of that Act (destroying fixed platforms or endangering their safety).
55. An offence under section 12 of that Act (other acts endangering or likely to endanger safe navigation);
56. An offence under section 13 of that Act (offences involving threats);
57. An offence under Part II of the Channel Tunnel (Security) Order 1994 (S.I. 1994/570) (offences relating to Channel Tunnel trains and the tunnel system);
58. An offence under section 4 of the Protection from Harassment Act 1997 (c.40) (putting people in fear of violence);
59. An offence under section 29 of the Crime and Disorder Act 1998 (c.37) (racially or religiously aggravated assaults);
60. An offence falling within section 31(1) (a) or (b) of that Act (racially or religiously aggravated offences under section 4 or 4A of the Public Order Act 1986 (c.64));
61. An offence under section 51 or 52 of the International Criminal Court Act 2001 (c.17) (genocide, crimes against humanity, war crimes and related offences), other than one involving murder;
62. An offence under section 1 of the Female Genital Mutilation Act 2003 (c.31) (female genital mutilation);
63. An offence under section 2 of that Act (assisting a girl to mutilate her own genitalia);
64. An offence under section 3 of that Act (assisting a non-UK person to mutilate overseas a girl’s genitalia);
65. An offence of —
   (a) aiding, abetting, counselling procuring or inciting the commission of an offence specified in this Part of this Schedule,
   (b) conspiring to commit an offence so specified, or
   (c) attempting to commit an offence so specified;
66. An attempt to commit murder or a conspiracy to commit murder;

