**To be completed when referring a MAPPA offender to Level 2 or 3. Send the MAPPA A to the MAPPA Co-ordinator or MAPPA Screening Panel using secure email only.**

|  |  |  |  |
| --- | --- | --- | --- |
| MAPPA Area: |  | Date Sent: |  |
| Name of Offender: |  | Date of Birth: |  |
| PNCID: |  | Release Date: |  |
| MAPPA Offence: |  | Referral to which level? | 2 ☐ 3 ☐ |

# 1. CATEGORY

|  |
| --- |
| **The offender can fall into only one of the MAPPA Categories summarised below. Those who meet the criteria for Category 1 or Category 4 will be identified under that Category even if they also meet the criteria for Category 2. Offenders who meet the criteria for Category 1 and Category 4 will be identified as Category 4, even if they also meet the criteria for Category 2. Offenders will only be identified under Category 3 if they do not meet the criteria for another category.** Referrals to Category 3 and some referrals to Category 4 are not automatically MAPPA offenders but should still be identified as Category 3 or Category 4 until the referral is approved by the Responsible Authority. **Place an X against only one of the four Categories.**   1. **Subject to sex offender notification requirements.** 2. **Violent or other sex offender.**   Convicted (or found not guilty by reason of insanity/unfit to plead and done the act charged) of murder or an offence in Sch.15 or Section 327(4A) of the Criminal Justice Act 2003 (CJA 2003) and sentenced to 12 months or more custody (including indeterminate and suspended sentences), 12 months or more detention in a youth detention accommodation, a hospital order (with or without restrictions) or a guardianship order.   1. **Other dangerous offender.**   Cautioned for or convicted of an offence which indicates that they are 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. Offenders convicted abroad could qualify for Category 3.   1. **Terrorist or terrorist risk offender:**   Subject to terrorism notification requirements; or   * Convicted of   + an offence in Sch.19ZA of the CJA 2003,   + a corresponding service offence,   + an offence with a terrorist connection, or * found not guilty by reason of insanity/unfit to plead and done the act charged of such an offence with a maximum sentence of more than 12 months * and sentenced to   + 12 months or more custody (including indeterminate and suspended sentences),   + 12 months or more detention in a youth detention accommodation,   + a hospital order (with or without restrictions) or   + a guardianship order; or   Committed an offence and may be at risk of involvement in terrorism-related activity. |

|  |  |  |  |
| --- | --- | --- | --- |
| Category 1: Subject to sex offender notification requirements. | ☐ | Category 2: Violent or other sex offender. | ☐ |
| Category 3: Other dangerous offender. | ☐ | Category 4: Terrorist or terrorist risk offender. | ☐ |

**2. REFERRAL**

# Inter-Agency Work

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| What inter-agency work has been undertaken so far? This should include the work done via professionals’ meetings and at other multi-agency forums. What difficulties/barriers to progress are there and how would Level 2 or 3 management overcome them? Include multi-agency work done to inform screening. Explain why existing multi-agency meetings (such as professionals meetings, MARAC, Care Programme Approach etc.) are not sufficient to manage the risk. |

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# Risk Presented

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| Describe the nature of the risk presented by the offender. This may include the following.   * What risk assessment tools have been used and how have these effected the decision to refer? * How imminent is the risk of serious harm? * What relevant previous convictions and patterns of offending are there? * Is there is history of behaviour such as domestic abuse, stalking, gang involvement, terrorism? * Are there any child/adult safeguarding issues? * To what extent is the offender engaging and how are they reducing their own risk? |

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# Reason for Referral

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| **Describe how you think active multi-agency management will add value to the management of the risk of serious harm.** Focus on what resources other agencies may be able to provide and what a MAPPA meeting could achieve in terms of a defensible risk management plan beyond what Level 1 can offer. This may be informed by the completion of the MAPPA Q. The reasons for a referral may include concerns about the following. The decision to refer should be holistic and the following questions will help you establish whether the threshold for Level 2/3 management is met.   * Is senior oversight needed? * How much information is held by other agencies? * Does the complexity of the case require a co-ordinated response so that each agency is clear regarding its roles and responsibilities? * Would Level 2 or 3 management improve engagement with other agencies in the development of the risk management plan? * Would Level 2 or 3 management help expedite referrals for services or support priority access to specialist resources? * To what extent does the offender engage and co-operate with services? * Is it necessary for the offender engage and co-operate with services?resources to enhance risk management? * Is there media and/or public interest in the case? * Are there any disclosure issues? * Have they previously been subject to MAPPA Level 2 or 3 management?   **Please summarise in your own words. Please do not attach reports to this document.** |

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**Behaviour in Custody/Mental Health Unit**

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**Other Agencies Views on Referral**

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# Equality and Diversity

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| Equality and diversity considerations linked to risk of serious harm. How might the needs of the individual in relation to their protected characteristics set out in the Equality Act 2010 (i.e. age, disability, gender reassignment, marriage & civil partnership, pregnant & maternity, race, religion or belief, sex, sexual orientation) impact on delivering an effective risk management plan. If the offender is a child, consider the voice of the child (see section 5 below). |

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# 3. CURRENT LEAD AGENCY RISK MANAGEMENT PLAN

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| --- |
| The Four Pillars of risk management are Supervision, Monitoring and Control, Interventions and Treatment, and Victim Safety. **Please describe what is being done under each pillar in your own words.** |

# Supervision:

|  |
| --- |
| Supervision is not limited to statutory supervision by the Probation Service and YOT but also includes engagement with any other agency that has a role in helping offenders lead law abiding lives.  **Examples of supervision:**   * Office-based supervision. * Home visits (by police and probation) and other regular visits to the offender's premises. * Contact with healthcare professionals, including mental health. * Interaction with staff in Approved Premises. * Tenancy support from Housing Associations. * Assistance from the Department of Work and Pensions (DWP) in finding work. * Actions to build on offenders’ strengths and protective factors. * Curfews * Education. * Involvement of Children’s and/or Adult Social Care. * Attendance at drug/alcohol agencies. |

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# Monitoring & Control:

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| **Monitoring and control are strategies aimed at controlling and reducing opportunities for harmful behaviour.**  **Examples of monitoring and control:**  **Where offenders pose a continuing risk of serious harm, the police will consider whether these risks are high enough to justify applying for one of the following orders:**   * The use of licence conditions (see the Licence Conditions Policy Framework for details). * A licence condition placing restrictions on residence, for example, residing at Approved Premises or living as directed. * Restrictions on associations, activities and movements. * Electronic monitoring. * Polygraph examinations. * Serious Crime Prevention Order (Serious Crime Act 2007). * Notification Order (Sexual Offences Act 2003 (SOA 2003) sections 97 to 101). * Sexual Risk Order (SOA 2003 sections 122A to 122K). * Sexual Harm Prevention Order (SOA 2003 sections 103A to 103K). * Violent Offender Orders (Criminal Justice and Immigration Act 2008, Chapter 4, Part 8). * Domestic Violence Prevention Order (Crime and Security Act 2010 sections 24 to 33). * Non-molestation Orders (Family law Act 1966). * Restraining Orders (Protection From Harassment Act 1997). * Stalking Protection Order (Stalking Protection Act 2019). * Covert activity. |

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# Interventions & Treatment:

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| Interventions and treatment are activities that focus more on developing the offender’s own ability to avoid and manage risk situations and to build strengths and protective factors that enable desistance from offending. They may be mandatory, such as complying with a licence condition, or voluntary. They may include, but will not be limited to, accredited programmes.  **Examples of interventions and treatment:**   * Attendance at accredited programmes, which address the causes of offending behaviour/support the development of strengths. * Interventions that emphasise self-risk management and which promote the use of internal controls over the longer term. * Interventions which combine intensive supervision with the appropriate use of sanctions and responding to non-compliance. * Supportive and integrative approaches where risk assessments indicate their usefulness, e.g. Circles of Support and Accountability. * Referral for medical or psychological interventions as required. * Co-operation with drug and alcohol advisory services. * Involvement in other activities to divert the offender from offending, such as appropriate employment or voluntary work. * Identifying a role for family, parents and carers (who must be consulted before being identified in the plan). |

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# Victim Safety:

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| --- |
| Victim safety strategies are designed to protect previous and ***potential*** victims from harm. Name any identifiable individual who is at risk and note the actions that relate to them.  Examples of victim safety actions:   * Exclusion zones and non-contact licence conditions. * The disclosure of information to third pconditions.luding via the Child Sex Offender Disclosure Scheme and the Domestic Violence Disclosure Scheme. * Action by Children’s Services. * Relocation of the victim. * Restraining Orders and other orders made by the Family Court. * Other protective and target hardening activity such as alerts and alarms. |

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# Contingency Plan:

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| --- |
| Contingency plans will include rapid response arrangements to changing situations or a deterioration in circumstances or behaviours. Contingency plans should link to factors that increase risk under each of the pillars above. The following factors are associated with escalating risk.   * Breakdown in supervision e.g. missing appointments, superficial compliance etc. * A change in situational risk e.g. increased proximity to victims or potential victims, increased opportunity to offend in other ways, change in family circumstances etc. * Deterioration in lifestyle e.g. loss of accommodation, relapse into drug or alcohol use, increased association with offending peers, change in relationship status etc. * Psychological factors e.g. increased preoccupation with offending or offending related issues, deterioration in mental or psychological wellbeing etc. |

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# 4. REFERRING AGENCY INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| This must be fully completed and endorsed by the line manager (this ensures that the line manager is fully aware of the case and the reason for the referral to MAPPA). For Mental Health Services, it may be more appropriate for a Doctor or other senior member of the team to endorse the form. If the referral is being completed by a line manager, the referral does not require endorsement if agreed by local agency protocol. | | | | |
| Referring agency: | \* | Office: |  |  |
| Name: | \* | Grade: |  |  |
| Email address: | \* | | |  |
| Telephone number(s): | \* | Date sent to line manager: |  |  |
| Endorsement by line manager (where required by your agency) | | | |  |
| Name: | \* | Grade: |  |  |
| Telephone number(s): | \* | Office: |  |  |
| Email address: | \* | | |  |
| Comments from line manager: |  | | |  |
| Date endorsed by line manager: |  | | |  |
| A MAPPA offender’s level of management must be considered at least 6 months before release from custody. If the referral is late, explain why. |  | | |  |

# 5. REFERRAL OUTCOME (for official use only)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Details of screening panel/decision maker (including job titles): |  | | | |  |
| Area: |  | | Date referral received: |  |  |
| Does the referral contain enough information to make a decision? If NO, return form to referring agency line manager and explain here what further information is required. | YES ☐ NO ☐ | | | | |
| MAPPA qualifying offender? If NO, return form to referring agency line manager and explain why they do not qualify. | YES ☐ NO ☐ | | | | |
| Does referral meet threshold for Level 2/3? If YES, which level? If NO, return form to referring agency line manager and explain why they do not meet the threshold. | YES ☐ NO ☐ Level 2 ☐ Level3 ☐ | | | | |
| Additional feedback and actions: |  | | | | |
| Date referral accepted/rejected: |  | Date referring agency notified: | |  |  |
| Date of meeting to which referral is to be taken: |  | | | | |

**To be completed once the offender has been accepted for Level 2 or 3 management. Send to the MAPPA Co-ordinator using secure email only. Areas may require the MAPPA B to be submitted with the MAPPA A.**

|  |  |  |  |
| --- | --- | --- | --- |
| MAPPA Area: |  | Date Updated: |  |

**1. OFFENDER INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name: |  | **First name:** |  |
| Aliases:  (including nicknames) |  | **Date of birth:** |  |
| Gender: |  | **Ethnicity:** |  |
| ViSOR Reference:  (must be completed for all offenders subject to notification requirements) |  | Agency unique identifier: |  |
| Current Prison if in custody: |  | Prison number: |  |
| Last known address before sentence (if they were NFA that should be stated along with the area they have the closest links to): |  | Proposed release address: |  |
| Current address if in community: |  | GP name and address: |  |
| Immigration status: |  | Social care legal status e.g. Looked after child, Adult at risk etc.: |  |

**2. RELEVANT DATES** (Relating to current sentence or order)

|  |  |  |  |
| --- | --- | --- | --- |
| Automatic Conditional Release Date: |  | Parole Eligibility Date: |  |
| Non-Parole Date: |  | Licence Expiry Date: |  |
| Sentence Expiry Date: |  | Post Sentence Supervision Expiry Date: |  |
| Recall Date: |  | Date of Re-release Following Recall: |  |
| Home Detention Curfew: |  | Indeterminate Sentence Type: |  |
| Mental Health review date(s): |  | Criminal Order Type and Conditions: |  |
| Civil Order Type and Conditions: |  | Sex Offender Notification end date: |  |

# 3. DETAINED IN HOSPITAL (To be completed for mental health patients)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of responsible clinician: |  | Hospital: |  |
| Earliest possible discharge date: |  | Date of first unescorted leave: |  |
| Proposed release address: |  | Name / contact details of Forensic Social Worker/ social supervisor: |  |
| Basis for detention (e.g. s.37/41 MHA 1983): |  | Date of next tribunal: |  |

**4. CONVICTION / CAUTION INFORMATION** (Do not include any spent convictions)

|  |  |  |  |
| --- | --- | --- | --- |
| Index offence / Relevant caution: |  | Date of conviction / caution: |  |
| Sentence length and type / Hospital order / other outcome of court proceedings: |  | | |
| Brief offence(s) details: |  | | |
| Relevant previous unspent convictions and pattern of offending. Only include offences that indicate a risk of serious harm or a pattern of offending behaviour. It is not necessary to list minor offences individually where quantity is the primary concern: |  | | |
| Other relevant information including arrests/callouts and intelligence: |  | | |

