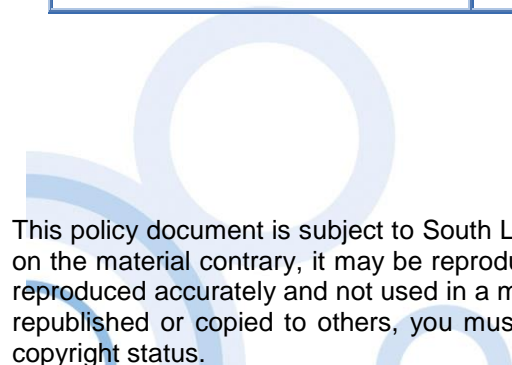


## MAPPA: Protecting children and the public - Working with multi-agency public protection arrangements

Version:	3
Ratified By:	Clinical Policy Working Group
Date Ratified:	7 <sup>th</sup> November 2017
Date Policy Comes Into Effect:	15 <sup>th</sup> December 2017
Author:	Dr Lisa Wootton and Dr Victoria Burt
Responsible Director:	Dr M Holland
Responsible Committee:	Safeguarding Adults & Children Committee
Responsible Committee Approval Date:	28 <sup>th</sup> September 2017
Target Audience:	Clinical Staff
Review Date:	June 2020

Equality Impact Assessment	Assessors: Lisa Wootton & Victoria Burt	Date: 23.06.2017 & 15.12.17
HRA Impact Assessment	Assessors: Lisa Wootton	Date: 23.06.2017



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## Document History

### Version Control

Version No.	Date	Summary of Changes	Major (must go to an exec meeting) or minor changes	Author
1	January 2008	New Policy	First Version	Trust Named Nurse Child Protection
2	October 2014	Policy updated in line with new national and local guidance	Major - Policy re-written	Dr Lisa Wootton and Dr Victoria
3	November 2016	Policy update	Minor revisions	Dr Lisa Wootton and Dr Victoria
	January 2017	Update to version dates and details on monitoring compliance	Minor revisions	Dr Lisa Wootton and Dr Victoria
	June 2017	Updated in line with new local and national guidance.	Minor revisions.	Dr Vicky Burt & Dr Lisa Wootton
	December 2017	Updated EIA	Minor revisions	Dr Vicky Burt & Dr Lisa Wootton

### Consultation

Stakeholder/Committee/ Group Consulted	Date	Changes Made as a Result of Consultation
Consultation with Paul Archer, Trustwide Safeguarding Children Lead	April 2017	Update to safeguarding information
The trust wide police liaison meeting,	September	None
The child protection lead (Matt Beavis) and Caldecott guardian (Dele Olajide)	December 2013	Safeguarding Children and Information sharing references updated
Jane Barnes, Head of Social work	June 2014	Borough advisors to collect data on MAPPA eligible offenders in their borough in order to provide these numbers to the MAPPA coordinator annually (they are requested in March).

EIA (Macius Kurowski) and HRA (Anthony Konzon) advisors consulted	October 2014	EIA updated
Clinical Policy Working Group	January 2017 & December 2017	Information on compliance monitoring to be updated and policy dissemination. EIA data updated.
Safeguarding Children & Adults Committee	September 2017	No changes.

### Plan for Dissemination of Policy

Audience(s)	Dissemination Method	Paper or Electronic	Person Responsible
All Clinical Staff	Updated on policy list. Staff alerted by e-mail and through SLaM e-bulletin	Electronic	Eleanor Bateman

### Plan for Implementation of Policy

Details on Implementation	Person Responsible
New policy consultation and approval mechanism. Circulation to all clinical staff and managers.	Dr Vicky Burt & Dr Lisa Wootton

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## 1. Introduction - policy framework

The Criminal Justice and Court Services Act (2000) introduced Multi Agency Public Protection Arrangements (MAPPA). This requires that police and probation work together to manage the risks posed by dangerous offenders in the community.

In 2003, the Criminal Justice Act, introduced a 'duty to co-operate' section 9, on health trusts and others to work within MAPPA. Since 2003, panels include representatives from numerous agencies including: police, probation, housing, social services, education, youth offending teams, victim agencies, and health.

Working Together to Safeguard Children (2015) gives guidance and information on managing individuals who pose a risk of harm to children. This includes how to work together with other agencies to identify and manage those who pose a risk of harm to children, MAPPA and other processes.

## 2. Purpose

As a health trust we have a duty to cooperate with MAPPA and it is an important part of risk management for appropriate high risk offenders. We cannot guarantee to protect everyone in contact with our services from being affected by those who pose a risk of harm to others but we can work with other agencies to put appropriate risk management plans in place. This document sets out where to go for advice, guidance, help and support to act to safeguard and protect children and adults in accordance with procedures.

This policy aims to:

- To describe the Trust framework for identifying MAPPA eligible offenders.
- To describe the Trust framework for MAPPA notification and referral to MAPPA level 2/3 meetings.
- To describe when offenders stop being MAPPA eligible: Termination of MAPPA offender status.
- To provide a structure for obtaining advice on these matters within SLaM.

## 3. Associated documents

1	MAPPA Guidance 2012 Version 4.1 (updated December 2016)
2	SLaM Clinical Risk Assessment & Management of Harm framework
3	SLaM Information Sharing Policy
4	SLaM Safeguarding Children Policy
5	Safeguarding Adults Policy
6	Working Together to Safeguard Children (HM Government 2015)
7	Guidance for working with MAPPA and mentally disordered offenders, Ministry of Justice
8	Working with MAPPA: guidance for psychiatrists in England and Wales, Royal College of Psychiatrists 2013
9	SLaM Domestic Abuse Policy

## 4. MAPPA framework

The types of offenders who are managed within MAPPA are organised into three categories.

- **Category 1:** Registered sexual offenders: This category includes offenders required to comply with the notification of registered sex offenders – as defined by the Sex Offenders Act 1997, and amended by the Criminal and Court Services Act 2000 and the Sexual Offences Act 2003
- **Category 2:** Violent and other sex offenders – violent and sexual offenders (convicted of a Criminal Justice Act 2003 schedule 15 offence) who receive a custodial sentence of 12 months or more, those detained in hospital (Section 37 or 47) or on guardianship orders (Section 37) and those who have committed specific offences against children
- **Category 3:** Other offenders – offenders not in category 1 or 2, but who are considered by the Responsible Authority (police and probation) to pose a serious risk to the public. To register a Category 3 offender, the Responsible Authority must:
  - Establish that the person has committed an offence which indicates that he or she is capable of causing serious harm to the public, and
  - Reasonably consider that the offender may cause serious harm to the public which requires a multi-agency approach at level 2 or 3 to manage the risks.

Offenders are managed by three different arrangements.

- **Level 1:** Ordinary Agency Management. Used in cases in which the risk posed by the offender can be managed by the agency responsible for supervision/case management of the offender. (This does not mean that other agencies will not be involved; only that it is not necessary to actively manage through multi-agency meetings.)
- **Level 2:** Active multi-agency management by Multi-Agency Public Protection Meetings. Used in cases where it is determined that the management issues require active conferencing between agencies.
- **Level 3:** Active enhanced multi-agency management by Multi Agency Public Protection Meetings. Used where it is determined that the management issues require
  - Active conferencing AND
  - Senior representation 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.

MAPPA guidance stresses that effective multi-agency public protection starts with the efficient identification of relevant offenders. Prompt and accurate identification will allow agencies to gather and share relevant information and enable them to choose the appropriate risk management strategies.

Without this initial accuracy there are dangers that important information is not gathered and shared or shared inappropriately, and the energy of agencies diverted from those offenders posing the highest risk of serious harm. Thus decisions have to be made at an early stage regarding what, and whether to disclose.

The Trust framework for clinical risk assessment and management of harm assists this process of early identification within SLaM.

## 5. Scope

This policy links directly to the Trust framework for clinical risk assessment & management of harm and should be read in conjunction with it.

Referral to MAPPA may be triggered as a result of the implementation of the Trust clinical risk procedures. This policy describes the course of action to be taken when a MAPPA eligible offender is identified and how to screen for referral to MAPP level 2/3 meetings where interagency communication and or collaborative working through MAPPA is required to identify and manage serious and violent offenders and those who pose a risk of harm to a child, where a greater degree of resources are needed.

