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**MAPPA Document 1**

**OFFICIAL: SENSITIVE – PERSONAL DATA** (when completed)

**MAPPA Notification**

1. Agency/Establishment details:							
Name:							
Job Title:							
Agency/Establishment:							
Telephone Number:							
E-mail:							
Date:							
2. Reason for notification – please indicate with X reason for notification							
New RSO <sup>24</sup>		SPS Pre-progression		SPS Progression		Parole Decision	
Other Reason		Where appropriate, provide any other detail relevant to notification and purpose					
3. MAPPA individual details:							
Last name:							
Forenames:							
Alternative name(s):							
Date of birth:							
Gender							
Ethnicity				PNC Number			
CHS Number:		SCRO Number		Prison Number:			
Current address:							
Proposed release address (if in custody)							

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<sup>24</sup> If the RSO is to be managed at Level 1 please complete all sections of this form. If they are to be managed at Level 2 or Level 3 please complete all sections except section 6. In these cases, this form should be accompanied by a completed MAPPA Referral form.

Last known address before sentence:		
Immigration Status (if applicable)		
Lead Agency in community (or upon release if in custody)		
<b>4. Conviction Details/Key Dates</b>		
Index Offence:		
Date of Index Offence conviction		
Brief details of current offence and other relevant offending		
Schedule 1 status (Y/N)		
Sentencing Court:		
Date of sentence:		
Sentence:		
Type of community disposal imposed		
Detail any preventative orders (for example Sexual Offences Prevention Order/Sexual Harm Prevention Order) currently in place or will be upon release		
Is the individual currently or will they be upon release subject to Electronic Monitoring (EM) – Y/N		
Key dates if in custody		
Earliest Date of Liberation (EDL)	Licence Expiry Date (LED)	Parole Qualifying Date (PQD)

RSO Notification End Date:		Sentence Expiry Date (SED)	
<b>5. Victim(s) – Child/Adult Support and Protection concern</b>			
VNS – Y/N			
Outline any concerns about the victim of the index offence or potential victims			
Are there any child protection or adult support and protection concerns? Y/N – where yes provide detail of what they are and any allocated social worker			
<p><b>6. Level 1: Routine risk management. This should be used where the risk posed by the individual can be managed by Justice Social Work and/or Police without actively or significantly involving other agencies.</b></p> <p>Please provide below a clear rationale outlining why the risks posed by this individual can be managed at Level 1 and why management at Level 2 or Level 3* is not required.</p> <p>It would be helpful (where known) if you could highlight whether the individual has any mobility or other issues which may impact on housing or other aspects in terms of management in the community currently or upon release:</p> <p>*Where management is at Level 2 or Level 3 – this form should be submitted (excluding this section) along with a completed MAPPA referral form.</p>			
<b>7. MAPPA Co-ordination (processed by:)</b>			
Name:			
Title:			
Area:			
Date Notification Received:			
If notification for RSO at Level 1 - Is Level 1 management accepted/declined: (Y/N) – If No, provide detail			
<b>8. ViSOR</b>			
Date nominal record created (by Police):			
ViSOR Number			

**MAPPA Document 2**

**OFFICIAL: SENSITIVE – PERSONAL DATA** (when completed)

**MAPPA Level 2 or Level 3 Referral**

Please return to:

<b>1. MAPPA Referral Level</b> – please indicate referral level with X			
Referral at Level 2		Referral at Level 3	
<b>2. MAPPA Category</b> - please indicate MAPPA category with X			
<b>Category 1:</b> Registered Sex Offender (RSO)		<b>Category 3:</b> Other Risk of Serious Harm	
<b>3. Agency /Establishment:</b>			
Name:			
Job Title:			
Agency/Establishment:			
Telephone Number:			
E-mail:			
Date:			
<b>2. MAPPA (or proposed MAPPA) Individual details:</b>			
Last name:			
Forenames:			
Alternative name(s):			
Date of birth:			
Gender:			
Ethnicity:		PNC Number:	
CHS Number:		SCRO Number:	
CHS Number:			
Current address:			