# 5. RISK ASSESSMENT / FORMULATION TOOLS

|  |
| --- |
| Enter details of all relevant risk assessments and formulations including the date it was completed, the score where applicable and the level of risk identified where applicable. Check the Not Applicable box if a tool is not applicable. |

# Risk of Serious Recidivism (RSR) (complete for all offenders under Probation supervision) Not Applicable ☐

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Score (%) | Low | Medium | High | Date completed |
|  |  |  |  |  |

# OASys Risk of Reconviction (complete for all offenders under Probation supervision) Not Applicable ☐

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 1 year % | 2 year % | Band | Date completed |
| OGP: |  |  |  |  |
| OVP: |  |  |  |  |
| OGRS3: |  |  |  |  |

# OASys Sexual Reoffending Predictor (OSP) (complete for all people convicted of a sexual offence) Not Applicable ☐

|  |  |  |
| --- | --- | --- |
|  | Level | Date of assessment |
| OSP/C |  |  |
| OSP/I |  |  |

# OASys Risk of Serious Harm – (1) Risk in the Community (complete for all offenders under Probation supervision) Not Applicable ☐

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | V High | High | Medium | Low | Date completed |
| Children: |  |  |  |  |  |
| Public: |  |  |  |  |  |
| Known adult: |  |  |  |  |  |
| Staff: |  |  |  |  |  |
| Prisoners: |  |  |  |  |  |

# OASys Risk of Serious Harm – (2) Risk in Custody (complete for all offenders under Probation supervision) Not Applicable ☐

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | V High | High | Medium | Low | Date completed |
| Children: |  |  |  |  |  |
| Public: |  |  |  |  |  |
| Known adult: |  |  |  |  |  |
| Staff: |  |  |  |  |  |
| Prisoners: |  |  |  |  |  |

# Active Risk Management System (ARMS) (complete for all Police managed males with a sexual/sexually-motivated offence) Not Applicable ☐

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | V High | High | Medium | Low | Date completed |
| Risk of sexual re-offending: |  |  |  |  |  |

# SARA Assessment (complete for all probation managed cases where there is a risk of domestic abuse) Not Applicable ☐

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | High | Medium | Low | Date completed |
| Risk to partner: |  |  |  |  |
| Risk to others: |  |  |  |  |

# DASH Assessment (complete for police managed cases where there is a risk of domestic abuse) Not Applicable ☐

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Standard | Medium | High | Date completed |
| Risk to individual/family members: |  |  |  |  |

# ASSET/ ASSET PLUS Risk of Serious Harm (complete for all offenders under 18) Not Applicable ☐

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | V High | High | Medium | Low | Date completed |
| Risk of serious harm: |  |  |  |  |  |
| ASSET risk of reconviction |  | | | | Date completed |
|  |

# Extremism Risk Guidelines (ERG) 22 + (complete for all TACT, TACT related and terrorist risk offenders) Not Applicable ☐

|  |  |
| --- | --- |
|  | Date completed |
|  |

# Mental Health / Psychological Risk Tool Not Applicable ☐

|  |  |
| --- | --- |
|  | Date completed |
|  |

# Any Other Risk Assessment Tools (for example, AIM2 and SAVRY) Not Applicable ☐

|  |  |
| --- | --- |
|  | Date completed |
|  |

# 6. SAFEGUARDING

|  |
| --- |
| * Ensure details about children are up to date to help Children’s Services identify the correct case. * Ensure details about adults with care and support needs who are at risk are up to date to help Social Services identify the correct case. * Specify where concerns relate to children in general (rather than or in addition to identifiable individual children) and consider the “voice of the child” in any information provided (see section 8c below). * Note concerns about adults with needs for care and support who are at risk whether they relate to the offender or those adults the offender is in contact with. If in doubt, contact the local Safeguarding Adults Unit. * While the focus of MAPPA is managing risks posed by the offender, there is also a duty of care to the offender and this needs to be considered and the vulnerability of the offender should be distinguished from the risks presented by the offender. * A genogram is a pictorial display of an offender’s extended family relationships and is beneficial to the MAPPA meeting in particular where there are complex family relationships. Any cases that have been subject to Child Protection Conference Proceedings will have a genogram completed as part of this process. These should be available from Children’s Services. |

**6a. CHILD PROTECTION CONCERNS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Names of Children | Date of Birth | Gender | | Relationship to Offender | |
|  |  |  | |  | |
| Outline any child protection concerns (including where the offender is a child). | | | | | |
|  | | | | | |
| Date and outcome of any referral to Children’s Services and details of any allocated social workers. | | | | | |
|  | | | | | |
| Is the child or children currently subject to a Child Protection Plan? |  | | Genogram required/ available? | |  |

# 6b. CONCERNS ABOUT ADULTS WITH CARE AND SUPPORT NEEDS

|  |
| --- |
| The Care Act 2014 defines an adult with care and support needs as someone who:   * has needs for care and support (whether or not the authority is meeting any of those needs), * is experiencing, or is at risk of, abuse or neglect, and * as a result of those needs is unable to protect themselves against the abuse or neglect or the risk of it. |

|  |  |  |  |
| --- | --- | --- | --- |
| Names of Adults with Care and Support Needs | Date of Birth | Gender | Relationship to Offender |
|  |  |  |  |
| Outline any safeguarding concerns relating to adults with care and support needs and explain why they are vulnerable. | | | |
|  | | | |
| Date and outcome of any referral to Adult Safeguarding and details of any allocated social workers. | | | |
|  | | | |
| Genogram required/ available? |  | | |

# 6c. VOICE OF THE CHILD / VOICE OF THE ADULT WITH CARE AND SUPPORT NEEDS

|  |
| --- |
| Working Together 2018 sets out the requirement for staff to take into account children’s views and their lived experiences in all areas of work. The same principles apply to adults with care or support needs. Staff can do so by:   * listening to children and adults with care or support needs when there is an opportunity to do so, and recognising their specific needs, particularly those who are vulnerable or have protected characteristics, this includes children from BAME backgrounds, children who have experience care, or children with special education needs; * considering the implications that parental domestic abuse, ill mental health, substance misuse, and other traumatic experiences may have on an individual’s welfare and development, including unborn children; * identifying which agencies and individuals are best able to contribute the voice of the child or voice of the adult with care or support needs in risk assessments and RMPs; these might include schools, social workers, YOT staff, parents or carers and wider family members; * being alert to opportunities that present themselves to engage and observe children and adults with care or support needs directly, for example during home visits, where they attend probation offices, prison visits, or where they reside in approved premises or mother and baby units; * engaging children and adults with care or support needs with professional curiosity and being alert to parents and carers who attempt to prevent professionals from seeing and listening to them. |

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|  |

**6d. DOMESTIC ABUSE CONCERNS**

|  |  |  |  |
| --- | --- | --- | --- |
| Names of Individual | Date of Birth | Gender | Relationship to Offender if Any |
|  |  |  |  |
| Outline any domestic abuse concerns. | | | |
|  | | | |
| Has the individual been referred to MARAC or other domestic abuse multi agency forum? If YES, provide the dates of any meetings held or planned and details of any actions from MARAC. | | | |
|  | | | |

# 6e. VICTIM ISSUES AND CONCERNS

|  |
| --- |
| Include the victim of the index offence and any other victims to whom there is an identified risk. Also include any identified potential victims not included above. |

|  |  |  |  |
| --- | --- | --- | --- |
| Names of Victims/Potential Victims | Date of Birth | Gender | Relationship to Offender if Any |
|  |  |  |  |
| Outline any safeguarding concerns relating to victims and explain why they are vulnerable. | | | |
|  | | | |
| Has the victim taken up the Victim Contact Scheme? If YES, give contact details of VLO. | | | |
|  | | | |

**6f. SAFEGUARDING RISKS TO THE OFFENDER**

|  |
| --- |
|  |

# 7. KEY INFORMATION FROM CUSTODY (Only to be completed following release from custody and when no longer in receipt of the MAPPA F)

|  |
| --- |
| **Summarise the relevant patterns of behaviour arising from MAPPA Fs once the offender has been released from custody.**  Include any pertinent information from the prison that will remain relevant while the offenders is subject to MAPPA. This can be information contained within the MAPPA F, or information from the minutes. The purpose of this section is to retain information from the prison once they stop attending MAPPA meetings.  Examples of significant information to retain in this section include;   * A specific significant security intelligence report * Significant association/s * A specific risk identified or presented in prison e.g. a distinctive sexualised behaviour, or evidence of extremist views, that isn’t part of an established pattern * A specific public protection concern, e.g. a threat made, or a breach of prison restrictions * A specific risk to staff including any concerns about corruption. |

|  |
| --- |
|  |

**8. INVITATIONS TO MAPPA MEETINGS**

# Referring Agency Details

|  |
| --- |
| This will identify who from the referring agency needs to be sent an invitation to the meeting when the case is to be discussed. Include name, agency and contact details. |

|  |  |  |
| --- | --- | --- |
| Name | Role/Agency | Email/Contact Details |
|  |  |  |

# Other Invitees

|  |
| --- |
| **The referring agency should also consider which other agencies would assist in the assessment and management of the risk posed by the offender.** Include name, agency and contact details. **The Police and Probation must attend all Level 2/3 meetings and need not be included.**   * **The prison/hospital must be invited if the offender is in custody/detained.** * **The Youth Offending Team and Children’s Services must be invited if the offender is a child.** * **Approved Premises staff must be invited where the offender is a resident.** * **Children’s Services must be invited where there is a risk to an identified child.** * A psychologist must be invited **if the offender has a TACT or TACT related offence.** * **Mental Health Casework Section must be invited if the offender is a restricted patient with a TACT or TACT related offence.** * A Counter Terrorism Probation Officer must be invited **if the offender has a TACT or TACT related offence and is not supervised by Probation** * Victim Liaison Officers must be invited where they are engaged with a victim or someone else to whom there is an identified risk. * Independent Domestic Violence Advocates, Stalking Advocates and Partner Link Workers must be invited where they are engaged with someone to whom there is an identifiable risk. |

|  |  |  |
| --- | --- | --- |
| Name | Role/Agency | Email/Contact Details |
|  |  |  |

**MAPPA minutes may only be shared with the permission of the MAPPA Chair in line with the statutory MAPPA Guidance**

**1. MEETING DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Offender name: |  | Date of birth: |  |
| Category: |  | Level: |  |
| Date/Time of meeting: |  | Meeting Number: |  |
| Chair/Co-chairs: |  | Lead Agency: |  |

**2. ATTENDANCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Attendees | Agency and role | Email/ telephone | Standing member? | Copy of minutes? |
|  |  |  |  |  |
| Reports provided | | | | |
|  |  |  |  |  |
| Apologies | | | | |
|  |  |  |  |  |
| No response | | | | |
|  |  |  |  |  |

**3. MINUTES AND ACTIONS**

|  |  |
| --- | --- |
| Attendees confirm they have read and agree the previous minutes as correct and details of amendments: | ☐ |
|  | |

**Review of Actions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Actions | Owner | Progress/Outcome  (Further actions should be recorded in section 9.) | Date action set |
|  |  |  |  |  |

**4. LEAD AGENCY CASE PRESENTATION, AGENCY UPDATES AND ISSUES FOR DISCUSSION**

|  |  |
| --- | --- |
| Summarise any agency updates and reports received. Include any issues raised for discussion.  This is a presentation of the current situation and should be informed by the information in the MAPPA B. | |
| Agency | Update |
|  |  |

**MAPPA B Review and Update**

|  |  |
| --- | --- |
| **Is the information recorded on the MAPPA B still accurate and up to date?** The Chair will check if changes are required in the meeting and admin will record below and update the MAPPA B. | YES ☐ NO ☐ |
|  | |

# 5. MAPPA RISK ASSESSMENT

|  |
| --- |
| Draw conclusions from the MAPPA B, agency updates and reports above as well as the existing risk assessment in the MAPPA A or previous MAPPA C. **The risk assessment must be reviewed and updated at every meeting** |

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| Who is at risk? Name identifiable individuals and/or groups, children and adults, victims of domestic abuse etc.. |
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| What is the nature of the risk? |
|  |
| What factors are likely to increase the risk? To what extent are these factors present? |
|  |
| What factors are likely to reduce the risk ? Include strengths, factors, actions, and events which may reduce or contain the level of risk. What has previously stopped them from offending? |
|  |
| Are there any safeguarding risks to the offender? |
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**6. RISK MANAGEMENT PLAN**

# 6a. Equality and Diversity

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| Consider how equality and diversity might impact on risk management. Consideration must be given where any of the nine protected characteristics set out in the Equality Act 2010 (i.e. age, disability, gender reassignment, marriage & civil partnership, pregnant & maternity, race, religion or belief, sex, sexual orientation) apply to the needs of the offender. If the offender is a child, consider the voice of the child (see below). Focus on equality issues that could impact upon risk assessment and management. Consider also how these issues may impact on those who are at risk. |

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# **6b. Agreed Risk Management Plan**

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| The Four Pillars of risk management are Supervision, Monitoring and Control, Interventions and Treatment, and Victim Safety. **Describe what agencies at the meeting agreed to do under each pillar. The lead agency must update their own risk management plan in line with what is agreed at the MAPPA meeting. Delete the guidance once the minutes have been completed. The RMP must be acted on to deliver MAPPA activity in between meetings and reviewed for effectiveness and updated at every meeting.** |