Multi agency working within the MAPPA framework may also be triggered as a result of information being shared through MAPPA about clients known to SLaM who may pose a risk of harm to others or who are potential victims.

This guidance is complementary to domestic abuse, child and adult safeguarding and clinical risk procedures including CPA procedures. It does not replace them.

It applies to all Trust adult and CAMHS clinical areas that care for clients who pose a risk of harm to others or those who may be at risk from them.

## **6. Trust Structures for Advice and Consultancy**

During office hours contact the advisor for the borough that the service user/relevant person is from. If the service user/relevant person is from outside of the SLaM catchment area contact the advisor for the borough that the site is in (i.e. Maudsley Hospital = Southwark). Referrals from River House should go via the Bethlem site adviser, who will then forward it to the relevant borough advisor.

### **Bethlem Site Lead**

Emma Porter Social Care Lead, Addiction and B&D CAG  
Tel: 02032288448  
E-mail: [Emma.Porter@slam.nhs.uk](mailto:Emma.Porter@slam.nhs.uk)

### **Borough Advisors:**

#### **Southwark**

Dr Vicky Burt, Consultant Psychiatrist, High Support Forensic Team, tel: 020 3228 7168 or 07808844494 e-mail: [Victoria.burt@slam.nhs.uk](mailto:Victoria.burt@slam.nhs.uk)

#### **Lambeth**

Fiona Brennan, Team Leader, Forensic Intensive Psychological Therapy Service, tel: 02032286159  
E-mail [Fiona.Brennan@slam.nhs.uk](mailto:Fiona.Brennan@slam.nhs.uk)

#### **Lewisham**

Dr Lisa Wootton, Consultant Forensic Psychiatrist, Community Forensic Team, tel: 020 3228 8900  
E-mail [Lisa.Wootton@slam.nhs.uk](mailto:Lisa.Wootton@slam.nhs.uk)

Jacqueline Hylton, Team Leader Community Forensic Team tel: 0203 228 8900 or 07969587074  
E-mail [Jacqueline.Hylton@slam.nhs.uk](mailto:Jacqueline.Hylton@slam.nhs.uk)

#### **Croydon**

Dr Alessandra Cappai, Locum Consultant Psychiatrist, Community Forensic Team, tel: 02032285800

E-mail: Alessandra.Cappai@slam.nhs.uk

**Out of Hours:**

If a child is at risk follow trust safeguarding children guidance and consider involving child and family social services in the relevant borough. If an adult is at risk follow trust adult safeguarding procedures. If there is an immediate risk of violence involve the police.

**7. MAPPA as Part of a Coordinated Approach to Risk Management**

Through the framework of MAPPA, information may be obtained from other services and agencies that can usefully assist mental health teams in their risk assessment and management of high-risk patients. The involvement of MAPPA in CPA arrangements may occasionally be appropriate.

**8. Duty to Cooperate**

Section 325(3) of the Criminal Justice Act 2003 requires the Responsible Authority (Police/Probation/Prisons) to co-operate with a list of specified agencies. This list includes NHS trusts. This is a reciprocal duty, placing an obligation upon the NHS trust to co-operate with the Responsible Authority in its task of assessing and managing risk.

The requirement to co-operate is limited in that it must be consistent with the exercise of the trust's other statutory functions.

The duty to co-operate may include the exchange of information. This is a complex area covered by statute law, including the Data Protection Act and the Crime & Disorder Act, as well as the common law duty of confidentiality.

Please refer to trust Information Sharing Policy for further guidance on the sharing of information with other agencies. Additional guidance is available from the Royal College of Psychiatrists and professional bodies such as the General Medical Council and the Nursing and Midwifery Council.

The Responsible Authority in each borough has a responsibility to manage high risk offenders within the MAPPA framework. Exactly how they chose to do this may vary. However, each borough will usually hold regular Multi Agency Public Protection meetings to discuss all cases being managed at level 2 or 3. The SlaM borough advisor will usually attend these meetings. The referrer should also attend the initial MAPPA level 2 or 3 meeting to explain the reason for referral in person and to be able to give the background. Care coordinators and Responsible Clinicians may also be invited to attend as necessary. If you have been invited to attend such a meeting and are unsure what to do please contact your borough advisor for support.

**9. Referrals to MAPPA**

Duty to co-operate agencies, including NHS trusts have a responsibility to identify people who are eligible for registration with MAPPA. This includes service users who have been convicted of a sexual offence, or imprisoned/made subject to a hospital or guardianship order following conviction for a violent offence. The MAPPA Guidance states that all MAPPA offenders managed by mental health services should be identified on our internal case management system (i.e. ePJS) within 3 days of sentence or admission to hospital. The borough advisors should keep an up-to-date list of MAPPA eligible offenders in order that they can provide the relevant details to MAPPA annually



(they are requested in March). Therefore, when a MAPPA offender is identified on admission or at sentencing the borough advisor should be contacted with their details within 3 days. Part 1 of the MAPPA I form (appendix 4) should be completed at the same time and sent to the MAPPA administrator for the patient's home borough. Typically this will be a patient sentenced to a Section 37 or 37/41 for a violent offence. (See flow charts, appendix 8)

As a failsafe, at the first CPA meeting a member of trust staff should be identified as being responsible for liaising with MAPPA agencies, this will usually be the ward social worker or the care coordinator.

The MAPPA administrator works for the police or probation service and coordinates the MAPPA meetings. The MAPPA administrator will should be notified following the first CPA meeting or ward round where community leave or discharge are considered and at this time the allocated person should follow the procedure to assess eligibility and appropriate level of management outlined below. MAPPA referral also needs to be considered if there is a change in circumstance e.g. moving from high to less supported accommodation or moving area etc.

### **Steps in assessing eligibility and appropriate level of management:**

1. Check ePJS for an alert stating that the person is already identified as a MAPPA eligible offender and/or is registered with MAPPA.
2. If there is no alert, complete the London MAPPA screening for referral into MAPPA and notify the borough advisor by completing part 1 of MAPPA I (appendix 4)
3. Discuss the outcome of screening with the borough advisor and complete Step 4 (level 1, Ordinary Agency Management) or 5 (Active Multi Agency Risk Management Plan Required) as appropriate.
4. a) If the person meets MAPPA criteria and can be managed at level 1 (Ordinary Agency Management) then the care coordinator/ward social worker should complete part 2 of MAPPA form I, mental health notification (appendix 4) and send to the borough advisor to forward to the MAPPA administrator.  
  
b) The care coordinator/ward social worker should place a "harm to others" alert on ePJS to indicate that the person is MAPPA eligible and is being managed at Level 1.  
  
c) Consideration should be given to using the HCR-20 as an additional risk assessment/management tool to supplement standard trust risk assessment and management procedures.  
  
d) The risk assessment and management plan should be reviewed and consideration given to the need to refer to a level 2/3 MAPP meeting for discussion/multi-agency involvement:
  - at each CPA meeting and/or
  - if there is evidence of escalating risk and/or
  - a change of circumstances (e.g. granting leave, approaching discharge etc)
5. a) If referral to level 2/3 is indicated then the MAPPA form A, Referral to a level 2 or 3 MAPP meeting (appendix 5) should be completed and sent to the borough advisor for review. The borough advisor will contact the care coordinator/check ePJS if further

information is required. The borough advisor will forward the form to the MAPPA coordinator.

b) A "harm to others" alert should be placed on ePJS to indicate that the person is MAPPA eligible and has been referred to level 2/3 and indicate in which borough.

c) MAPPA minutes should be stored as outlined below (section 12)

## 10. Restrictions to Employment

The offender supervisor, or in the case of a level 1 offender with health as the lead agency the care coordinator or ward social worker has a duty to inform Job Centre Plus of any restrictions to employment, such as a legally imposed exclusion zone, or any risk of serious harm to Job Centre Plus staff using form \MAPPA J (appendix 7)

## 11. Termination of MAPPA offender status

Offenders will cease to be MAPPA offenders in the following circumstances:

- **Category 1 offenders:** when their period of registration expires. In the most serious cases registration is for life (those subject to life registration can now apply for a review of their registration requirement after 15 years).
- **Category 2 offenders:** when the licence expires, the offender is discharged from the hospital order or guardianship order, or the disqualification order is revoked. If they are placed on a CTO from the Section 37 or if they are on a Section 41 then they remain MAPPA eligible until that section is rescinded.
- **Category 3 offenders:** when a level 2 or 3 MAPP meeting decides that the risk of harm has reduced sufficiently or the case no longer requires active multi-agency management.