SPECIFIED SEXUAL OFFENCES
68. An offence under section 1 of the Sexual Offences Act 1956 (c.69) (rape);
69. An offence under section 2 of that Act (procurement of woman by threats);
70. An offence under section 3 of that Act (procurement of woman by false pretences);
71. An offence under section 4 of that Act (administering drugs to obtain or facilitate intercourse);
72. An offence under section 5 of that Act (intercourse with girl under thirteen);
73. An offence under section 6 of that Act (intercourse with girl under 16);
74. An offence under section 7 of that Act (intercourse with a defective);
75. An offence under section 9 of that Act (procurement of a defective);
76. An offence under section 10 of that Act (incest by a man);
77. An offence under section 11 of that Act (incest by a woman);
78. An offence under section 14 of that Act (indecent assault on a man);
79. An offence under section 15 of that Act (indecent assault on a woman);
80. An offence under section 16 of that Act (assault with intent to commit buggery);
81. An offence under section 17 of that Act (abduction of woman by force or for the sake of her property);
82. An offence under section 19 of that Act (abduction of unmarried girl under eighteen from parent or guardian);
83. An offence under section 20 of that Act (abduction of unmarried girl under sixteen from parent or guardian);
84. An offence under section 21 of that Act (abduction of defective from parent or guardian);
85. An offence under section 22 of that Act (causing prostitution of women);
86. An offence under section 23 of that Act (procuration of girl under twentyone);
87. An offence under section 24 of that Act (detention of woman in brothel);
88. An offence under section 25 of that Act (permitting girl under thirteen to use premises for intercourse);
89. An offence under section 26 of that Act (permitting girl under sixteen to use premises for intercourse);
90. An offence under section 27 of that Act (permitting defective to use premises for intercourse);
91. An offence under section 28 of that Act (causing or encouraging the prostitution of intercourse with or indecent assault on girl under sixteen);
92. An offence under section 29 of that Act (causing or encouraging prostitution of defective);
93. An offence under section 32 of that Act (soliciting by men);
94. An offence under section 33 of that Act (keeping a brothel);
95. An offence under section 128 of the Mental Health Act 1959 (c.72) (sexual intercourse with patients);
96. An offence under section 1 of the Indecency with Children Act 1960 (c.33) (indecent conduct towards young child);
97. An offence under section 4 of the Sexual Offences Act 1967 (c.60) (procuring others to commit homosexual acts);
98. An offence under section 5 of that Act (living on earnings of male prostitution).
100. An offence under section 9 of the Theft Act 1968 (c.60) of burglary with intent to commit rape;
101. An offence under section 54 of the Criminal Law Act 1977 (c.45) (inciting girl under sixteen to have incestuous sexual intercourse);
102. An offence under section 1 of the Protection of Children Act 1978 (c.37) (indecent photographs of children);
103. An offence under section 170 of the Customs and Excise Management Act 1979 (c.2) (penalty for fraudulent evasion of duty etc.) in relation to goods prohibited to be imported under section 42 of the Customs Consolidation Act 1876 (c.36) (indecent or obscene articles);
104. An offence under section 160 of the Criminal Justice Act 1988 (c.33) (possession of indecent photograph of a child);
105. An offence under section 1 of the Sexual Offences Act 2003 (c.42) (rape);
106. An offence under section 2 of that Act (assault by penetration);
107. An offence under section 3 of that Act (sexual assault);
108. An offence under section 4 of that Act (causing a person to engage in sexual activity without consent);
109. An offence under section 5 of that Act (rape of a child under 13);
110. An offence under section 6 of that Act (assault of a child under 13 by penetration);
111. An offence under section 7 of that Act (sexual assault of a child under 13);
112. An offence under section 8 of that Act (causing or inciting a child under 13 to engage in sexual activity);
113. An offence under section 9 of that Act (sexual activity with a child);
114. An offence under section 10 of that Act (causing or inciting a child to engage in sexual activity);
115. An offence under section 11 of that Act (engaging in sexual activity in the presence of a child);
116. An offence under section 12 of that Act (causing a child to watch a sexual act);
117. An offence under section 13 of that Act (child sex offences committed by children or young persons);
118. An offence under section 14 of that Act (arranging or facilitating commission of a child sex offence);
119. An offence under section 15 of that Act (meeting a child following sexual grooming etc.);
120. An offence under section 16 of that Act (abuse of position of trust: sexual activity with a child);
121. An offence under section 17 of that Act (abuse of position of trust: causing or inciting a child to engage in sexual activity);
122. An offence under section 18 of that Act (abuse of position of trust: sexual activity in the presence of a child);
123. An offence under section 19 of that Act (abuse of position of trust: causing a child to watch a sexual act);
124. An offence under section 25 of that Act (sexual activity with a child family member);
125. An offence under section 26 of that Act (inciting a child family member to engage in sexual activity);
126. An offence under section 30 of that Act (sexual activity with a person with a mental disorder impeding choice);
127. An offence under section 31 of that Act (causing or inciting a person with a mental disorder impeding choice to engage in sexual activity);
128. An offence under section 32 of that Act (engaging in sexual activity in the presence of a person with a mental disorder impeding choice);
129. An offence under section 33 of that Act (causing a person with a mental disorder impeding choice to watch a sexual act);
130. An offence under section 34 of that Act (inducement, threat or deception to procure sexual activity with a person with a mental disorder);
131. An offence under section 35 of that Act (causing a person with a mental disorder to engage in or agree to engage in sexual activity by inducement, threat or deception);
132. An offence under section 36 of that Act (engaging in sexual activity in the presence, procured by inducement, threat or deception, of a person with a mental disorder);
133. An offence under section 37 of that Act (causing a person with a mental disorder to watch a sexual act by inducement, threat or deception);
134. An offence under section 38 of that Act (care workers: sexual activity with a person with a mental disorder);
135. An offence under section 39 of that Act (care workers: causing or inciting sexual activity);
136. An offence under section 40 of that Act (care workers: sexual activity in the presence of a person with a mental disorder);
137. An offence under section 41 of that Act (care workers: causing a person with a mental disorder to watch a sexual act);
138. An offence under section 47 of that Act (paying for sexual services of a child);
139. An offence under section 48 of that Act (causing or inciting child prostitution or pornography);
140. An offence under section 49 of that Act (controlling a child prostitute or a child involved in pornography);
141. An offence under section 50 of that Act (arranging or facilitating child prostitution or pornography);
142. An offence under section 52 of that Act (causing or inciting prostitution for gain);
143. An offence under section 53 of that Act (controlling prostitution for gain);
144. An offence under section 57 of that Act (trafficking into the UK for sexual exploitation);
145. An offence under section 58 of that Act (trafficking within the UK for sexual exploitation);
146. An offence under section 59 of that Act (trafficking out of the UK for sexual exploitation);
147. An offence under section 61 of that Act (administering a substance with intent);
148. An offence under section 62 of that Act (committing an offence with intent to commit a sexual offence);
149. An offence under section 63 of that Act (trespass with intent to commit a sexual offence);
150. An offence under section 64 of that Act (sex with an adult relative: penetration);
151. An offence under section 65 of that Act (sex with an adult relative: consenting to penetration);
152. An offence under section 66 of that Act (exposure);
153. An offence under section 67 of that Act (voyeurism);
154. An offence under section 69 of that Act (intercourse with an animal);
155. An offence under section 70 of that Act (sexual penetration of a corpse);

156. An offence of —
   (a) aiding, abetting, counselling, procuring or inciting the commission of an offence specified in this Part of this Schedule,
   (b) conspiring to commit an offence so specified, or
   (c) attempting to commit an offence so specified.
Appendix 3

Audit Standards

1. A Borough Representative is in place for all boroughs
2. The Borough Representative or deputy attends all level 2 and 3 MAPPA meetings
3. There is a record of consultation between the referring clinician and the Borough Representative for all cases referred to MAPPA. In the individual’s clinical file.
4. There is a record of feedback provided by the Borough Representative after an individual’s case is considered in a MAPPA meeting in the individual’s clinical file.
5. There is a record in an individual’s clinical file of contact made with agencies under MAPPA for all patients detained under Section 35, 36, 37, 37/41, 38, 45a, 47/49 and 48/49 (all orders under Part III of the Mental Health Act
   a. at the point of admission of a relevant patient detained under a hospital order;
   b. on their transfer from one hospital to another;
   c. if they abscond;
   d. on their change in status from detained to informal or vice versa;
   e. at the time that this individual gets unescorted leave;
   f. when planning for this person’s ultimate discharge from hospital.