# Supervision:

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| Supervision is not limited to statutory supervision by the NPS and YOT but also includes engagement with any other agency that has a role in helping offenders lead law abiding lives. **Set out licence conditions.**  **Examples of supervision:**   * Office-based supervision. * Home visits (by police and probation) and other regular visits to the offender's premises. * Contact with healthcare professionals, including mental health. * Interaction with staff in Approved Premises. * Tenancy support from Housing Associations. * Assistance from the Department of Work and Pensions (DWP) in finding work. * Actions to build on offenders’ strengths and protective factors. * Curfews * Education. * Involvement of Children’s and/or Adult Social Care. * Attendance at drug/alcohol agencies. |

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# Monitoring & Control:

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| **Monitoring and control are strategies aimed at controlling and reducing opportunities for harmful behaviour.**  **Examples of monitoring and control:**  **Where offenders pose a continuing risk of serious harm, the chair should ensure that consideration is given to whether the risks justify applying for one of the following orders:**   * The use of licence conditions (see the Licence Conditions Policy Framework for details). * A licence condition placing restrictions on residence, for example, residing at Approved Premises or living as directed. * Restrictions on associations, activities and movements. * Electronic monitoring. * Polygraph examinations. * Stalking Protection Order (Stalking Protection Act 2019) * Notification Order (Sexual Offences Act 2003 (SOA 2003) sections 97 to 101). * Sexual Risk Order (SOA 2003 sections 122A to 122K). * Sexual Harm Prevention Order (SOA 2003 sections 103A to 103K). * Violent Offender Orders (Criminal Justice and Immigration Act 2008, Chapter 4, Part 8). * Domestic Violence Prevention Order (Crime and Security Act 2010 sections 24 to 33). * Non-molestation Orders (Family law Act 1966). * Restraining Orders (Protection From Harassment Act 1997). * Serious Crime Prevention Order (Serious Crime Act 2007). * Covert activity. |

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# Interventions & Treatment:

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| Interventions and treatment are activities that focus more on developing the offender’s own ability to avoid and manage risk situations and to build strengths and protective factors that enable desistance from offending. They may be mandatory, such as complying with a licence condition, or voluntary. They may include, but will not be limited to, accredited programmes. **Set out licence conditions.**  **Examples of interventions and treatment:**   * Attendance at accredited programmes, which address the causes of offending behaviour/support the development of strengths. * Interventions that emphasise self-risk management and which promote the use of internal controls over the longer term. * Interventions which combine intensive supervision with the appropriate use of sanctions and responding to non-compliance. * Supportive and integrative approaches where risk assessments indicate their usefulness, e.g. Circles of Support and Accountability. * Referral for medical or psychological interventions as required. * Co-operation with drug and alcohol advisory services. * Involvement in other activities to divert the offender from offending, such as appropriate employment or voluntary work. * Identifying a role for family, parents and carers (who must be consulted before being identified in the plan). |

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# Victim Safety:

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| Victim safety strategies are designed to protect previous and ***potential*** victims from harm. Name any identifiable individual who is at risk and note the actions that relate to them. **Set out licence conditions.**  Examples of victim safety actions:   * Exclusion zones and non-contact licence conditions. * The disclosure of information to an individual at risk or third parties, including via the Child Sex Offender Disclosure Scheme and the Domestic Violence Disclosure Scheme. * Relocation of the victim. * Action by Children’s Sim.ices. * Restraining Orders and other orders made by the Family Court. * Other protective and target hardening activity such as alerts and alarms. |

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# Contingency Plan:

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| Contingency plans will include rapid response arrangements to changing situations or a deterioration in circumstances or behaviours. Contingency plans should link to factors that increase risk under each of the pillars above. The following factors are associated with escalating risk.   * Breakdown in supervision e.g. missing appointments, superficial compliance etc. * A change in situational risk e.g. increased proximity to victims or potential victims, increased opportunity to offend in other ways, change in family circumstances etc. * Deterioration in lifestyle e.g. loss of accommodation, relapse into drug or alcohol use, increased association with offending peers, change in relationship status etc. * Psychological factors e.g. increased preoccupation with offending or offending related issues, deterioration in mental or psychological wellbeing etc. |

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# Critical Public Protection Casework

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Critical Public Protection Casework (CPPC) case? | ☐ | Referral to CPPC required? | ☐ | Date of referral |  | Referral rejected? | ☐ |

# 7. SIGNIFICANT CHANGES TO RISK MANAGEMENT

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| You must include proposals to add, alter and depart from **licence/order conditions**. Record views of all agencies. |
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**8. DISCLOSURE**

|  |  |
| --- | --- |
| Confirm disclosure discussed? |  |
| a. Will disclosure be made? If so explain why and proceed to b, c and d? |  |
| b. What will be disclosed? |  |
| c. How and when will disclosure be made? |  |
| b. Who will make and receive disclosure? |  |
| Confirm previously agreed disclosure has been made and recorded on ViSOR and address any delays. |  |

**9. ACTIONS AND KEY DECISIONS FROM THIS MEETING**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Decision/Action | Agency and Owner | Reason for Decision Action / Disagreements | Deadline (specified date) |
|  |  |  |  |  |

**10. PRESS AND MEDIA HANDLING**

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| Do press and media handling need to be considered? If so explain why. |  |
| Have MoJ Press Office, appropriate agency press offices and the national MAPPA Team been alerted to the need to prepare a strategy? If so, by whom? If not, who will do it? |  |

# 11. FEEDBACK AND INFORMATION SHARING

|  |  |  |  |
| --- | --- | --- | --- |
| What information from the meeting will be fed back to the offender? | | | |
|  | | | |
| Who will feed back? |  | By when? |  |
| What information will be shared with agencies not present at the meeting? | | | |
|  | | | |
| Who will feed back? |  | By when? |  |
| What information, issues and requests for action will be reported to the SMB | | | |
|  | | | |
| Who will feed back? |  | By when? |  |

**12. ViSOR**

|  |  |
| --- | --- |
| ViSOR record owner: |  |
| Individual who will copy minutes onto ViSOR. |  |

**13. CONCLUSION**

|  |  |  |  |
| --- | --- | --- | --- |
| From the information shared at the meeting, what is the revised view of the risk of serious harm the offender poses at the current time (see 11.17 of the MAPPA Guidance)? | | | |
| ☐ Very High | ☐ High | ☐ Medium | ☐ Low |
| What level of MAPPA management is recommended in this case and why? Record any disagreements. If a case is reduced to Level 1 how will it continue to be assessed and how and why would it be re-referred to Level 2/3? | | | |
|  | | | |
| Have the risk assessment and risk management plan been reviewed and updated and have all agencies had a chance to contribute? | | | |
|  | | | |
| Who should be contacted in the event of risk escalation? | | | |
|  | | | |
| Who else will need to be invited to the next meeting? | | | |
|  | | | |
| Who should receive copies of the minutes? | | | |
|  | | | |

**14. EUROPEAN CONVENTION ON HUMAN RIGHTS ARTICLE 8**

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| 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 freedoms of others   ☐ Tick to confirm. |

**15. MAPPA ADMINISTRATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Date and time of next MAPPA meeting: |  | Location of next MAPPA meeting: |  |
| Additional attendees for next meeting: |  | | |
| Minutes prepared by: |  | Date minutes prepared: |  |
| Minutes checked by: |  | Date minutes checked: |  |
| Minutes distributed by: |  | Date minutes distributed: |  |

The MAPPA meeting structure reflected in the agenda and this aide memoire is designed to support chairs to run an effective meeting. It is designed as a ‘cognitive aid’ ( a tool that helps reduce cognitive load when performing complex time pressured tasks, helping reduce errors of both action and omission.)

|  |  |  |
| --- | --- | --- |
| 1. Introduction | Welcome and introductions. |  |
| Refer to confidentiality and diversity statement. State that everyone attending is agreeing to the statement. |  |
| Explain the purpose of the meeting (emphasise the purpose of MAPPA meetings in general and outline why a meeting is being held for the specific individual). Is it an initial meeting or a review. |  |
| Identify the subject of the meeting. |  |
| 2. Attendance (s2) | Note attendees, apologies and non-responders. |  |
| Acknowledge any reports provided by agencies, including the MAPPA F? |  |
| 3. Minutes (s3) | All participants confirm they have read the previous minutes and are satisfied that they are correct. For a review meeting only. |  |
| 4. Actions Review (s3) | Review actions from the previous meeting individually. Note any that are ongoing. Hold agencies to account for completing actions. Note and agree how to address barriers. For a review meeting only. |  |
| 5. Information from Agencies (s4) | Call on each agency to provide information, starting with the lead agency who should set out the details of the case. Their summary should be informed by the information in the MAPPA B. Ensure that each agency has an opportunity to contribute. Find out if any agency has representations from the individual being managed. It is helpful to consider in your Chair’s summary after each input what updates mean for your understanding of the risk presented and how they need to be managed. |  |
| Check that ViSOR has been interrogated for relevant information. |  |
| 6. Confirm Case Information (s4) | Confirm that the information contained in the MAPPA B is correct and up to date. Make any changes as necessary. Remember this is important background information for the meeting to keep in mind as you assess the risk and plan to manage it. |  |
| 7. MAPPA Risk Assessment (s5) | Draw conclusions from the agency information, updates and reports and the case information contained in the MAPPA A, MAPPA B and the previous MAPPA C. The risk assessment needs to take into account historic and static factors (i.e. things that stay the same) as well as the current circumstances and dynamic factors (i.e. things that can change). Follow this link for further help  <https://www.gov.uk/government/publications/hmpps-risk-of-serious-harm-guidance-2020>  For review meetings guard against simply relying on previous assessments. |  |
| Assess who is at risk and the nature of the risk. Make sure individuals are named. Identify the factors likely to increase and reduce the risk.  Ask questions to assist, check what will alert the practitioner to escalating risk – what are the things to look out for? |  |
| Consider any child protection issues and wider child wellbeing issues. Ask if the meeting has taken into account the voice of the child. |  |
| Consider any adults with care and support needs who may be at risk. Has the meeting considered the voice of the adult at risk. |  |
| Consider the voice of victims or other individuals at risk |  |
| Consider all of the offender’s behaviour, e.g. domestic abuse may well be present in cases where it is not the index offence. See the new chapter on Domestic Abuse and Stalking in the MAPPA guidance. |  |
| Factor in any safeguarding risks to the offender, but be alert to these distracting you from the risk the offender poses to others. |  |
| 8. Risk Management Plan (s6) | The RMP will be used to deliver activity between meetings. An accurate assessment of the risks and a plan to manage them is the fundamental purpose of MAPPA. It can be easy to get distracted from the overall picture by problem solving particular issues. As chair you need to help the meeting come up with a deliverable RMP that addresses all the risks identified  At review meetings check how well the plan is working and what needs to change.  Follow this link for further help on risk management planning using the 4 Pillars approach. <https://www.gov.uk/government/publications/hmpps-risk-of-serious-harm-guidance-2020> |  |
| Discuss any diversity and equality considerations that impact on risk management. |  |
| Has there been a maturity assessment for those aged under 25? Are they a care leaver? |  |
| Consider personality disorder and experience of trauma. |  |
| Discuss how each of the 4 pillars will be used to manage risk. Supervision  Monitoring and control  Interventions and treatment  Victim safety planning |  |
| Check: is the plan sufficient to manage the risk:  does it address each of the risk factors;  have clear actions been agreed to maximise the safety of individuals at risk? |  |
| Check: is the plan personalised to the offender, are the restrictions necessary? |  |
| Include a contingency plan covering each element of the risk management plan. |  |
| How will escalating risk or a break down in the plan be managed ? |
| Should a referral be made to Critical Public Protection Casework? |  |
| 9. Significant Changes to Risk Management (s7) | For offenders on licence, are the conditions appropriate? Do any conditions need to be added, changed or removed? |  |
| 10. Disclosure (s8) | Is disclosure going to be made and why? |  |
| What will be disclosed? |  |
| How and when will the disclosure be made? |  |
| Who will make disclosure? |  |
| Who will receive disclosure? |  |
| Has disclosure been recorded on ViSOR? |  |
| If there are delays has this been escalated? |  |
| 9. Decisions and Actions (s9) | Ensure all decisions have been recorded, a rationale provided and any disagreement noted. |  |
| Ensure all actions have been captured, assigned and given response dates. |  |
| 11. Press & Media Handling (s10) | Does media handling need to be considered? If yes, what is the main issue. |  |
| Have MoJ Press Office, agency press offices and the National MAPPA Team been alerted? |  |
| Have MOJ/Police press offices coordinated approaches if necessary? |  |
| 12. Feedback for Offender or others (s11) | Does any information from the meeting need to be fed back to the individual being managed under MAPPA? If so what, when and who by. |  |
| Does any information from the meeting need to be fed back to any agencies not present at the meeting? If so what, when and who by. |  |
| Does any information from the meeting need to be fed back to the SMB? Are there any requests for action from the SMB? If so what, when and who by. |  |
| 13. ViSOR (s12) | Who is responsible for copying the meeting minutes to ViSOR? |  |
| Has ViSOR been updated in line with the last meeting? |  |
| 15. Conclusion (s13) | From the information shared at the meeting, what is the revised view of risk of serious harm the offender poses at the current time? |  |
| Consider the Risk of Harm Framework [Appendix 9: Risk of Harm Framework - Multi-Agency Public Protection Arrangements - MAPPA (justice.gov.uk.)](https://mappa.justice.gov.uk/MAPPA/view?objectID=11511220) Are you confident that the risk level seems accurate and that all members are aware of what it means ? |  |
| What level of MAPPA management does this case require and why? If the case is reduced to Level 1 how will it continue to be assessed and how and why would it be re-referred to Level 2/3? |  |
| Record any disagreements and the escalation process if required. |  |
| Identify who should be contacted in the event of risk escalation. |  |
| Who else will need to be invited to the next meeting. |  |
| Establish who should receive copies of the minutes. |  |
| 16. European Convention on Human Rights considerations (s14) | Have the decisions made today been proportionateto the risks identified; lawful; based as far as we know on accurate information; and necessary in order to protect the public? |  |
| 17. Details of next MAPPA meeting (s15) | Date, time and location |  |
| Does MAPPA responsibility need to move to another area? |  |
| Who will facilitate this (including transfer of the ViSOR record) and has a timescale been agreed? |  |

**CONFIDENTIALITY STATEMENT**

In working with offenders, victims and other members of the public, all agencies have agreed boundaries of confidentiality. The information contained in these MAPPA meetings respects those boundaries of confidentiality and is shared under an understanding that:

1) The meeting is called in circumstances where it is felt that the risk presented by the offender is so great that issues of public or individual safety outweigh those rights of confidentiality.