The person identified as being responsible for liaising with MAPPA (ward social worker or care coordinator) must complete part 4 of MAPPA I and send it to the MAPPA coordinator when they become aware that the patient is no longer MAPPA eligible.

## 12. Documentation

MAPPA borough advisors have access to electronic minutes of MAPPA meetings via Share Safe.

Minutes may also be shared with those members of staff that are currently closely involved in the care of the service user but were unable to attend the MAPP meeting.

Following attendance at level 2 or 3 MAPP meetings SLam borough MAPPA advisors/care coordinators will ensure that a "harm to others" alert is placed on ePJS to indicate that the service user is registered with MAPPA, including the category, level and borough.

Additional risk information may be entered on to ePJS with the consent of the chair of the relevant MAPP meeting.

## 13. Implementation

New policy consultation and approval mechanism.  
Circulation to all clinical staff and managers.

#### **14. Monitoring Compliance**

Data is collected annually by borough MAPPA administrators. Borough MAPPA leads take this opportunity to audit electronic records to ensure that all MAPPA eligible offenders have been notified to the MAPPA administrator and that alerts have been placed on ePJS. The data submitted to MAPPA administrators is collated into local and national MAPPA reports. The authors of this policy will also present the data collected to the safeguarding adults and children committee on an annual basis.

#### **15. Freedom of Information Act 2000**

All Trust policies are public documents. They will be listed on the Trusts FOI document schedule and may be requested by any member of the public under the Freedom of Information Act (2000).

**APPENDIX 1: EQUALITY IMPACT ASSESSMENT**

**PART 1: Equality relevance checklist**

The following questions can help you to determine whether the policy, function or service development is relevant to equality, discrimination or good relations:

- Does it affect service users, employees or the wider community? Note: relevance depends not just on the number of those affected but on the significance of the impact on them.
- Is it likely to affect people with any of the protected characteristics (see below) differently?
- Is it a major change significantly affecting how functions are delivered?
- Will it have a significant impact on how the organisation operates in terms of equality, discrimination or good relations?
- Does it relate to functions that are important to people with particular protected characteristics or to an area with known inequalities, discrimination or prejudice?
- Does it relate to any of the following 2013-16 equality objectives that SLaM has set?
  1. All SLaM service users have a say in the care they get
  2. SLaM staff treat all service users and carers well and help service users to achieve the goals they set for their recovery
  3. All service users feel safe in SLaM services
  4. Roll-out and embed the Trust's Five Commitments for all staff
  5. Show leadership on equality through our communication and behaviour

**Name of the policy or service development:** Policy for protecting children and the public - Working with multi-agency public protection arrangements (MAPPA)

**Is the policy or service development relevant to equality, discrimination or good relations for people with protected characteristics below?**

**Please select yes or no for each protected characteristic below**

Age	Disability	Gender re-assignment	Pregnancy & Maternity	Race	Religion and Belief	Sex	Sexual Orientation	Marriage & Civil Partnership <i>(Only if considering employment issues)</i>
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A

**Date completed:** 23.06.2017      **Name of person completing:** Lisa Wootton & Victoria Burt

**CAG:** B&D      **Service / Department:** Lewisham & Southwark Community Forensic Teams

Please send an electronic copy of the completed EIA relevance checklist to: [macius.kurowski@slam.nhs.uk](mailto:macius.kurowski@slam.nhs.uk)

## PART 2: Equality Impact Assessment

**1. Name of policy or service development being assessed?** Policy for protecting children and the public - Working with multi-agency public protection arrangements (MAPPA).

**2. Name of lead person responsible for the policy or service development?** Lisa Wooton & Victoria Burt

### 3. Describe the policy or service development

**What is its main aim?** Ensure SLaM plays an effective role in local MAPPA arrangements in Croydon, Lambeth, Lewisham and Southwark.

**What are its objectives and intended outcomes?** To protect children and the public. Ensure SLaM plays its role in delivering MAPPA commitments to equal access to services for all groups, particularly in relation to race, gender, age, religious belief, sexual orientation and disability, and to ensuring that policies and procedures do not draw on stereotypical assumptions about groups or contain any elements that will be discriminatory in outcome. In undertaking its work, the agencies involved in MAPPA will be sensitive and responsive to people's differences and needs and integrate that understanding into the delivery of its function in order to ensure that nobody is disadvantaged as a result of their belonging to a specific social group."

#### What are the main changes being made?

Policy updated in line with new national and local guidance

#### What is the timetable for its development and implementation?

Reviewed policy ratified on [07.11.17 ]

### 4. What evidence have you considered to understand the impact of the policy or service development on people with different protected characteristics?

The evidence considered includes:

- ePJS data
- Staff knowledge and experience
- London and national MAPPA reports

**5. Have you explained, consulted or involved people who might be affected by the policy or service development?** Consultation with relevant staff within SLaM and partner agencies.

<b>6. Does the evidence you have considered suggest that the policy or service development could have a potentially positive or negative impact on equality, discrimination or good relations for people with protected characteristics?</b>		
<b>Age</b>	<b>Positive impact:</b> Yes	<b>Negative impact:</b> Yes
<p><b>Please summarise potential impacts:</b> This policy aims to ensure SLaM plays an effective role in local MAPPA arrangements in Croydon, Lambeth, Lewisham and Southwark. It is therefore anticipated that it will have a positive impact on potential victims of abuse of all ages, children in particular.</p> <p>London and national MAPPA reports do not provide age breakdowns of individual service users subject to MAPPA arrangements. ePJS data on the age of MAPPA eligible offenders has not been analysed to assess potential implications on SLaM service users.</p>		
<b>Disability</b>	<b>Positive impact:</b> Yes	<b>Negative impact:</b> Yes
<p><b>Please summarise potential impacts:</b> This policy aims to ensure SLaM plays an effective role in local MAPPA arrangements in Croydon, Lambeth, Lewisham and Southwark. It is therefore anticipated that it will have a positive impact on potential victims of abuse who are disabled.</p> <p>London and national MAPPA reports do not provide disability breakdowns of individuals subject to MAPPA arrangements. There is no robust ePJS data on the disability of SLaM service users to enable analysis of the potential implications on SLaM service users who are MAPPA eligible offenders.</p>		
<b>Gender re-assignment</b>	<b>Positive impact:</b> Yes	<b>Negative impact:</b> Yes
<p><b>Please summarise potential impacts:</b> This policy aims to ensure SLaM plays an effective role in local MAPPA arrangements in Croydon, Lambeth, Lewisham and Southwark. It is therefore anticipated that it will have a positive impact on potential victims of abuse who are transgender.</p> <p>London and national MAPPA reports do not provide gender identity breakdowns of individual users subject to MAPPA arrangements. There is no robust ePJS data on the gender identity of SLaM service users to enable analysis of the potential implications on SLaM service users who are MAPPA eligible offenders.</p>		
<b>Race</b>	<b>Positive impact:</b> Yes	<b>Negative impact:</b> Yes
<p><b>Please summarise potential impacts:</b> This policy aims to ensure SLaM plays an effective role in local MAPPA arrangements in Croydon, Lambeth, Lewisham and Southwark. It is therefore anticipated that it will have a positive impact on potential victims of abuse of all ethnicities.</p> <p>London and national MAPPA reports do not provide ethnicity breakdowns of individuals subject to MAPPA arrangements.</p> <p>ePJS data shows a high proportion of forensic pathway service users are Black in comparison with the Census 2011 ethnic profile of Croydon, Lambeth, Lewisham and Southwark.</p>		

	White	Mixed	Asian	Black	Other
Lambeth	57.1%	7.7%	6.9%	25.9%	2.4%
Lewisham	53.5%	7.4%	9.2%	27.1%	2.6%
Southwark	54.2%	6.2%	9.4%	26.9%	3.3%
Croydon	55.1%	6.6%	16.4%	20.2%	1.8%
SLaM Forensic Pathway service users in 2017	28.9%	3%	2%	60.9%	3%
<b>Pregnancy &amp; Maternity</b>	<b>Positive impact: Yes</b>		<b>Negative impact: Yes</b>		
<p><b>Please summarise potential impacts:</b> This policy aims to ensure SLaM plays an effective role in local MAPPA arrangements in Croydon, Lambeth, Lewisham and Southwark. It is therefore likely to have a positive impact on potential victims of abuse who are pregnant.</p> <p>London and national MAPPA reports do not provide breakdowns of individuals who are pregnant and subject to MAPPA arrangements. There is no robust ePJS data on pregnancy status of SLaM service users to enable analysis of the potential implications on SLaM service users who are MAPPA eligible offenders.</p>					
<b>Religion and Belief</b>	<b>Positive impact: Yes</b>		<b>Negative impact: Yes</b>		
<p><b>Please summarise potential impacts:</b> This policy aims to ensure SLaM plays an effective role in local MAPPA arrangements in Croydon, Lambeth, Lewisham and Southwark. It is therefore likely to have a positive impact on potential victims of abuse of all religions and beliefs.</p> <p>London and national MAPPA reports do not provide religion and belief breakdowns of individuals who are subject to MAPPA arrangements. There is no robust ePJS data on the religion and belief of SLaM service users to enable analysis of the potential implications on of SLaM service users who are MAPPA eligible offenders.</p>					
<b>Sex</b>	<b>Positive impact: Yes</b>		<b>Negative impact: Yes</b>		
<p><b>Please summarise potential impacts:</b> This policy aims to ensure SLaM plays an effective role in local MAPPA arrangements in Croydon, Lambeth, Lewisham and Southwark. It is therefore likely to have a positive impact on potential victims of abuse of all genders, in particular women.</p> <p>London and national MAPPA reports do not provide gender breakdowns of individuals who are subject to MAPPA arrangements. ePJS data on the gender of SLaM service users has not been analysed to assess potential implications on of SLaM service users who are MAPPA eligible offenders.</p>					
<b>Sexual Orientation</b>	<b>Positive impact: Yes</b>		<b>Negative impact: Yes</b>		
<p><b>Please summarise potential impacts:</b> This policy aims to ensure SLaM plays an effective role in local MAPPA arrangements in Croydon, Lambeth, Lewisham and Southwark. It is therefore likely to</p>					

have a positive impact on potential victims of abuse of all sexual orientations.

London and national MAPPA reports do not provide sexual orientation breakdowns of individuals who are subject to MAPPA arrangements. There is no robust ePJS data on the sexual orientation of SLaM service users to enable analysis of the potential implications on of SLaM service users who are MAPPA eligible offenders.

<b>Marriage &amp; Civil Partnership</b> <i>(Only if considering employment issues)</i>	<b>Positive impact: N/A</b>	<b>Negative impact: N/A</b>
---	-----------------------------	-----------------------------

N/A

<b>Other (e.g. Carers)</b>	<b>Positive impact: N/A</b>	<b>Negative impact: N/A</b>
----------------------------	-----------------------------	-----------------------------

N/A.

**7. Are there changes or practical measures that you can take to mitigate negative impacts or maximise positive impacts you have identified?**

**YES:** *Please detail actions in PART 3: EIA Action Plan*

**8. What process has been established to review the effects of the policy or service development on equality, discrimination and good relations once it is implemented?**

Assess potential implications in relation to the age, gender and race of SLaM service users who are MAPPA eligible offenders.

**Date completed:** 15.12.2017

**Name of person completing:** Lisa Wootton & Victoria Burt

**CAG:** B&D

**Service / Department:** Lewisham & Southwark Community Forensic Team



### PART 3: Equality Impact Assessment Action plan

Potential impact	Proposed actions	Responsible/ lead person	Timescale	Progress
Assess potential implications in relation to the age, gender and race of SLaM service users who are MAPPA eligible offenders.	Collect demographic data on MAPPA eligible offenders in their borough in order to provide these numbers to the MAPPA coordinator annually (they are requested in March).	Borough advisors	March 2018	
	Assess other implications	MAPPA co-ordinator / Lead	April 2018	
Review actual equality impacts of the policy	Review EIA	Policy Leads	June 2020	

**Date completed:** 23.06.2017

**Name of person completing:** Lisa Wootton & Victoria Burt

**CAG:** B&D

**Service / Department:** Lewisham & Southwark Community Forensic Teams

## APPENDIX 2 – Human Rights Act Assessment

To be completed and attached to any procedural document when submitted to an appropriate committee for consideration and approval. If any potential infringements of Human Rights are identified, i.e. by answering Yes to any of the sections below, note them in the Comments box and then refer the documents to SLaM Legal Services for further review.

For advice in completing the Assessment please contact Paul Bellerby, Legal Services [paul.bellerby@slam.nhs.co.uk]

HRA Act 1998 Impact Assessment	Yes/No	If Yes, add relevant comments
<b>The Human Rights Act allows for the following relevant rights listed below. Does the policy/guidance NEGATIVELY affect any of these rights?</b>		
Article 2 - Right to Life [Resuscitation /experimental treatments, care of at risk patients]	no	
<ul style="list-style-type: none"> <li>Article 3 - Freedom from torture, inhumane or degrading treatment or punishment [physical &amp; mental wellbeing - potentially this could apply to some forms of treatment or patient management]</li> </ul>	no	
<ul style="list-style-type: none"> <li>Article 5 – Right to Liberty and security of persons i.e. freedom from detention unless justified in law e.g. detained under the Mental Health Act [Safeguarding issues]</li> </ul>	no	
<ul style="list-style-type: none"> <li>Article 6 – Right to a Fair Trial, public hearing before an independent and impartial tribunal within a reasonable time [complaints/grievances]</li> </ul>	no	
<ul style="list-style-type: none"> <li>Article 8 – Respect for Private and Family Life, home and correspondence / all other communications [right to choose, right to bodily integrity i.e. consent to treatment, Restrictions on visitors, Disclosure issues]</li> </ul>	yes	MAPPA involves both information sharing and disclosure. Disclosure is considered for all MAPPA cases and the standard set is that: “Disclosure of the details of MAPPA offenders to a third party must comply with the law, must be necessary for public protection, and must be proportionate.” (MAPPA guidance 2012)
<ul style="list-style-type: none"> <li>Article 9 - Freedom of thought, conscience and religion [Drugging patients, Religious and language issues]</li> </ul>	no	
<ul style="list-style-type: none"> <li>Article 10 - Freedom of expression and to receive and impart information and ideas without interference. [withholding information]</li> </ul>	no	

HRA Act 1998 Impact Assessment	Yes/No	If Yes, add relevant comments
• Article 11 - Freedom of assembly and association	no	
• Article 14 - Freedom from all discrimination	no	

Name of person completing the Initial HRA Assessment:	Lisa Wootton & Victoria Burt
Date:	23.06.2017
Person in Legal Services completing the further HRA Assessment (if required):	NA
Date:	

**London MAPPA Screening for referral into MAPPA:**



**MAPPA Screening**

**MAPPA Q**

**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'



INITIAL NOTIFICATION OF MAPPA-ELIGIBLE PATIENT (MENTAL HEALTH)

**Part 1 identification** To be completed at admission to hospital

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, <b>a hospital order (with or without restrictions)</b> or a guardianship order.	
3. Category 3 offender/possible future Cat 3 offenders (other dangerous offender): a person who has been cautioned for or convicted of an offence the circumstances of which indicate 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 CJA 2003*.	
2. OFFENDER INFORMATION	
Last name:	
First name(s):	
Date of birth:	
Aliases:	
Last known address before hospitalisation:	
Home area:	
Gender:	
Ethnicity:	
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:	