2) One or more of the following exemptions will probably apply to the minutes of the meeting under the Freedom of Information Act 2000:

a) Investigations and proceedings by Public Authorities (s.30(1)(B));

b) Health and safety (s.38);

c) Personal information (s.40);

d) Information provided in confidence (s.41).

3) Where no exemptions apply, an individual’s own personal data will be released to them if they make a Subject Access Request under the Data Protection Act 2018.

4) The discussions and decisions of the meeting will involve an interference with the offender’s Article 8 rights to privacy and a private life. Such an interference must be justified on one of the following grounds that are found in Article 8.2 of the European Convention on Human Rights and be necessary and proportionate to the risk posed:

a) Public safety;

b) The prevention of crime and disorder;

c) The protection of health and morals;

d) The protection of the rights and freedom of others.

5) Where meetings are undertaken remotely, participants will ensure they are in an appropriate location where they cannot be overheard, including by smart speakers, and where their screens cannot be seen.

6) The minutes of the meeting will be marked Official-Sensitive. Minutes should be stored on ViSOR. Agency copies must be stored in line with individual agencies’ policies on the retention of Official-Sensitive information. **Minutes must not be photocopied nor may the contents be shared outside of the meeting without the agreement of the meeting Chair.** Permission must be sought from the Chair if it is essential that information is shared with another agency. The Chair will then consult all those whose information is contained in the minutes and decide what information can be shared (information shared will be on a need-to-know basis and must be proportionate and necessary). Copies of minutes will not be taken to or from meetings.

# DIVERSITY, INCLUSION AND EQUALITY STATEMENT

MAPPA meetings must promote equal access to services for all groups, ensuring that policies and procedures comply with Human Rights requirements and do not draw on stereotypical assumptions about groups of offenders or victims or contain any elements that will be discriminatory in outcome.

The meeting must consider

* if any of the nine protected characteristics set out in the Equality Act 2010 (i.e. age, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, race, religion or belief, sex, sexual orientation) apply to the offender or the victim, and
* whether any other diversity issues may affect the offender or have a bearing upon the risks they present to others and how these can be managed.

**1. ESTABLISHMENT / MEETING DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| POM:  (Author of this report) |  | COM/Probation Practitioner : |  |
| Establishment: |  | Date received at current establishment: |  |
| Date of MAPPA meeting: | | |  |
| Prison transfer history: (Give dates and names of establishments held at during current sentence – include reasons for move if significant.) | | | |
|  | | | |

**2. PRISONER DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Prisoner Name: |  | Prison Number: |  |
| Date of Birth: |  | Gender: |  |
| Ethnicity: |  | Aliases: (from prison records) |  |

# 2.1 Diversity, Inclusion and Equality:

|  |
| --- |
| Consider protected characteristics and any reasonable adjustments impacting on risk management and sentence planning.  Has there been a maturity assessment for those aged under 25? Have they screened in?  Is the prisoner a care leaver? If so, contact details of leaving care worker and how they will contribute to RMP?  Are there any recorded incidents of discrimination (DIRF)? If so, provide details?  Has the prisoner engaged with chaplaincy or other faith service? If so, provide summary of involvement?  Consider personality disorder and experience of trauma. |

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**3. SENTENCE / REMAND DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Index Offence/charge: |  | Date sentenced / Remanded: |  |
| Sentence Length: |  | Type of Sentence: |  |
| Additional Days Awarded (ADA): |  | Application for remission: |  |
| Expected release date: |  |  | |

**4. OFFENDING AND RISK DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Terrorism /Terrorism Connected: | Yes ☐  No ☐ | Serious Organised Crime: | Yes ☐  No ☐ |
| Prisoner convicted of sexual offending: | Yes ☐  No ☐ | Stalking:  (add details in section 5.3/5.4) | Yes ☐  No ☐ |
| Domestic Abuse:  (This can be convictions or concerns. Add details in section 5.3) | Yes ☐  No ☐ | High Profile/media interest: | Yes ☐  No ☐ |

**5. SAFEGUARDING AND PUBLIC PROTECTION**

**5.1 Public Protection Restrictions (PPM PSI 18/2016)**

|  |  |
| --- | --- |
| Registered Sex Offender:  (Chapter 7) | Yes ☐  No ☐ |
| VISOR Reference number:  (Chapter 3) |  |
| ViSOR nominal record reviewed: | Yes ☐  No ☐ |
| Harassment Measures and no-contact requests:  (\*If yes, include names and other details in section 5.3/5.4)  (Chapter 6) | Yes\* ☐  No ☐ |

**5.2 Safeguarding Children**

|  |  |  |  |
| --- | --- | --- | --- |
| ROSH to children in community: |  | ROSH to children in custody: |  |
| Persons Posing a Risk to Children (PPRC): (Chapter 5) | | Yes ☐  No ☐ | |
| If Yes, what level of restrictions are in place: | | | |
| ☐ Level One: Full restrictions apply. No contact allowed.  ☐ Level Two: Written correspondence allowed. No telephone calls or visits.  ☐ Level Three: Written correspondence and telephone calls allowed. No visits.  ☐ Level Four: No restrictions necessary. Contact allowed via correspondence, telephone calls and visits. | | | |
| Summarise any current concerns regarding ongoing contact with children in custody?  If PPRC, give details of any applications for child contact and whether approved or not, and any challenges to levels of contact.  Provide details of any breaches, or attempts to breach restrictions?  Have there been any CP or CIN conferences? If so, give details of social worker and include any reports / contributions provided. | | | |
|  | | | |

# 5.3 Domestic Abuse

|  |
| --- |
| Is the prisoner assessed as posing a risk of domestic abuse?  Is the prisoner currently in a relationship, if yes, with who? Detail levels of contact.  Are there any restrictive orders (Restraining Orders, non-molestation orders?) in place to protect specific victims, or have there been any no-contact requests? Include names and details of who these are to protect.  Have there been any breaches, or attempts to breach restrictions? If so, give details. |

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# 5.4 Safeguarding Adults

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| Is the prisoner in contact with anyone who may require support from Adult Social Care services?  Are there any identified adults at risk from the prisoner who may require support from Adult Social Care services?  Are there any restrictive orders (Restraining Orders) in place to protect specific victims, or have there been any no-contact requests? Include details of who these are to protect.  Have there been any breaches, or attempts to breach restrictions? If so, give details. |

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# 5.5 Other Individuals at Risk

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| Are there any other identified individuals that the prisoner poses a risk to?  Is the prisoner in contact with anyone else who they may pose a risk to?  Are there any restrictive orders (Restraining Orders) in place to protect specific victims, or have there been any no-contact requests? Include details of who these are to protect.  Have there been any breaches, or attempts to breach restrictions? If so, give details. |

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# 5.6 Offence Related Monitoring (PSI 04/2016)

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| Has the prisoner been subject to any mail or telephone monitoring? If yes, has this resulted in any concerns or detected breaches of restrictions?  Provide a gist of contact with any known or potential victims, or other contacts of concern. |

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# 5.7 Interdepartmental Risk Management Meeting (IRMM)

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| Has the prisoner been discussed as part of the IRMM? If so, detail any concerns arising and actions taken.  Have the minutes been shared with the COM? If not attach with report and confirm minutes added to ViSOR? |

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**6 CONTACTS AND ASSOCIATIONS (Internal and External)**

# 6.1 Visits (Including social video calls)

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| --- |
| Details of social visitors including relationship to prisoner, DOB and address where known.  Are there any concerns regarding their visitors, or any identified as protective factors? |

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# 6.2 Telephone and Mail

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| --- |
| Details of active numbers on PIN account and frequency of calls, mail correspondence including relationship to prisoner, DOB and address where known.  Are there any concerns regarding their calls and mail, or any identified as protective factors? |

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# 6.3 Prison Associations

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| Details of associations in custody – does their NOMIS/DPS record or security file link them to other prisoners, any non-associates/Keep Separate from (KSF).  Details of anyone sending money into their prison account. |

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**7. HEALTH AND WELL-BEING**

**7.1 Risk of Suicide or Self-Harm (Details of any ACCT or C-SIP)**

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# 7.2 Mental Health

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| Consider the prisoners experience of trauma, Personality Disorder, any contact with mental health team and confirm any medication prescribed.  Information from psychologists, OPD formulation or service, or other supportive/counselling services.  Has a psychological or a psychiatric assessment taken place? Attach report. |

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# 7.3 Physical Health

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| Consider any adult social care needs or mobility issues which may require an adult social care assessment. |

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# 7.4 Vulnerabilities / Adults at Risk

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| --- |
| Consider any vulnerabilities the prisoner has that may impact on risk management.  Has the prisoner been victimised by others, have there been periods of segregation for own protection?  Is the prisoner known to the safer custody department? Challenge/**Support** Intervention Plan (CSIP)?  Are there any concerns around county lines or other criminal exploitation? |

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**8. TO BE COMPLETED FOR FOREIGN NATIONAL PRISONERS ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| Recorded with Home Office Immigration Enforcement? | Yes ☐  No ☐ | Home Office Reference number: |  |
| Prisoner subject to deportation? | Yes ☐  No ☐ | Prisoner appealing against deportation? | Yes ☐  No ☐ |
| Prisoner to remain in prison custody after conditional release or sentence end date? | Yes ☐  No ☐ | Prisoner assessed as suitable for immigration removal centre? | Yes ☐  No ☐ |
| Prisoner applied for Early Removal Scheme? | Yes ☐  No ☐ | Prisoner applied for Bail? | Yes ☐  No ☐ |
| Details of any contact with HOIE caseworker: | |  | |
| HOIE Caseworker telephone number and functional mailbox: | |  | |

**INFORMATION AND ASSESSMENT DURING CUSTODY**

**(Including previous establishments)**

# 9. KNOWLEDGE OF PRISONER

|  |
| --- |
| POM details; length of time working with the prisoner, summary of contact including levels of engagement and prisoners views.  Include any feedback from the keyworker. |

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# 10. CONDUCT AND BEHAVIOUR IN CUSTODY

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| IEP Status and history.  Adjudications. Incl. proven and non-proven.  Summary of NOMIS/DPS contacts incl. negative and positive comments.  MDTs, VDTs or suspicion of substance misuse in prison.  Evidence of violence, bullying or intimidation. Any **Challenge/**Support intervention Plan (CSIP). |

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# Analysis of Conduct and Behaviour in Custody

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| Considering the information above, is there evidence of offence paralleling behaviour or are there any new or emerging risks?  What are the patterns of behaviour and explanations for any deterioration?  What does this tell you about attitudes to staff and authority and levels of compliance? |

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# 11. SECURITY INTELLIGENCE ASSESSMENT

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| OMU to contact the security department to request an intelligence assessment to be included below.  Intelligence may relate to drug use and supply, associations and criminal networks, violence, aggression and bullying, theft, mental health, threats or assaults on prisoners or staff, safeguarding, racism, weapons, inappropriate behaviour, corruption.  Intelligence led monitoring of communications (mail and telephone).  Details of any intelligence products from Regional Intelligence Units. |

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| Intelligence Assessment provided by the security department: |

**11.1 Terrorist /** **Terrorist Connected** **or Pathfinder Cases**

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| Contact the Regional Counter Terrorism Team and summarise information from pathfinder. |
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# Analysis of Information Provided by Security

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| Considering the security intelligence above, is there evidence of offence paralleling behaviour or are there any new or emerging risks?  Does the intelligence reflect the same types of behaviour in section 10?  Consider superficial compliance and any evidence of ongoing criminality or public protection concerns. |

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# 12. SENTENCE PLAN AND OFFENDING BEHAVIOUR WORK

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| Details of accredited interventions completed and summary of post programme reports including engagement and understanding of the material.  Details of non-accredited interventions, in-cell or 1:1 work undertaken and comment on progress and understanding of the material.  Involvement with substance misuse services.  Progress against other Sentence Plan Objectives including activities, employment and education, keywork. |

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# 12.1 RELEASE ON TEMPORARY LICENCE (ROTL)

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| Details of any ROTL including purpose and dates, and any breaches or concerns.  ROTLs recorded on ViSOR? For further information on Restricted ROTL refer to PSI 13/2015 - PI 10/2015. |

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# Analysis of Interventions and Sentence Plan Objectives

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| Consider what opportunities there have been to evidence a reduction in risk?  Is there evidence of a reduction in risk?  Do current attitudes and behaviour, as evidenced in sections 6 and 7, reflect change or progress as a result of interventions completed. Do not rely solely on participation or post programme review, you are looking for evidence of an understanding of the material and consolidation of learning.  Prisoners views on their own progress?  Consider whether the evidence you have could indicate superficial compliance rather than more meaningful engagement. |

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**13. CONTRIBUTIONS AND REPORTS ATTACHED**

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| Name and role | Contact details | Report attached |
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**14. POM/REPORT WRITER DETAILS**

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| Name: |  |
| Role: |  |
| Establishment: |  |
| Telephone number(s): |  |
| Email address: |  |

**15. COUNTERSIGNATURE**

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| Name: |  |
| Role: |  |
| Establishment: |  |
| Telephone number(s): |  |
| Email address: |  |

**REVIEW MEETINGS ONLY**

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| **This section must be completed for each subsequent MAPPA Review meeting.**  **To update this MAPPA F for each MAPPA Review meeting, click the small triangle on the left-hand side of the relevant heading below, this will expand the template for section 16 where you add dates of review and updated information.** |

**SUBSEQUENT MAPPA REVIEW: 1**

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| **16. MAPPA F REVIEW**  Please provide an update for each section and comment on whether the updates impact on your analysis of the information in the initial MAPPA F. |

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| Date of MAPPA Review Meeting: |  | Date completed: |  |

**16.1 ACTIONS FOR POM/PRISON FROM** **PREVIOUS MAPPA MEETING:**

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| Date Action Set: | Action: | Comments and date completed: |
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**16.2 KNOWLEDGE OF PRISONER:**

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**16.3 CONDUCT AND BEHAVIOUR IN CUSTODY:**

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**16.4 SECURITY INTELLIGENCE SUMMARY:**

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**16.5 SENTENCE PLAN AND OFFENDING BEHAVIOUR WORK:**

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**16.6 SAFEGUARDING AND PUBLIC PROTECTION:**

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**16.7 CONTACTS AND ASSOCIATIONS:**

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**16.8 HEALTH AND WELL-BEING:**

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**16.9 CONTRIBUTIONS AND REPORTS ATTACHED:**

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| Name and role | Contact details | Report attached |
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**16.10 REPORT WRITER DETAILS:**

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**16.11 COUNTERSIGNATURE:**

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**Subsequent MAPPA Review: 2**

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| **16. MAPPA F REVIEW**  Please provide an update for each section and comment on whether the updates impact on your analysis of the information in the initial MAPPA F. |

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| Date of MAPPA Review Meeting: |  | Date completed: |  |

**16.1 ACTIONS FOR POM/PRISON FROM** **PREVIOUS MAPPA MEETING:**

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| Date Action Set: | Action: | Comments and date completed: |
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**16.2 KNOWLEDGE OF PRISONER:**

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**16.3 CONDUCT AND BEHAVIOUR IN CUSTODY:**

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**16.4 SECURITY INTELLIGENCE SUMMARY:**

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**16.5 SENTENCE PLAN AND OFFENDING BEHAVIOUR WORK:**

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**16.6 SAFEGUARDING AND PUBLIC PROTECTION:**

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**16.7 CONTACTS AND ASSOCIATIONS:**

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**16.8 HEALTH AND WELL-BEING:**

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**16.9 CONTRIBUTIONS AND REPORTS ATTACHED:**

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| Name and role | Contact details | Report attached |
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**16.10 REPORT WRITER DETAILS:**

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**Subsequent MAPPA Review: 3**

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| **16. MAPPA F REVIEW**  Please provide an update for each section and comment on whether the updates impact on your analysis of the information in the initial MAPPA F. |

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| Date of MAPPA Review Meeting: |  | Date completed: |  |

**16.1 ACTIONS FOR POM/PRISON FROM** **PREVIOUS MAPPA MEETING:**

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**16.2 KNOWLEDGE OF PRISONER:**

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**16.3 CONDUCT AND BEHAVIOUR IN CUSTODY:**

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**16.4 SECURITY INTELLIGENCE SUMMARY:**

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**16.5 SENTENCE PLAN AND OFFENDING BEHAVIOUR WORK:**

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**16.6 SAFEGUARDING AND PUBLIC PROTECTION:**

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**16.7 CONTACTS AND ASSOCIATIONS:**

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**16.8 HEALTH AND WELL-BEING:**

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**16.9 CONTRIBUTIONS AND REPORTS ATTACHED:**

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| Name and role | Contact details | Report attached |
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**16.10 REPORT WRITER DETAILS:**

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**Subsequent MAPPA Review: 4**

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| **16. MAPPA F REVIEW**  Please provide an update for each section and comment on whether the updates impact on your analysis of the information in the initial MAPPA F. |

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| Date of MAPPA Review Meeting: |  | Date completed: |  |

**16.1 ACTIONS FOR POM/PRISON FROM** **PREVIOUS MAPPA MEETING:**

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**16.2 KNOWLEDGE OF PRISONER:**

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**16.3 CONDUCT AND BEHAVIOUR IN CUSTODY:**

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**16.4 SECURITY INTELLIGENCE SUMMARY:**

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**16.5 SENTENCE PLAN AND OFFENDING BEHAVIOUR WORK:**

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**16.6 SAFEGUARDING AND PUBLIC PROTECTION:**

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**16.7 CONTACTS AND ASSOCIATIONS:**

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**16.8 HEALTH AND WELL-BEING:**

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**16.9 CONTRIBUTIONS AND REPORTS ATTACHED:**

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| Name and role | Contact details | Report attached |
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**16.10 REPORT WRITER DETAILS:**

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**Subsequent MAPPA Review: 5**

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| **16. MAPPA F REVIEW**  Please provide an update for each section and comment on whether the updates impact on your analysis of the information in the initial MAPPA F. |

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| Date of MAPPA Review Meeting: |  | Date completed: |  |

**16.1 ACTIONS FOR POM/PRISON FROM** **PREVIOUS MAPPA MEETING:**

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**16.2 KNOWLEDGE OF PRISONER:**

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**16.3 CONDUCT AND BEHAVIOUR IN CUSTODY:**

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**16.4 SECURITY INTELLIGENCE SUMMARY:**

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**16.5 SENTENCE PLAN AND OFFENDING BEHAVIOUR WORK:**

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**16.6 SAFEGUARDING AND PUBLIC PROTECTION:**

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**16.7 CONTACTS AND ASSOCIATIONS:**

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**16.8 HEALTH AND WELL-BEING:**

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**16.9 CONTRIBUTIONS AND REPORTS ATTACHED:**

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| Name and role | Contact details | Report attached |
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**16.10 REPORT WRITER DETAILS:**

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**16.11 COUNTERSIGNATURE:**

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**If further reviews are required, copy and paste this header which will give you an additional Section 16 template**

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| **16. MAPPA F REVIEW**  Please provide an update for each section and comment on whether the updates impact on your analysis of the information in the initial MAPPA F. |

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| Date of MAPPA Review Meeting: |  | Date completed: |  |

**16.1 ACTIONS FOR POM/PRISON FROM** **PREVIOUS MAPPA MEETING:**

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| Date Action Set: | Action: | Comments and date completed: |
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**16.2 KNOWLEDGE OF PRISONER:**

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**16.3 CONDUCT AND BEHAVIOUR IN CUSTODY:**

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**16.4 SECURITY INTELLIGENCE SUMMARY:**

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**16.5 SENTENCE PLAN AND OFFENDING BEHAVIOUR WORK:**

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**16.6 SAFEGUARDING AND PUBLIC PROTECTION:**

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**16.7 CONTACTS AND ASSOCIATIONS:**

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**16.8 HEALTH AND WELL-BEING:**

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**16.9 CONTRIBUTIONS AND REPORTS ATTACHED:**

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| Name and role | Contact details | Report attached |
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**16.10 REPORT WRITER DETAILS:**

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| Name: |  |
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| Establishment: |  |
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**16.11 COUNTERSIGNATURE:**

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| --- | --- | --- | --- | --- | --- | --- |
| **A picture containing text  Description automatically generated** | **MAPPA LEVEL 2 OR 3 TRANSFER** | | | | **MAPPA G** | |
| **Name of MAPPA Area SENDING:** | |  | | | |  |
| **Name of MAPPA Area RECEIVING:** | |  | | | |  |
| To be completed by: | | Offender Manager / Supervisor Responsible in SENDING area | | | |  |
| To be sent via secure email to: | | Local MAPPA Coordination Unit/Coordinator | | | |  |
| **1. TRANSFER AGREED ACCORDING TO LEAD AGENCY POLICY** | | | | | | |
| Lead Agency: | |  | | | | |
| Date of formal transfer: | |  | Please indicate - Temporary or Permanent | | | |
| Supervisor responsible for the case in RECEIVING area: | |  | | | | |
| Office address: | |  | | | | |
| Telephone: | |  | | | | |
| Email: | |  | | | | |
| Has ViSOR record, including previous MAPPA minutes, been transferred: | | YES / NO | | | | |
| **2. OFFENDER INFORMATION** | | | | | |  |
| Last name: | |  | | | |  |
| First name: | |  | | | |  |
| Date of birth: | |  | | | |  |
| Aliases including nicknames: | |  | | | |  |
| Gender: | |  | | | |  |
| Ethnicity: | |  | | | |  |
| PNC: | |  | | | |  |
| ViSOR Reference: | |  | | | |  |
| Current address (SENDING area): | |  | | | |  |
| New address (RECEIVING area): | |  | | | |  |
| Is new address Approved Premises? | | YES / NO | | | |  |
| If YES: Name and address of Approved Premises: | |  | | | |  |
| **3. MAPPA STATUS** | | | | | |  |
| Current level of MAPP management: | | Level 2 | | Level 3 | |  |
| Dates of previous MAPP meetings | |  | | | |  |
| Any other relevant information | |  | | | |  |
| **4. SENDING AREA INFORMATION.** | | | | | |  |
|  | | | | | |  |
| Name of supervisor transferring the case: | |  | | | |  |
| Office address: | |  | | | |  |
| Telephone: | |  | | | |  |
| Email: | |  | | | |  |
| Date sent to  **LOCAL** MAPPA Coordination Unit: | |  | | | |  |
| **5. ADMINISTRATION** | | | | | |  |
| Date by which MAPPA meeting is required in receiving area: | |  | | | |  |
| Date sent by SENDING area MAPPA Coordination Unit to RECEIVING area MAPPA coordination unit. | |  | | | |  |

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| **A picture containing text  Description automatically generated** | **MAPPA LEVEL 1 TRANSFER** | | **MAPPA G** | |  |
| **Name of MAPPA Area SENDING:** | |  | | |  |
| **Name of MAPPA Area RECEIVING:** | |  | | |  |
| To be completed by: | | Offender Manager / Supervisor Responsible in SENDING area | |  |  |
| To be sent via secure email to: | | Local MAPPA Co-ordination Unit / Co-ordinator | |  |  |
| **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 Offender**  Murder or Schedule 15 of CJA 2003:   * sentenced to custody for 12 months or more (including indeterminate and suspended sentences)and on licence, or * detained patient subject of a hospital order (with or without restrictions) or patient managed in the community, conditionally discharged from hospital (Sec 37/41) and subject to a Community Treatment Order or following previous detention under Sec 37 or 47   Subject of a Disqualification Order  **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 | | | | | |
| **Step 2: Screening process used to decide level of management** | | | | |  |
| **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 heath 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 transfer with your line manager.  Decision not agreed:  Reason/s ……………………………………  Decision endorsed by line manager    Retain at Level 1, Ordinary agency management. Offender manager  should notify the MAPPA administrator that this is a Level 1 case.  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 ………………….. | | | | |  |
| **Step 5: Why transferring?** | | | | |  |
| Please ensure you cover in this section, why the risk can be managed better in the receiving area? | | | | |  |

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|  | **NOTES FOR COMPLETION** | **MAPPA G** |

**As MAPPA cannot agree or refuse a MAPPA L2 or L3 transfer, this form is to be completed by the lead agency once agreement has been reached according to that agency’s transfer policy.**

|  |
| --- |
| **1. TRANSFER AGREED ACCORDING TO LEAD AGENCY POLICY** |
| This MUST be completed before MAPPA G is sent to the local MAPPA Co-ordination unit / Co-ordinator. |
| **2. OFFENDER INFORMATION** |
| This should be completed in full by the referrer. |
| **3. MAPPA STATUS** |
| This must be completed in full to ensure that the next review is undertaken in the required timescales. |
| **4. SENDING AREA INFORMATION** |
| This information relates to the MAPPA lead agency in the sending area i.e. the person who has completed the MAPPA G. |
| **5. ADMINISTRATION** |
| This section should be completed by the sending area MAPPA Co-ordination unit / Co-ordinator and sent to the MAPPA Co-ordinator in the receiving area to ensure that the next MAPPA meeting occurs with in the required time frame. |

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| **A picture containing text  Description automatically generated** | **INITIAL NOTIFICATION OF MAPPA-ELIGIBLE OFFENDER (YOT)** | **MAPPA H** |

** Responsible YOT supervisor:**

Please complete sections 1 to 5 of this form and send it to your local MAPPA Co-ordinator 6 months before the release of a MAPPA offender