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)	
Transfer direction (s47/49 MHA 1983) (prison transfer with restriction)	
"Notional s37"	
<b>4. DETAILS OF CONVICTION OR CAUTION</b>	
Index offence	
Date of conviction and court / caution	
Sentence (and sentence expiry date where relevant)	
<b>5. VICTIM CONCERNS</b>	
Has the victim asked to be kept informed of relevant dates and decisions by Hospital Managers under the Probation Victim Contact Scheme?	
If YES name and contact details of VLO	
Please state what information has been provided and summarise any concerns that the victim might have	
<b>6. SIGN AND DATE</b>	
Signed:	
Name:	
Date:	

## Part 2 Notification of Leave and Discharge Planning

<b>7. DETAILS OF LEAVE</b>	
Details of community leave arrangements Please provide as	

<p>much detail as possible. Include dates and relevant addresses and details of any exclusion zone.</p> <p>Confirm below whether escorted or unescorted:</p>	
Escorted	
Unescorted	
Date of next CPA/ CTP if applicable	
<b>8. MENTAL HEALTH TRIBUNAL/CONDITIONAL DISCHARGE PLANNING</b>	
Date of next tribunal hearing if applicable.	
<p>Details of discharge (including any conditions)</p> <p>[include dates and address]</p>	
<b>9. CONTACT DETAILS OF LEAD CLINICIAN</b>	
Name:	
Hospital:	
Telephone Number(s):	
Email Address:	
<b>10. CONTACT DETAILS OF FORENSIC SOCIAL WORKER</b>	
Name:	
Hospital:	
Telephone Number(s):	
Email Address:	
<b>11. SIGN AND DATE</b>	
Signed:	
Name:	
Date:	

## Part 3 INFORMATION

<b>12. INFORMATION HELD BY MAPPA CO-ORDINATOR/MAPPA UNIT</b>	
Is there any information known to MAPPA Unit, including information held on ViSOR or Probation case management systems regarding this patient which should be shared to help manage the risk to the public?	
If YES:	
ViSOR:	
Other relevant information e.g. from Probation systems	
Information provided to Responsible Clinician by (provide name, role and contact details):	
Date sent:	
Information copied to:	
(MAPPA Unit to cc other mental health professionals involved ViSOR Officer, Probation Officer, MAPPA Unit in home/discharge area as applicable)	

\* 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.

<p><b>NB: On receipt of this form back from the MAPPA Unit, the responsible clinician should check information in section 12, and then :</b></p> <ul style="list-style-type: none"> <li>• update the risk assessment</li> <li>• update the risk management plan</li> <li>• notify the MAPPA Unit of any change of address</li> <li>• at the appropriate time 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.</li> </ul> <p>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 conditionally discharged. MAPPA A should be used in accordance with the MAPPA Guidance.</p> <p>Further information on referral to level 2 or 3 is found in Chapter 7 – levels or management or Chapter 26 - Mentally Disordered Offenders and MAPPA under the “Making a referral to MAPPA level 2 and 3” section.</p>
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## **Part 4 Exit from MAPPA**

### **To be completed by Mental Health services where patient no longer meets the criteria for MAPPA**

#### **13. ABSOLUTE DISCHARGE**

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:

**APPENDIX 5: MAPPA Form A (Referral to a level 2 or 3 MAPP meeting):**



**REFERRAL TO MAPPA LEVEL 2/3**

Fields marked with \* are mandatory

**MAPPA A**

<b>Name of MAPPA area:</b>		
<b>Referral to which level?</b>	2	3
<b>1. CATEGORY OF OFFENDER</b>	<b>* All agencies</b>	
<b>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.</b>		
1. Registered Sexual Offender		
2. Violent or other sexual offender:  Who has been sentenced to 12 months or more custody for an offence under Sch.15 of the Criminal Justice Act 2003; or  Who has been sentenced to 12 months or more custody and is transferred to hospital under s.47/49 of the Mental Health Act 1983; or  Who has been detained in hospital under s.37 of the Mental Health Act 1983 with or without a restriction order under s.41.		
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 <b>AND</b> which requires multi-agency management. This might not be for an offence under Sch.15 of the Criminal Justice Act 2003.		
<b>2. OFFENDER INFORMATION</b>		
Last name:		<b>* All agencies</b>
First name:		<b>* All agencies</b>
Date of birth:		<b>* All agencies</b>
Aliases (including nicknames):		<b>All agencies</b>
Prison:		<b>All agencies</b>
Prison number:		<b>All agencies</b>
Last known address before sentence:		<b>All agencies</b>
Proposed release address:		<b>* All agencies</b>

Current address if in community:		* All agencies
Gender:		* All agencies
Ethnicity:		* All agencies
PNC ID:		Police / Probation
ViSOR Reference (must be completed for all Registered Sexual Offenders):		Police / Probation
Agency unique identifier:		All agencies
<b>3. CONVICTION / CAUTION INFORMATION</b>		
Index offence / Relevant caution:		* All agencies
Date of conviction / caution:		* All agencies
Sentence:		All agencies
Brief offence(s) details:		* All agencies
Relevant previous convictions and pattern of offending:		All agencies
Other relevant information:		All agencies
<b>Relevant dates</b>		
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
Home Detention Curfew:		YOT / Probation
Community Order end date:		YOT / Probation

Disqualification Order:	YES / NO	* Police
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	* Police / Probation
Registered Sex Offender Notification end date:		Police / Probation
Violent Offender Order:	YES / NO	* Police
<b>4. DETAINED IN HOSPITAL</b>		<b>Mental Health</b>
Name of responsible clinician:		
Hospital:		
Earliest possible discharge date:		
Proposed release address:		
Name / contact details of Forensic Social Worker:		
Date of next tribunal:		
<b>Please indicate the basis for detention from the options below</b>		
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	
<b>5. RISK ASSESSMENT</b>		

<b>RM 2000 Risk of Reconviction</b> [complete for all sexual offenders]					<b>Police / Probation</b>
	<b>Level</b>			<b>Date of assessment</b>	
RM 2000 Sexual:					
RM 2000 Violent:					
RM 2000 Combined:					
<b>OASys Risk of Reconviction</b>					<b>Prison / Probation</b>
	<b>1 year %</b>	<b>2 year %</b>	<b>Band</b>	<b>Date completed</b>	
OGP:					
OVP:					
OGRS3:					
<b>OASys Risk of Serious Harm – (1) Risk in the Community</b>					<b>Prison / Probation</b>
	<b>V High</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>	<b>Date completed</b>
Children:					
Public:					
Known adult:					
Staff:					
Prisoners:					
<b>OASys Risk of Serious Harm – (2) Risk in Custody</b>					<b>Prison / Probation</b>
	<b>V High</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>	<b>Date completed</b>
Children:					
Public:					
Known adult:					
Staff:					
Prisoners:					
<b>SARA Assessment</b> [complete for all domestic abuse offenders]					<b>Probation</b>
	<b>High</b>	<b>Medium</b>	<b>Low</b>	<b>Date completed</b>	
Risk to partner:					



Risk to others:					
<b>ASSET Risk of Serious Harm</b> [complete for all offenders under 18]					<b>YOT</b>
	<b>V High</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>	<b>Date completed</b>
Risk of serious harm:					
<b>ASSET risk of reconviction</b>					<b>Date completed</b>
<b>Mental Health / Psychological Risk Tool</b>					<b>Mental Health</b>
					<b>Date completed</b>
<b>Lead Agency Risk Assessment Summary</b> (Take this information from the Lead Agency Risk Management Tool)					<b>* All agencies</b>
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 factors are likely to reduce the risk?					
<b>Lead Agency Risk Management Plan</b>					<b>* All agencies</b>
Restrictive factors / interventions					
Rehabilitative factors / interventions					

Protective factors / interventions	
<b>6. RELEVANT INFORMATION</b>	<b>* All agencies</b>
Reason for referral	
What inter-agency work has been undertaken so far?	
How will active multi-agency management add value to the management of the risk(s) of serious harm?	
Diversity considerations linked to risk of serious harm	
Add any other relevant information (e.g. media handling, disclosure, medical issues etc)	
<b>7. VICTIM CONCERNS</b>	<b>All agencies</b>
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 <b>a</b> to <b>e</b> 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	
<b>8. SAFEGUARDING</b>	<b>All agencies</b>
<b>Child Protection Concerns</b> (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 *
<b>Child 1</b>	
Last name:	
First name:	
Date of birth:	
Gender:	
Relationship to offender:	
<b>Child 2</b>	
Last name:	
First name:	
Date of birth:	
Gender:	
Relationship to offender:	
<b>Child 3</b>	
Last name:	
First name:	