** MAPPA Co-ordinator:**

If you have any relevant information about this offender, please complete section 6 of this form and send it to the referring agency.

|  |  |  |
| --- | --- | --- |
| **1. CATEGORY OF OFFENDER** | | |
| The offender must fall into one of the MAPPA Categories summarised below. Please state which one applies. | | |
| 1. Registered sexual offender | | YES / NO |
| 2. Violent or other sexual offender who has been sentenced to 12 months or more custody for a Schedule 15 offence under the Criminal Justice Act 2003 and is transferred to hospital under s.47/49 MHA 1983, or is detained in hospital under s.37 with or without a restriction order under s.41 | | YES / NO |
| 3. Other dangerous offender – has been cautioned for or convicted of an offence which indicates that he or she is capable of causing serious harm **AND** which requires multi-agency management. This might not be for an offence under Sch.15 of the Criminal Justice Act 2003. | | YES / NO |
| **2. OFFENDER INFORMATION** | | |
| Last name: |  | |
| First name: |  | |
| Date of birth: |  | |
| Aliases: |  | |
| Last known address: |  | |
| Gender: |  | |
| Ethnicity: |  | |
| **3. CONVICTION / CAUTION INFORMATION** | | |
| Index offence: |  | |
| Date of conviction / caution: |  | |
| Sentence: |  | |
| **4. VICTIM CONCERNS** | | |
| Is the victim known to the victim contact scheme? | YES / NO | |
| If YES: | | |
| Please state what information has been provided |  | |
| **5. NOTIFYING AGENCY INFORMATION** | | |
| Referring agency: |  | |
| Name: |  | |
| Grade: |  | |
| Office: |  | |
| Telephone number(s): |  | |
| Email address: |  | |
| Date sent to MAPPA Co-ordinator: |  | |
| **6. INFORMATION HELD BY MAPPA CO-ORDINATOR** | | |
| Is there any information known to MAPPA, including information held on ViSOR regarding this offender, to help manage the risk he presents to the public? | YES / NO | |
| If YES: | | |
| Please confirm that the information has been passed to the referring agency |  | |
| Date information sent |  | |

|  |  |  |
| --- | --- | --- |
| **A picture containing text  Description automatically generated** | **NOTIFICATION OF MAPPA-ELIGIBLE DETAINED PATIENT (MENTAL HEALTH)** | **MAPPA I** |

**Part 1 MAPPA Identification**

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

|  |  |  |
| --- | --- | --- |
| **1. CATEGORY OF OFFENDER** | | |
| The patient must fall into one of the MAPPA Categories summarised below. Please tick one box below. | | |
| 1. Registered sexual offender. | |  |
| 2. Violent or other sexual offender.  An offender convicted (or found not guilty by reason of insanity or to be unfit to plead and to have done the act charged) of murder or an offence specified under Schedule 15 or s.327(4A) of the Criminal Justice Act 2003 who has been sentenced to 12 months or more custody (this includes indeterminate and suspended sentences), detention in a youth detention accommodation for a term of 12 months or more, **a hospital order (with or without restrictions)** or a guardianship order. | |  |
| 3. Other dangerous offender.  If the Responsible Clinician believes that a patient who has previously committed a criminal offence is capable of causing serious harm please contact the local MAPPA Co-ordinator for advice. This form should only be completed if advised by the MAPPA Co-ordinator.\* | | |
| **2. OFFENDER INFORMATION** | | |
| Last name: |  | |
| First name(s): |  | |
| Date of birth: |  | |
| Aliases: |  | |
| Last known address (private residence) before hospitalisation: |  | |
| Home MAPPA area (location of patient’s home): |  | |
| Host MAPPA area (location of hospital): |  | |
| Gender: |  | |
| Ethnicity: |  | |
| NHS number: |  | |
| Mental Health Casework Section reference: |  | |
| **3. DETAINED IN HOSPITAL** | | |
| Name of responsible clinician: |  | |
| Hospital: |  | |
| Please indicate the relevant section and basis for detention of Mental Health Act from the list below: |  | |
| Admission for treatment (s3 MHA 1983) |  | |
| Hospital order (s37 MHA 1983) |  | |
| Restricted hospital order (s37/41 MHA 1983) |  | |
| Guardianship Order (s37) |  | |
| Hospital and limitation direction (s45A MHA 1983) |  | |
| Transfer direction (s47 MHA1983) (prison transfer without restriction) |  | |
| Restriction direction (s47/49 MHA 1983) (prison transfer with restriction) |  | |
| “Notional s37” (transfer direction where the custodial sentence has expired). Only relevant for Category 1 and Category 3 offenders. |  | |
| **4. DETAILS OF CONVICTION OR CAUTION** | | |
| Index offence: |  | |
| Date of conviction and court / caution: |  | |
| Sentence (and sentence expiry date where relevant): |  | |
| **5. VICTIM CONCERNS** | | |
| Has the victim(s) asked to be kept informed of relevant dates and decisions by Hospital Managers under the Probation Victim Contact Scheme? (Hospital managers are responsible for victim services under the Domestic Violence, Crime and Victims Act 2004): |  | |
| If YES name and contact details of VLO: |  | |
| Please state what information has been provided and summarise any concerns that the victim might have: |  | |
| Are there any other victims issues known to mental health staff e.g. victims of previous offences or offences that did not go to trial etc.? |  | |
| **6. ABSCONSION PLAN** | | |
|  | | |
| **7. SIGN AND DATE** | | |
| Electronic signature (if available): |  | |
| Name and role: |  | |
| Date: |  | |
| Sent to: |  | |
| Date sent: |  | |

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

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

**Part 2 Information from MAPPA Co-ordinator**

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

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

|  |
| --- |
| **On receipt of this form back from the MAPPA Unit, the Responsible Clinician should check the information received, and then:**   * **Ensure that the information is stored securely and not on the patient’s file. Information provided on this form must not be shared with the patient without consulting the MAPPA Unit.** * **Update the risk assessment.** * **Update the risk management plan.** * **Notify the MAPPA Unit of any change of address.** * **At the appropriate time and in line with guidance make and record a clear decision whether the case can be managed at level 1 or whether to make a referral to the MAPPA unit for management at level 2 or 3.**   **If MAPPA level 2 or 3 management is required, Mental Health as the lead agency, should make a referral to the MAPPA unit in the area where the patient is to be discharged. MAPPA A should be used in accordance with the MAPPA Guidance.**  **Further information on referral to level 2 or 3 is found in Chapter 7 – Levels or Management or Chapter 26 - Mentally Disordered Offenders and MAPPA under the “Making a referral to MAPPA level 2 and 3” section.** |

**Part 3 Notification of Leave and Discharge Planning**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **9. MAPPA LEVEL (only necessary where mental health are the lead agency)** | | | |
| Date MAPPA level screening tool completed (MAPPA Q or equivalent): | |  | |
| Completed by: | |  | |
| Endorsed by (Responsible Clinician): | |  | |
| Managed by lead agency at Level 1: | | YES/NO | |
| Referral to Level 2/3 recommended: | | YES/NO | |
| Date referral submitted (MAPPA A): | |  | |
| **10. DETAILS OF LEAVE** | | | |
| Details of community leave arrangements  Please provide as much detail as possible. Include dates and relevant addresses and details of any exclusion zone.  Victim issues.  Confirm below whether escorted or unescorted: |  | | |
| Escorted: |  | | |
| Unescorted: |  | | |
| Date of next CPA/CTP meeting if applicable: |  | | |
| **11. DISCHARGE PLANNING** | | | |
| Date of next tribunal hearing if applicable: |  | | |
| Details of discharge (including any conditions):  [include dates and address] |  | | |
| **12. CONTACT DETAILS OF RESPONSIBLE CLINICIAN** | | | |
| Name: |  | | |
| Hospital: |  | | |
| Telephone Number(s): |  | | |
| Email Address: |  | | |
| **13. SIGN AND DATE** | | |  |
| Signed: |  | |  |
| Name and role: |  | |  |
| Date: |  | |  |

**Part 4 Discharge**

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

|  |  |
| --- | --- |
| **14. DISCHARGE DETAILS** | |
| Return to custody or release on probation licence (restriction direction or hospital and limitation direction): |  |
| Conditional discharge: |  |
| Discharge on Community Treatment Order (CTO): |  |
| Absolute discharge: |  |
| Date of discharge: |  |
| Address following discharge: |  |
| **15. CONTACT DETAILS OF CLINICAL SUPERVISOR** | |
| Name and role: |  |
| Hospital: |  |
| Telephone Number(s): |  |
| Email Address: |  |
| **16. CONTACT DETAILS OF COMMUNITY CARE CO-ORDINATOR** | |
| Name and role: |  |
| Hospital: |  |
| Telephone Number(s): |  |
| Email Address: |  |
| **17. DATE SENT** | |
| Date sent: |  |

**Part 5 Exit from MAPPA**

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

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

|  |  |  |
| --- | --- | --- |
| **A picture containing text  Description automatically generated** | **NOTIFICATION TO JOBCENTRE PLUS** | **MAPPA J** |

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

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1. THE JOBSEEKER** | | | | | | | |
| Last name: |  | | | | | | |
| First name: |  | | | | | | |
| Middle name: |  | | | | | | |
| Date of birth: |  | | | | | | |
| Aliases including nicknames: |  | | | | | | |
| Gender: |  | | | | | | |
| Current address: |  | | | | | | |
| Postcode: |  | | | | | | |
| Telephone number: | (h) | | |  | | (m) |  |
| Disability / Diversity considerations: |  | | | | | | |
| **2. NOTIFYING AGENCY** | | | | | | | |
| Notifying agency: | Probation / Police | | | | | | |
| Name: |  | | | | | | |
| Grade: |  | | | | | | |
| Office: |  | | | | | | |
| Telephone number(s): | (w) | |  | | (m) | |  |
| Email address: |  | | | | | | |
| Date Jobseeker informed of Jobcentre Plus notification:  *(In exceptional circumstances where Jobseeker not informed, give date of discussion with Jobcentre Plus Designated Officer / SPOC)* |  | | | | | | |
| 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 *[delete as appropriate]* | | | | | 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 5 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: | |  | | | | | |

|  |  |  |
| --- | --- | --- |
| **A picture containing text  Description automatically generated** | **AUDIT OF LEVEL 2 AND LEVEL 3 MAPPA CASES** | **MAPPA K** |