Date of birth:	
Gender:	
Relationship to offender:	
<b>Vulnerable Adult Concerns</b> (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):	
<b>9. REFERRING AGENCY INFORMATION</b>	
Referring agency:	*
Name:	*
Grade:	*
Office:	*
Telephone number(s)	* (w)   (m)
Email address:	*
Date sent to line manager:	
<b>Endorsement by line manager</b> (where required by your area)	
Name:	
Grade:	
Office:	
Telephone number(s):	(w)   (m)
Email address:	
Date endorsed by line manager:	

10. ADDITIONAL MAPPA INVITEES		All agencies
<b>Invitee 1</b>		
Name:		
Agency:		
Address:		
Email address:		
Telephone number(s)	(w)	(m)
<b>Invitee 2</b>		
Name:		
Agency:		
Address:		
Email address:		
Telephone number(s)	(w)	(m)
<b>Invitee 3</b>		
Name:		
Agency:		
Address:		
Email address:		
Telephone number(s)	(w)	(m)
<b>Invitee 4</b>		
Name:		
Agency:		
Address:		

Email address:		
Telephone number(s)	(w)	(m)
<b>Invitee 5</b>		
Name:		
Agency:		
Address:		
Email address:		
Telephone number(s)	(w)	(m)
<b>Invitee 6</b>		
Name:		
Agency:		
Address:		
Email address:		
Telephone number(s)	(w)	(m)
<p><b>Once completed, please send this form to the MAPPA Co-ordination Unit.</b></p> <p><b>ONLY USE SECURE EMAIL</b></p> <p><a href="#"><u>Insert your email address here</u></a></p> <p>If email is not secure, please fax to: <a href="#"><u>Insert your fax number here</u></a></p>		
Date sent:		
<b>11. MAPPA CO-ORDINATION UNIT DECISION (for official use only)</b>		
<b>Screened by:</b>		
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

- 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 the sections 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 wrong identification from the outset. The offender can only fall into **one** category.

### 2. OFFENDER INFORMATION

- Nicknames have been included as this is relevant for a number of reasons including gang membership
- 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
- 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, CRAMS/Delius reference number)

### 3. CONVICTION / CAUTION INFORMATION

- The index offences or caution [for category 3] is the offence/s or caution which has brought the offender into MAPPA
- Sentence - 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
- There may or may not be additional information the referring agency wishes to add
- Relevant dates are those which relate to the current sentence or mental health review dates (input dates where known)
- Previous related offences should be included.

### 4. DETAINED IN HOSPITAL

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



## 5. RISK ASSESSMENT

- The agency required to complete the fields for the assessment tools in this section are identified the on the right hand side of the field. 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.
- Lead Agency Risk Assessment Summary - For Probation referrals, this information can be copied and pasted directly from the answers to these questions in OASys. For other agencies, these fields must be completed
- Lead Agency Risk Management Plan - these fields must be completed

### ***Restrictive Interventions***

These are strategies aimed at controlling and reducing opportunities for harmful behaviour, for example, by restricting access to particular venues like schools, leisure facilities or access to previous victims.

#### Examples of Restrictive Interventions

- Restrictions on residence, for example, residing at Approved Premises
- The use of restrictive licence conditions
- Use of Restrictive Orders – see below for details
- Home visits (by police and probation) and other regular visits to the offender's premises
- Restrictions on associations, activities and movements
- Interventions which include police surveillance and electronic monitoring
- Enforcement of non-compliance on reporting instructions
- Disclosure of information to third parties
- Contingency plans in case of risk management failure and rapid response arrangements to changing situations or deterioration in the circumstances/behaviours

### ***Restrictive orders***

Where offenders pose a continuing risk of serious harm, the police will consider whether the risks posed by such an offender are sufficiently high to justify applying for one of the following orders:

- Notification Order (Sexual Offences Act 2003 ("SOA 2003") – sections 97–101)
- Risk of Sexual Harm Order (SOA 2003 – sections 123–129)
- Sexual Offences Prevention Order (SOA 2003 – sections 104, 106, 107, 108, 110 and 113)
- Foreign Travel order (SOA 2003 – sections 114–122)
- Violent Offender Orders (Criminal Justice and Immigration Act 2008 – Chapter 4 Part 8)

### ***Rehabilitative interventions***

These are strategies that focus more on developing the offenders own ability to avoid and manage risk situations and will include accredited programmes.

#### Examples of Rehabilitative Interventions

- Attendance at cognitive-behavioural 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
- Office-based supervision
- Provision of suitable diversion activities, for example, employment
- Interventions which combine intensive supervision with the appropriate use of sanctions and enforcement of non-compliance
- Supportive and integrative approaches where risk assessments indicate their usefulness, for example, "Circles of Support and Accountability"

### ***Protective interventions***

These are strategies with a strength based approach, supported by the assumption that offenders want better lives, not simply the promise of less harmful ones. Self-risk management is promoted through programmes of intervention that seek to address the offenders' readiness to change and to help them develop skills and strategies.

#### Examples of Protective Interventions

- Avoidance of activities or environments which could precipitate offending
- Active commitment to change and is engaged in change related work
- Pro-social network which provides practical and emotional support and disapproves of criminal activity
- Stable and intimate relationships with adults that provide emotional support
- Involvement in other activities to divert away from offending such as employment or voluntary work
- Understanding consequences of behaviour, identifying reasons not to offend or cause serious harm

## 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 offenders pattern of cooperation
- Gang involvement
- TACT involvement
- Relevant psychiatric history
- Diagnosed personality disorder
- What the risk of reconviction tool used indicates

### 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

**How will active Level 2 or 3 management add value to 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.

**Diversity considerations** linked to risk of serious harm – only comment on diversity issues that could impact upon risk management, e.g. is the offender a vulnerable adult, does he/she have learning disabilities, etc.

## 7. 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.

## 8. SAFEGUARDING

- Children's services keep records according to the child. To assist this agency the information should be fully provided as well as to enable the Co-ordination 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. If in doubt, contact the local Safeguarding Adults Unit

## 9. REFERRING AGENCY INFORMATION

- Must be fully completed
- The line manager must endorse the referral (this ensures that the line manager is fully aware of the case and the reason for the referral to MAPPA). If the referral is being completed by a line manager, the referral does not require endorsement if agreed by local agency protocol.

## 10. ADDITIONAL MAPPA INVITEES

- Invite 1 must be completed by the referring agency identifying themselves.
- Complete for invitations to be sent for the meeting when the case is to be discussed
- If there are more than 6, complete this on a separate sheet and attach to the referral

## 11. MAPPA CO-ORDINATION UNIT DECISION

This section should be complete by whoever has this responsibility in the MAPPA area.

## **APPENDIX 6:**

### **Advisory Roles**

- Provide advice and guidance for staff.
- Provide a communication link between agencies that attend the MAPPA forums in relation to information held by mental health and Trust services.
- Collect data on MAPPA eligible offenders in their borough in order to provide these numbers to the MAPPA coordinator annually (they are requested in March).
- Assist Trust staff in the referral and notification process to MAPPA.
- Provide direct advice on clinical management of a client e. g. care planning, leave planning, and information on services available. This includes cases that no longer meet or do not reach MAPPA criteria.
- Facilitate communication and learning between trust services where more than one service is involved.
- They also have a role in facilitating meetings between clinical team/s and the MAPPA public protection team
- Receive and communicate information from MAPPA about individuals who pose a risk to Trust clients, staff and services or who are likely make contact with services in future. Where notification is received from MAPPA about a person who is not a Trust client but is likely to make contact the MAPPA lead will keep this on a paper central file to inform any future enquiries.
- Site leads will liaise closely with relevant borough lead/s where involved clients from different boroughs are on one site and concerns are identified.
- Site leads are responsible for developing an increased awareness of site concerns through liaison with relevant clinical managers.