|  |
| --- |
| ***Tick the box next to the statement that you most agree with. Only tick one box for each question.***  ***At the end, add up the scores that have a tick next to them and insert the total score in the box provided.*** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. AUDITOR’S DETAILS** | | | | | |
| Name: |  | | | | |
| Agency: |  | | | | |
| Date: |  | | | | |
| **2. REFERRAL** | | | | | |
| **How timely was the referral?** | | | | | |
| Very timely | | | |  | 4 |
| Should have been more than a week earlier | | | |  | 3 |
| Should have been more than a month earlier | | | |  | 2 |
| Should have been more than three months earlier | | | |  | 1 |
| **Were all relevant sections completed?** | | | | | |
| Yes | | | |  | 3 |
| No | | | |  | 1 |
| **3. MAPPA MEETING** | | | | | |
| **How timely was the initial MAPPA meeting after the referral?** | | | | | |
| Very timely | | | |  | 4 |
| Should have been more than a week earlier | | | |  | 3 |
| Should have been more than a month earlier | | | |  | 2 |
| Should have been more than three months earlier | | | |  | 1 |
| **4. AGENCY ATTENDANCE** | | | | | |
| **Did all the relevant agencies attend?** | | | | | |
| Yes, all | | | |  | 3 |
| No, one did not | | | |  | 2 |
| No, two or more did not | | | |  | 1 |
| **Did agencies who did not attend, and who should have provided a report, do so?** | | | | | |
| Yes, all | | | |  | 4 |
| Yes, most | | | |  | 3 |
| No, mostly not | | | |  | 2 |
| No, none | | | |  | 1 |
| **5. MINUTES** | | | | | |
| **Were the minutes of the MAPPA meeting clear and concise?** | | | | | |
| Yes, completely | | | |  | 4 |
| Yes, mostly | | | |  | 3 |
| No, mostly not | | | |  | 2 |
| No, not at all | | | |  | 1 |
| **Was the MAPPA Category clearly identified?** | | | | | |
| Yes | | | |  | 3 |
| No | | | |  | 1 |
| **Was the MAPPA management level recorded?** | | | | | |
| Yes | | | |  | 3 |
| No | | | |  | 1 |
| **Did the lead agency complete an initial risk management plan?** | | | | | |
| Yes | | | |  | 3 |
| No | | | |  | 1 |
| **6. CONDUCT OF THE MEETING** | | | | | |
| **Do the minutes show that the agenda was followed?** | | | | | |
| Yes | | | |  | 3 |
| No | | | |  | 1 |
| **Do the minutes show that information was exchanged?** | | | | | |
| Yes | | | |  | 3 |
| No | | | |  | 1 |
| **Do the minutes show that information was considered?** | | | | | |
| Yes, completely | | | |  | 4 |
| Yes, mostly | | | |  | 3 |
| No, mostly not | | | |  | 2 |
| No, not at all | | | |  | 1 |
| **Do the minutes show that diversity issues were considered?** | | | | | |
| Yes | | | |  | 3 |
| No | | | |  | 1 |
| **Do the minutes show that risk was properly addressed?** | | | | | |
| Yes, completely | | | |  | 4 |
| Yes, mostly | | | |  | 3 |
| No, mostly not | | | |  | 2 |
| No, not at all | | | |  | 1 |
| **Do the minutes show that disclosure was considered?** | | | | | |
| Yes | | | |  | 3 |
| No | | | |  | 1 |
|  | | | | | |
| ***The next three questions seek information only and are not scored.*** | | | | | |
| ***When a decision to disclose was made, do the minutes show to whom?*** | | | | | |
| *Yes* | | | |  |  |
| *No* | | | |  |  |
| ***When a decision to disclose was made, do the minutes show by whom?*** | | | | | |
| *Yes* | | | |  |  |
| *No* | | | |  |  |
| ***When a decision to disclose was made, do the minutes show when?*** | | | | | |
| *Yes* | | | |  |  |
| *No* | | | |  |  |
|  | | | | | |
| **Do the minutes identify potential victims?** | | | | | |
| Yes | | | |  | 3 |
| No | | | |  | 1 |
| **Is the risk posed addressed?** | | | | | |
| Yes | | | |  | 3 |
| No | | | |  | 1 |
| **7. ACTION PLAN** | | | | | |
| **Do the actions in the plan link to the identified risk of serious harm?** | | | | | |
| Yes, completely | | | |  | 4 |
| Yes, well enough | | | |  | 3 |
| No, not sufficiently | | | |  | 2 |
| No, links are poor | | | |  | 1 |
| **Are all risks addressed which were identified by MAPPA or obvious to the auditor?** | | | | | |
| Yes, all | | | |  | 4 |
| Yes, but a risk could have been better addressed | | | |  | 3 |
| No, some risks not addressed | | | |  | 2 |
| No, major risk not addressed | | | |  | 1 |
| ***Please list below any unaddressed risks:*** | | | | | |
|  | | | | | |
| **Do the actions have smart objectives?** | | | | | |
| Yes, for all actions | | | |  | 4 |
| Yes, for most actions | | | |  | 3 |
| No, only for some actions | | | |  | 2 |
| No, not at all | | | |  | 1 |
| **Does the plan identify the agencies and individuals to whom actions are allocated?** | | | | | |
| Yes, in all cases | | | |  | 4 |
| Yes, in most cases | | | |  | 3 |
| No, only in some cases | | | |  | 2 |
| No, not at all | | | |  | 1 |
| **Is there a clear timetable for the actions?** | | | | | |
| Yes, in all cases | | | |  | 4 |
| Yes, in most cases | | | |  | 3 |
| No, only in some cases | | | |  | 2 |
| No, not at all | | | |  | 1 |
| **8. LEVEL OF MAPPA MANAGEMENT** | | | | | |
| **Was a change of management level recorded?** | | | | | |
| Yes | | | |  | 3 |
| No | | | |  | 1 |
| **Was the decision appropriate?** | | | | | |
| Yes | | | |  | 3 |
| No | | | |  | 1 |
| ***If not, please explain why not below:*** | | | | | |
|  | | | | | |
| **9. MANAGEMENT OF THE CASE** | | | | | |
| **Overall, how well has this MAPPA case been managed?** | | | | | |
| Very well | | | |  | 4 |
| Well enough | | | |  | 3 |
| Not well enough | | | |  | 2 |
| Poorly | | | |  | 1 |
| ***Please give reasons below:*** | | | | | |
|  | | | | | |
| **Are all the noted decisions and actions defensible?** | | | | | |
| Yes | | | |  | 3 |
| No | | | |  | 1 |
| **TOTAL** | | | |  |  |
| **SCORING MATRIX** | | | | | |
| **Total score** | | **73 – 90** | **case managed well** | | |
| **Total score** | | **57 – 72** | **case managed well on the whole** | | |
| **Total score** | | **41 – 56** | **identifiable concerns about how the case was managed** | | |
| **Total score** | | **26 – 40** | **case managed poorly** | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **A picture containing text  Description automatically generated** | | **AUDIT OF LEVEL 2 AND LEVEL 3 MEETINGS** | | | **MAPPA L** |  |
| **Score:** | **4 = Excellent** | | **3 = Satisfactory** | **2 = Unsatisfactory** | **1 = Poor** |  |
| ***Please score every box.*** | | | | | |  |
| **AUDITOR’S DETAILS** | | | | | | |
| Name: | |  | | | | |
| Agency: | |  | | | | |
| **2. DETAILS OF MEETING BEING AUDITED** | | | | | | |
| Date: | |  | | | | |
| Level: | |  | | | | |
| No. of cases discussed: | |  | | | | |
| Name of Chair: | |  | | | | |
| Agency: | |  | | | | |
| Rank: | |  | | | | |
| **3. ARRANGEMENTS FOR THE MEETING** | | | | | **Score** | |
| Attendees were provided with joining instructions before the meeting | | | | |  | |
| Attendees were provided with relevant paperwork (including details of the referral and minutes of previous meetings) | | | | |  | |
| Attendees were properly welcomed at the venue | | | | |  | |
| The layout and environment of the meeting room were appropriate | | | | |  | |
| **Comments:** | |  | | | | |
| **4. HOW THE MEETING WAS CONDUCTED** | | | | |  | |
| The meeting began at the stated time | | | | |  | |
| The purpose and objectives of the meeting were clearly stated at the outset | | | | |  | |
| Attendees introduced themselves and their role | | | | |  | |
| Either the Confidentiality and Diversity Statement was read, or attention was drawn to the displayed copy / copies | | | | |  | |
| Discussion time was allocated in a way which was consistent with their importance, urgency and complexity | | | | |  | |
| Unhelpful comments were discouraged and inappropriate digressions were avoided | | | | |  | |
| The Chair encouraged each attendee to contribute effectively | | | | |  | |
| Any dissent was noted, with the meeting agreeing how to proceed, and the decision recorded where appropriate | | | | |  | |
| **Comments**: | |  | | | | |
| **5. RISK ASSESSMENT** | | | | | **Score** | |
| The Chair ensured that victim and potential victim issues were addressed | | | | |  | |
| The Chair ensured that diversity issues were identified and addressed | | | | |  | |
| The Chair presented information and summarised clearly at appropriate points during the meeting (comprehensively addressing all identified risk of serious harm factors) | | | | |  | |
| The meeting properly considered whether disclosure of information should be made, identifying reasons for the decision reached and showing what alternatives had been considered | | | | |  | |
| The meeting properly considered whether the case required level 2 / 3 management | | | | |  | |
| **Comments:** | |  | | | | |
| **6. RISK MANAGEMENT** | | | | | **Score** | |
| The Chair identified any new protective, restrictive and rehabilitative interventions which would assist in a reduction in the risk of serious harm posed | | | | |  | |
| The MAPPA Risk Management Plan addressed the risk of serious harm factors raised in the meeting | | | | |  | |
| All actions were SMART with identified owners | | | | |  | |
| A review date was set, where appropriate | | | | |  | |
| Where previous actions had been allocated and not completed, appropriate remedies were sought | | | | |  | |
| **Comments:** | |  | | | | |
| **7. OVERALL ASSESSMENT** | | | | | **Score** | |
| This was a well-managed MAPPA meeting | | | | |  | |
| The right people attended to allow the MAPP arrangements to function effectively | | | | |  | |
| The meeting was chaired effectively | | | | |  | |
| **Comments:** | |  | | | | |
| **8. AUDITOR’S ADDITIONAL COMMENTS** | | | | | | |
|  | | | | | | |

|  |
| --- |
| Transfer all data from the corresponding sections of the MAPPA Meeting Minutes (MAPPA C) documents except for information that is exempt from disclosure under the Data Protection Act 2018. This includes the personal details of third parties, such the names and contact details of professionals, any information about victims and any safeguarding information relating to other people. It also includes any information that may prejudice the prevention or detection of crime, such as sensitive intelligence or covert activity. You may provide a summary instead if appropriate. |

# 1. MEETING DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| Offender name: |  | Date of birth: |  |
| Category: |  | Level: |  |
| Date/Time of meeting: |  | Meeting Number: |  |
|  |  | Lead Agency: |  |

# 2. ATTENDANCE (Agency and role)

|  |
| --- |
| Attendees |
|  |
| Reports provided |
|  |
| Apologies |
|  |
| No response |
|  |

# 3. MINUTES AND ACTIONS

|  |  |
| --- | --- |
| Attendees confirm they have read and agree the previous minutes as correct and details of amendments: | ☐ |
|  | |

# Review of Actions

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Actions | Agency | Progress/Outcome | Date action set |
|  |  |  |  |  |

# 4. LEAD AGENCY CASE PRESENTATION, AGENCY UPDATES AND ISSUES FOR DISCUSSION

|  |  |
| --- | --- |
| Agency | Update |
|  |  |

# MAPPA B Review and Update

|  |  |
| --- | --- |
| **Is the information recorded on the MAPPA B still accurate and up to date?** | YES ☐ NO ☐ |
|  | |

# 5. MAPPA RISK ASSESSMENT

|  |
| --- |
|  |

# 6. RISK MANAGEMENT PLAN

# 6a. Equality and Diversity

|  |
| --- |
|  |

# **6b. Agreed Risk Management Plan**

# Supervision:

|  |
| --- |
|  |

# Monitoring & Control:

|  |
| --- |
|  |

# Interventions & Treatment:

|  |
| --- |
|  |

# Victim Safety:

|  |
| --- |
|  |

# Contingency Plan:

|  |
| --- |
|  |

# Critical Public Protection Casework

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Critical Public Protection Casework (CPPC) case? | ☐ | Referral to CPPC required? | ☐ | Date of referral |  | Referral rejected? | ☐ |

# 7. SIGNIFICANT CHANGES TO RISK MANAGEMENT

|  |
| --- |
|  |

# 8. DISCLOSURE

|  |
| --- |
|  |

# 9. ACTIONS AND KEY DECISIONS FROM THIS MEETING

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Decision/Action | Agency and Owner | Reason for Decision Action / Disagreements | Deadline (specified date) |
|  |  |  |  |  |

# 10. PRESS AND MEDIA HANDLING

|  |
| --- |
|  |

# 11. FEEDBACK AND INFORMATION SHARING

|  |
| --- |
|  |

# 12. CONCLUSION

|  |  |  |  |
| --- | --- | --- | --- |
| From the information shared at the meeting, what is the revised view of the risk of serious harm the offender poses at the current time (see 11.17 of the MAPPA Guidance)? | | | |
| ☐ Very High | ☐ High | ☐ Medium | ☐ Low |
|  | | | |

# 13. EUROPEAN CONVENTION ON HUMAN RIGHTS ARTICLE 8

|  |
| --- |
| 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 freedoms of others   ☐ Tick to confirm. |

# 14. MAPPA ADMINISTRATION

|  |  |  |  |
| --- | --- | --- | --- |
| Date and time of next MAPPA meeting: |  | Location of next MAPPA meeting: |  |
| Agency and role of additional attendees for next meeting: |  | | |
| Date minutes prepared: |  | | |
| Date minutes checked: |  | | |
| Date minutes distributed: |  | | |

|  |  |  |
| --- | --- | --- |
| **A picture containing text  Description automatically generated** | **NOTIFICATION OF MAPPA SERIOUS FURTHER OFFENCE** | **MAPPA N** |

**Stage 1: Identification and notification to MAPPA Co-ordinator**

|  |  |
| --- | --- |
| **1. DETAILS OF OFFICER / STAFF COMPLETING** | |
| Name: |  |
| Grade / Rank: |  |
| Telephone number: |  |
| Email address: |  |
| Date form sent to MAPPA Co-ordinator: |  |
| **2. OFFENDER INFORMATION** | |
| Last name: |  |
| First name: |  |
| Middle name: |  |
| Alternative name(s): |  |
| Date of birth: |  |
| Gender: |  |
| Ethnicity: |  |
| Address (at time of charge): |  |
| Postcode: |  |
| PNCID number: |  |
| **3. DETAILS OF CHARGE** | |
| Date of offence: |  |
| Date of charge: |  |
| Type of offence (e.g. violent or sexual): |  |
| Act and section: |  |
| Brief details of offence: |  |
| Date of first court appearance: |  |
| Name of court: |  |
| **4. VICTIM DETAILS** | |
| Number of victims: |  |
| Gender of victim(s): |  |
| Age of victim(s): |  |
| Known to offender: |  |
| Relationship, if known: |  |

**Once sections 1–4 have been completed, send this form to the MAPPA Co-ordinator within five days of charge.**

**Stage 2: Notification to SMB**

|  |  |
| --- | --- |
| **5. DETAILS OF MAPPA CO-ORDINATOR / AREA CONTACT** | |
| Name: |  |
| Police Force / Probation Trust: |  |
| Telephone number: |  |
| Email address: |  |
| **6. MAPPA OFFENDER INFORMATION** | |
| ViSOR reference: |  |
| Index offence: |  |
| Date of index offence: |  |
| MAPPA Category: |  |
| MAPPA level: |  |
| Agency lead: |  |
| Offender under probation supervision? | YES / NO |
| If YES, give details: |  |
| **7. MAPPA SERIOUS CASE REVIEW RECOMMENDATION** | |
| Does this case require a ***mandatory*** MAPPA SCR? (Give reasons): |  |
| Does this case require a ***discretionary*** MAPPA SCR? (Give reasons): |  |
| Date form sent to the SMB Chair: |  |