## NOTIFICATION TO JOBCENTRE PLUS

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 serious harm to Jobcentre Plus staff or other employment and training providers?	YES / NO
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)		(m)
Email address:			

### 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

Date notification emailed to JCP designated Officer/SPOC:	
Date by which JCP Designated Officer / SPOC should contact lead agency to discuss (within five working days, if notification restriction/change of restrictions):	

### 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:	
Information shared:	

**Job Centre Plus MAPPA SPOCS for MAPPA J**

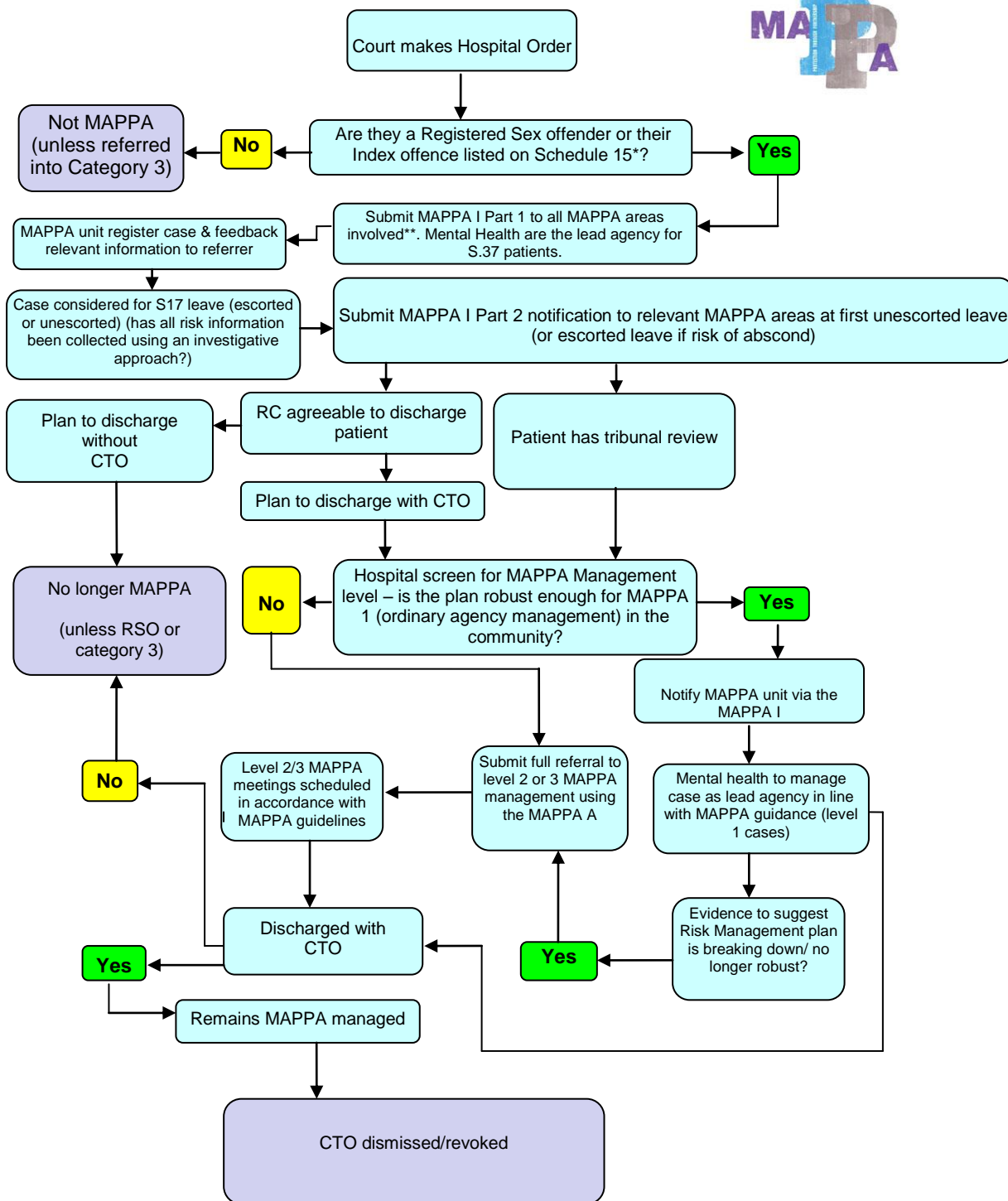
South London: Deidre Coyne

[DEIRDRE.COYNE@DWP.GSI.GOV.UK](mailto:DEIRDRE.COYNE@DWP.GSI.GOV.UK)