**Once sections 5–7 have been completed, send this form to the SMB Chair within 5 days.**

**Stage 3: Confirmation that MAPPA SCR will take place**

|  |  |
| --- | --- |
| **8. DETAILS OF SMB CHAIR AND MAPPA SCR LEAD** | |
| Name of SMB Chair: |  |
| SMB Area: |  |
| Grade / Rank: |  |
| Telephone number: |  |
| Email address: |  |
|  | |
| Name of MAPPA SCR Lead: |  |
| Grade / Rank: |  |
| Telephone number: |  |
| Email address: |  |
| Agency: |  |
|  | |
| Does this case require a ***mandatory*** MAPPA SCR? (Give reasons): |  |
| Does this case require a ***discretionary*** MAPPA SCR? (Give reasons): |  |
| Date form sent to OMPPG: |  |

**Once section 8 has been completed, send this form to OMPPG (via** [MAPPA@noms.gsi.gov.uk](mailto:MAPPA@noms.gsi.gov.uk)**) within 5 days.**

**Stage 4: Acknowledgement by OMPPG**

|  |  |
| --- | --- |
| **9. DETAILS OF OMPPG CONTACT** | |
| Name of OMPPG contact: |  |
| Telephone number: |  |
| Email address: |  |
| OMPPG reference: |  |
| Date form sent to SMB Chair and MAPPA Co-ordinator: |  |

**Once section 9 has been completed, send this form to the SMB Chair and MAPPA Co-ordinator within 5 days.**

|  |  |  |
| --- | --- | --- |
| **A picture containing text  Description automatically generated** | **MAPPA SERIOUS CASE REVIEW:  REPORT TEMPLATE** | **MAPPA O** |

**Not for publication or wider circulation without the prior approval of the MAPPA Strategic Management Board.**

|  |  |
| --- | --- |
| Name of offender: |  |
| Offence: |  |

**1. Why a MAPPA Serious Case Review?**

|  |
| --- |
|  |

**2. Case background**

|  |
| --- |
|  |

**3. The Review process**

|  |
| --- |
|  |

**4. List and role of the relevant agencies**

|  |
| --- |
|  |

**5. Chronology of events**

|  |
| --- |
|  |

**6. Findings – including assessment of practice against MAPPA Guidance and relevant legislation**

|  |
| --- |
|  |

**7. Conclusion, Learning Points and Best Practice identified**

|  |
| --- |
|  |

**8. Action Plan**

|  |  |
| --- | --- |
| **Action 1:** |  |
| How will it be taken forward? |  |
| By whom? (Grade, rank, role): |  |
| Timescale (include dates): |  |

|  |  |
| --- | --- |
| **Action 2:** |  |
| How will it be taken forward? |  |
| By whom? (Grade, rank, role): |  |
| Timescale (include dates): |  |

|  |  |
| --- | --- |
| **Action 3:** |  |
| How will it be taken forward? |  |
| By whom? (Grade, rank, role): |  |
| Timescale (include dates): |  |

|  |  |
| --- | --- |
| **Action 4:** |  |
| How will it be taken forward? |  |
| By whom? (Grade, rank, role): |  |
| Timescale (include dates): |  |

|  |  |
| --- | --- |
| **Action 5:** |  |
| How will it be taken forward? |  |
| By whom? (Grade, rank, role): |  |
| Timescale (include dates): |  |

|  |  |
| --- | --- |
| **Action 6:** |  |
| How will it be taken forward? |  |
| By whom? (Grade, rank, role): |  |
| Timescale (include dates): |  |

|  |  |
| --- | --- |
| **Action 7:** |  |
| How will it be taken forward? |  |
| By whom? (Grade, rank, role): |  |
| Timescale (include dates): |  |

|  |  |
| --- | --- |
| **Action 8:** |  |
| How will it be taken forward? |  |
| By whom? (Grade, rank, role): |  |
| Timescale (include dates): |  |

|  |  |
| --- | --- |
| **Action 9:** |  |
| How will it be taken forward? |  |
| By whom? (Grade, rank, role): |  |
| Timescale (include dates): |  |

|  |  |
| --- | --- |
| **Action 10:** |  |
| How will it be taken forward? |  |
| By whom? (Grade, rank, role): |  |
| Timescale (include dates): |  |

**9. Serious Case Review Lead**

|  |  |
| --- | --- |
| Name: |  |
| Signature: |  |
| Date: |  |

NB: Any action recommended for agencies not involved in the Review, including recommendations with national implications e.g. for NOMS or ACPO, must be discussed with those agencies before appearing in the Action Plan.

|  |  |  |
| --- | --- | --- |
| **A picture containing text  Description automatically generated** | **NOTIFICATION TO HOUSING BENEFIT SPOC** | **MAPPA P** |

To be completed by the lead agency *(see below)* and sent via secure email to the identified Single Point of Contact (SPOC) for housing benefit in the area.

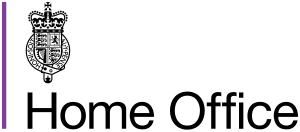
* **The person below is being managed at MAPPA level 2 or level 3 and is aged 25 to 34 and is therefore exempt from the shared accommodation rate.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. THE BENEFIT CLAIMANT** | | | | |
| Last name: |  | | | |
| First name: |  | | | |
| Middle name: |  | | | |
| Date of birth: |  | | | |
| Current address: |  | | | |
| Postcode: |  | | | |
| This person will be subject to MAPPA until: |  | | | |
| **2. NOTIFYING AGENCY** | | | | |
| Notifying agency: | Probation / Police | | | |
| Name: |  | | | |
| Grade: |  | | | |
| Office: |  | | | |
| Telephone number(s): | (w) |  | (m) |  |
| Email address: |  | | | |
| **3. HOUSING BENEFIT** | | | | |
| Date Housing Benefit team sent acknowledgement of MAPPA P to lead agency  (by secure email): |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signed: |  |  | Date: |  |
| Role and agency: | |  | | |

*\* “Lead agency” is the agency with the statutory authority and responsibility to manage a MAPPA offender. This management will involve appropriate information-sharing in order to properly identify risk. The lead agency will have primary responsibility for referring the offender to level 2 or level 3 MAPPA management or for continuing management at level 1.*

|  |  |  |  |
| --- | --- | --- | --- |
| **A picture containing text  Description automatically generated** | **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 * detained patient subject of a hospital order (with or without restrictions) or patient managed in the community, conditionally discharged from hospital (Sec 37/41) and subject to a Community Treatment Order or following previous detention under Sec 37 or 47   Subject of a Disqualification Order  Other sexual offenders, not liable to registration on the ‘Sexual Offenders’ Register’ (NB. This is very rare and relates mainly to historic offences)  **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 heath 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. Offender manager  should notify the MAPPA administrator that this is a Level 1 case.  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’ | | |  |

 **MAPPA R**

**Case owner contribution to MAPPA report** Date completed:

|  |  |
| --- | --- |
| **1. Foreign national offender details** | |
| Last name |  |
| First name |  |
| Date of birth |  |
| Aliases (include nicknames) |  |
| Gender |  |
| Nationality |  |
| Home Office reference number |  |
| **2. Immigration information** | |
| Current immigration status |  |
| Removal information |  |
| Details of secured travel documents |  |
| Identify any barriers to removal |  |
| Is there an estimated time frame to removal (Yes/No)  If Yes: what is it  If No: why is estimating removal time frame not possible |  |
| Appeal has been lodged (Yes/No) |  |
| JR has been submitted (Yes/No) |  |
| Anticipated time frame of hearing |  |
| Further representation to Immigration Enforcement (Yes/No) |  |
| Anticipated time frame for resolution |  |
| **3. Detention** | |
| Detained in Prison (Yes/No) If Yes: |  |
| Name |  |
| Address |  |
| Detrained in an IRC (Yes/No) If Yes: |  |
| Name |  |
| Address |  |
| Number of moves with in the Detention Estate and reasons |  |
| Has detention been reviewed (Yes/No) If Yes: |  |
| Date of last review (attach a copy of review) |  |
| **4. Immigration bail** | |
| Number of bail applications made |  |
| Where bail was refused give reasons |  |
| Names of sureties |  |
| Addresses of sureties |  |
| **Immigration bail accommodation** |  |
| Private address provided |  |
| Date approved for licence purposes |  |
| Section 4 accommodation provided |  |
| Date approved for licence purposes |  |
| Barriers to accommodation being provided either private or Section 4 |  |
| **5. Non-detained** | |
| Date released into community |  |
| Address |  |
| Reporting Centre |  |
| Conditions of contact |  |
| Adherence to contact |  |
| Behaviour at reporting events |  |
| **6. Case owner details** | |
| Name |  |
| Grade |  |
| Team |  |
| Address |  |
| Email address |  |
| Phone number |  |
| **7. Manager details** | |
| Name |  |
| Grade |  |
| Team |  |
| Address |  |
| Email address |  |
| Phone number |  |

**Backing information for MAPPA R**

It is hoped that by providing this information the MAPPA meeting will have a greater understanding of the role of Home Office Immigration Enforcement. (HO/IE)

The HO/IE NOMS MAPPA memorandum of understanding states that there must be an RMP in place for all FNO MAPPA Offenders. This is because that offender could be released into the community at very short notice.

**Immigration enforcement deportation criteria:** EEA nationals are those from one of the European Economic Area states: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Irish Republic, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Spain and Sweden (Switzerland is also treated as an EEA state although technically outside of it). The Home Office tends not to deport citizens from the Republic of Ireland in practice. The criteria for deportation apply to all EEA nationals (excluding the UK)  who have received a custodial sentence of 12 months or more for a sexual, violent, or drug  offence  (excluding possession) or 24 months or more for any other offence.  Deportation may also be considered where an EEA national is convicted of more than one minor offence and there is a genuine, present and sufficiently serious threat affecting one of the fundamental interests of society.

Non-EEA nationals are those from all other countries outside of the European Union.  The criteria for deportation for non-EEA nationals applies to those sentenced to 12 months or more and also those sentenced to less than 12 months where the current sentence plus one or two previous sentences within the last 5 years totals 12 months. Deportation may follow in any case where the Secretary of State has a duty to do so (under the UK Borders Act 2007), or considers that the individual is not conducive to the public good, or the sentencing court has recommended it (under the Immigration Act 1971).

**Detention**: Criminal Casework is governed by HO/IE Enforcement Instructions and Guidance. When considering detention, the FNO must meet the deportation criteria, **and the presumption is in favour of temporary release into the community**. This is weighed against the risk of harm and re-offending to the public, as well as the risk of absconding, and there is a clear imperative to protect the public from the harmful consequences of criminal behaviour. However, **to be lawful there must also be a realistic prospect of removal within a reasonable timescale.** This is problematic with regard to some nationalities when, no matter what the risk of harm to the public, there is no imminent realistic prospect of enforcing departure. Lawful detention must be reviewed every 28 days, at which point the appropriateness of continued detention is considered based on the most up to date information about all the relevant factors. **Detention cannot be considered as an extension to or a substitute for imprisonment.**

**Immigration bail**: When FNOs are in immigration detention (i.e. once they have completed their prison sentence and are detained in either prison or an Immigration Removal Centre under immigration legislation) they have the right to apply to an Immigration Judge at the First Tier Tribunal of the Immigration & Asylum Chamber to be released on Immigration Bail. There is no restriction on the number of times an application for Immigration Bail can be made by an FNO in immigration detention. In order for the case to be heard, the FNO **must** put forward an address; either a private address or one provided by the HO/IE. Where there is no private address, the FNO or their legal representative can apply to the HO/IE for Section 4 bail accommodation to be provided.

**The early removal scheme:** ERS is mandatory; **all determinate sentenced FNOs** who are confirmed by HO/IE as being liable for removal or deportation, irrespective of sentence length, offence type or country of origin, must be considered under this scheme. They can be removed having served a minimum requisite period of a quarter of their sentence, up to a maximum of 270 days before the end of their sentence. The Prison Service calculate ERS dates based on a sliding scale depending on sentence length.

**The tariff expired removals scheme:** TERS is mandatory; **all indeterminate-sentenced FNOs (including lifers)** who are confirmed as having a deportation order against them must be considered under this scheme once their minimum tariff period has been reached. They can be deported without reference to the Parole Board at any point after their minimum tariff has expired.

**The facilitated return scheme:** FRS is **a voluntary return** **scheme** that only non-EEA Nationals can apply for and it is designed to encourage FNOs to comply with deportation action and return to their home country by offering them financial assistance and support to help them reintegrate on their return. If they are accepted on to the scheme it is on the condition that they cooperate with deportation action and waive their right to appeal against it.

|  |  |  |
| --- | --- | --- |
|  | **NOTIFICATION OF MAPPA LEVEL ESCALATION** | **MAPPA S** |

**MAPPA LEVEL PRE- RELEASE: NOTICE FOR HEAD OF LDU (via MAPPA COODINATOR)**

**To be completed by HM PRISON SERVICE**

|  |  |
| --- | --- |
| **OFFENDER INFORMATION** | |
| Last name: |  |
| First name(s): |  |
| Date of birth: |  |
| Aliases: |  |
| Prison/ YOI: |  |
| Prison Number: |  |
| NPS Offender Manager |  |

**The MAPPA Guidance states that the level at which a MAPPA offender is managed must be communicated to the prison at least six months before release. The above offender is due to be released on XXXXXX but we are yet to receive confirmation of the MAPPA level and attempts to contact the offender manager has not resolved this.**

**Please accept this notification as a trigger for the MAPPA level escalation process and contact the Head of the local LDU. Please copy {enter prison MAPPA functional mailbox address} into this communication.**

Regards

|  |  |
| --- | --- |
| **SIGN AND DATE** | |
| Name: |  |
| Email: |  |
| Direct telephone: |  |
| Date: |  |