## APPENDIX 7: Flow Charts

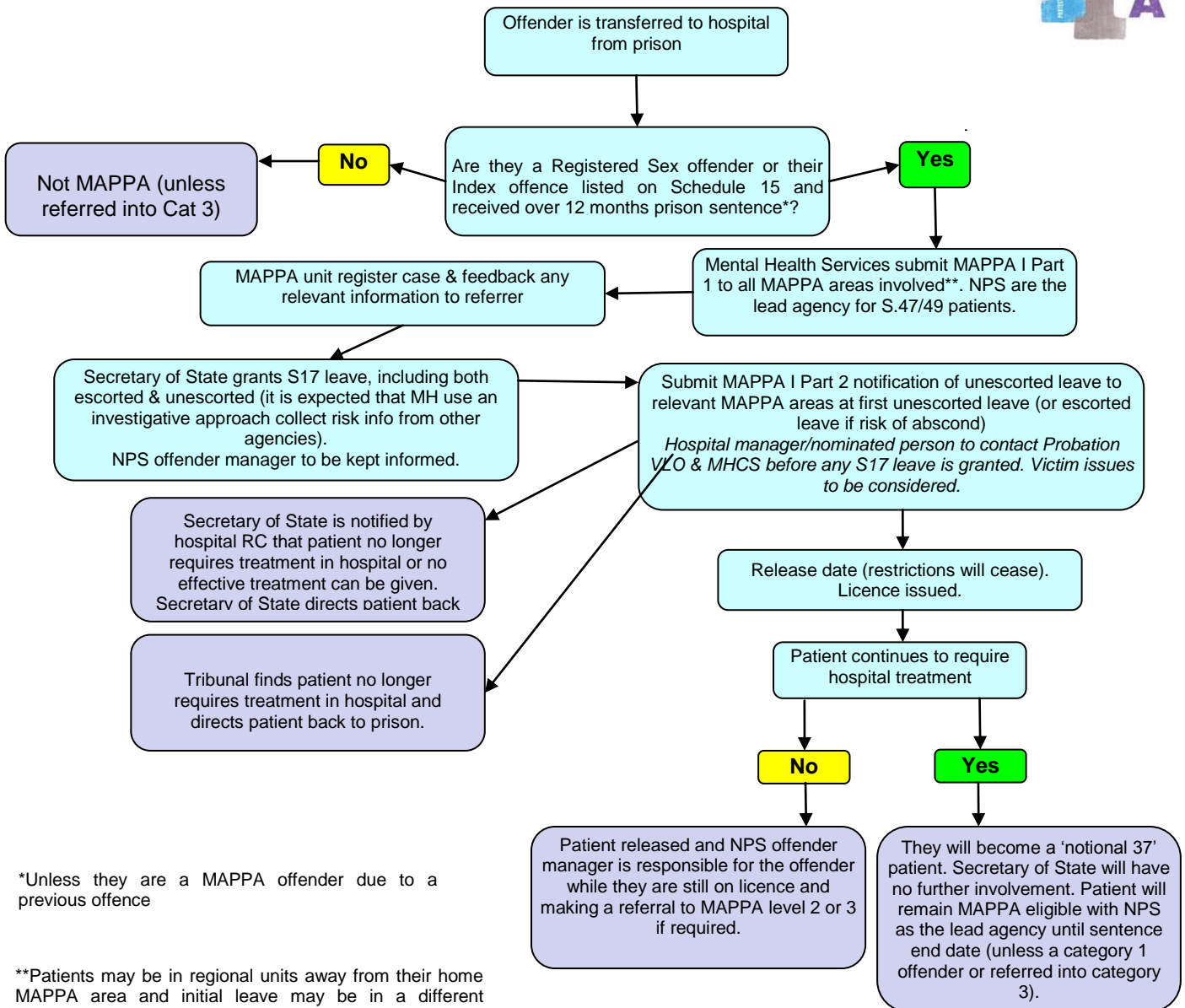
### Section 37



\*Unless they are a MAPPA offender due to a previous offence

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

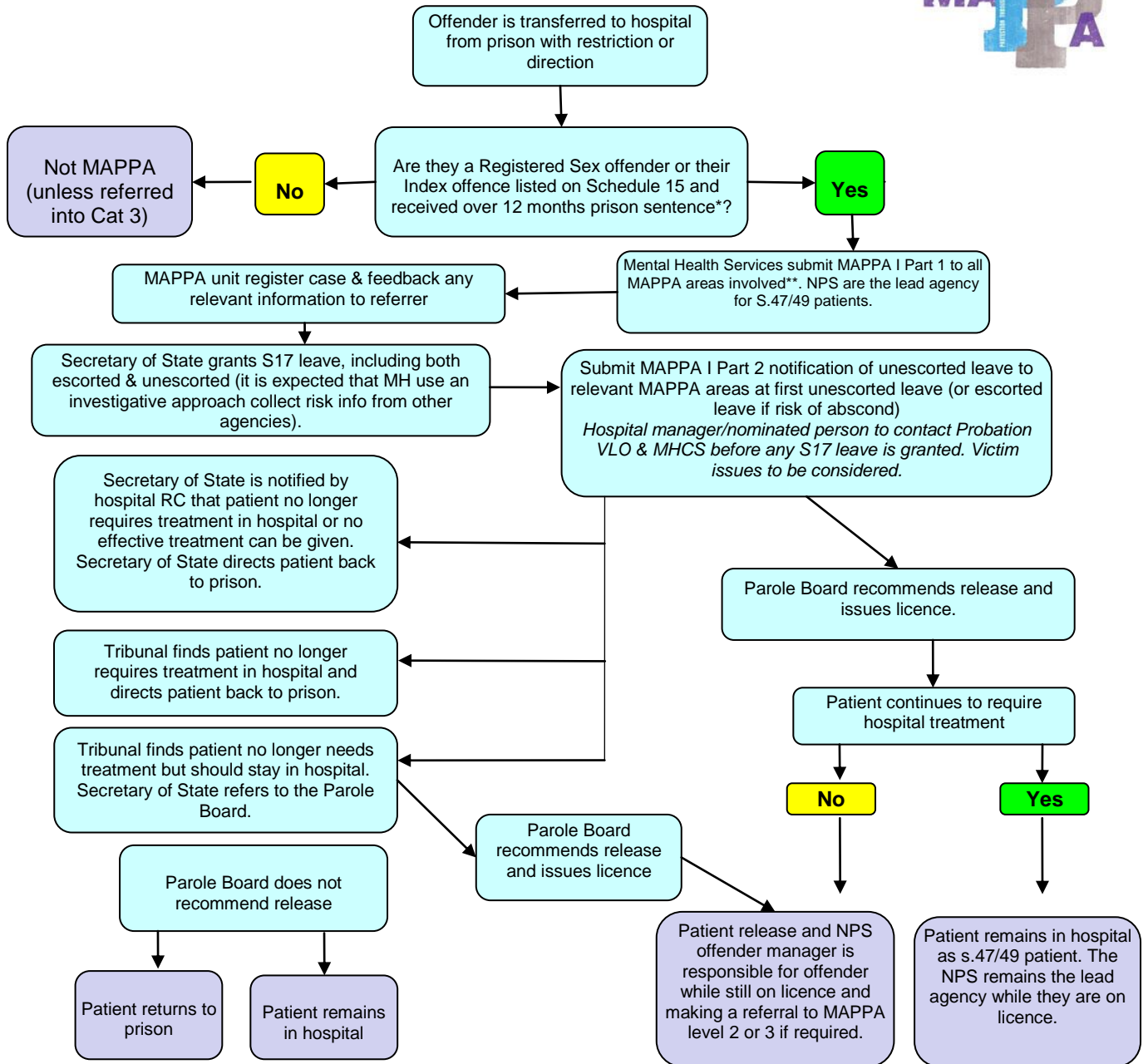
## Section 47/49 Transfer (determinate sentence)



\*Unless they are a MAPPA offender due to a previous offence

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

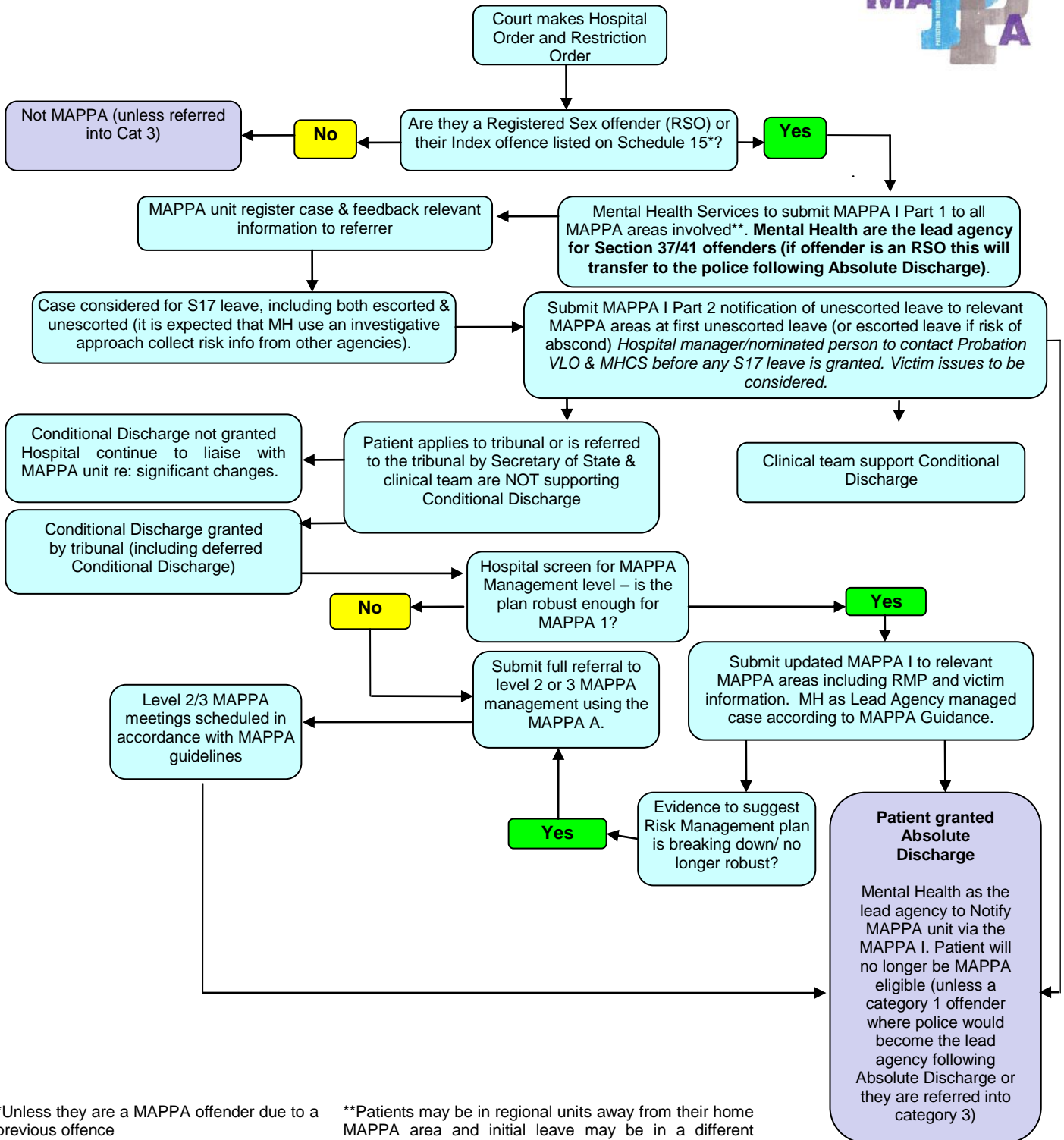
## Section 47/49 Transfer (indeterminate sentence)



\*Unless they are a MAPPA offender due to a previous offence

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

## 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