Proposed release address (if in custody):		
Last known address before sentence:		
Immigration Status (if applicable):		
Lead Agency in community (or upon release if in custody):		
<b>3. Conviction Details / Relevant Dates</b>		
Index Offence:		
Date of Index Offence conviction:		
Schedule 1 status (Y/N):		
Sentencing Court:		
Date of Sentence:		
Sentence:		
Type of community disposal imposed if applicable:		
Detail any preventative orders: (for example Sexual Offences Prevention Order/Sexual Harm Prevention Order) currently in place or will be upon release		
Is the individual currently or will they be upon release subject to Electronic Monitoring (EM) – Y/N:		
RSO Notification End Date (if applicable):		
Key dates if in custody:		
Earliest Date of Liberation (EDL)	Licence Expiry Date (LED)	Sentence Expiry Date (SED)
Parole Qualifying Date (PQD)		

Details of any other statutory orders person subject to:	
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<b>4. Victim - Child/Adult Support and protection concerns</b>	
VNS - Y/N	
Outline any concerns about the victim of the index offence or potential victims:	
Are there any child protection or adult support and protection concerns? Y/N – where yes provide detail of what they are and any allocated social worker:	

<b>5. Summary of Analysis of Offending Behaviour</b>
For all Level 2/3 referrals – a full risk of serious harm assessment (LS/CMI) should be completed. This referral should be accompanied by the latest developed/completed Risk Management Plan (RMP).
<p><b>1. Pattern</b> - Based on previous convictions and other information, outline since when, how often and how much particular types of harmful behaviour have occurred. Highlight violent and sexual offences and any incidents which occurred in prison/hospital. Please attach a record of previous convictions:</p> <p><b>2. Nature</b> - Outline what types and how many types of offending that are evident. Give details regarding known or potential victims (specifying any risk to children, vulnerable adults and threats to staff) and any requirements under the terms of the Victim Notification Scheme or engagement with Victim Support Scotland:</p> <p><b>3. Seriousness</b> - What is known about the degree of planning and the intended and actual impact of the offending?</p> <p><b>4. Likelihood</b> - Comment on the balance of risk and protective factors. Is the balance in favour of desistance or further offending? What is the nature and seriousness of further offending likely to be? Refer to current or most recent risk assessment:</p>
<b>6. Any other relevant information /concerns relating to the individual</b> (e.g. whether the individual has any mobility or other issues which may impact on housing or other aspects in terms of management in the community currently or upon release, current prison

intelligence, associates, sexualised behaviour in custody, substance misuse, access to finance, mental health, attach any relevant pending case information):

**7. Other relevant information**

**What inter-agency work has been undertaken so far?**

**Any other relevant information (e.g. media handling, disclosure, medical issues etc.)**

**Provide Index of attached documents:**

- |    |    |
|----|----|
| 1. | 2. |
| 3. | 4. |

**8. MAPPA Co-ordination (processed by:)**

Name:			
Title:			
Area:			
Date Referral Received:			
Date Referral accepted/declined			
Does the evidence support referral at MAPPA Level 2 or 3: - Y/N			
If no, return form to referring agency outlining reasons for declining referral:			
Completed/developed RMP attached -Y/N			
If Referral accepted, confirm MAPPA Level (mark with X)	Level 2		Level 3
State reasons for accepting Referral:			



Date referring Agency notified of acceptance:	
Date of meeting to which Referral is to be taken:	
<b>9. ViSOR</b>	
Date nominal record created (JSW)	
ViSOR Number	

**MAPPA Document 3**

**MAPPA Notification Form – Restricted Patient**

<b>Details from restricted patient Care Plan Dated:</b>		.././..
<b>Patient Name: Date of Birth:</b>		.././..
<b>Restricted patient notification to MAPPA</b>		
MAPPA Coordinator	Name	
	Address	
	Notification Only	
	Notification accompanied by referral to level 2 (should be accompanied by the MAPPA referral form)	
	Notification accompanied by referral to level 3 (should be accompanied by the MAPPA referral form)	
	Referral to follow	
<b>Patient Details</b>		
Name		
Date of Birth		
Permanent Address		
Previous significant address		
Sex	Ethnic Origin (Standard Codes)	
CHI number	Unit number	
Prison number (if known)	CHS number(if known)	
PNC number (if known)	ViSOR number(if known)	
<b>Notifying Service Details</b>		
RMO details (name address telephone no.)		
MHO details (name address telephone no.)		
Police contact details	(if not known, request for Police contact to be identified)	

Responsible Local Authority	
Responsible Health Board	
<b>Legal Details</b>	
Legal Status & Section	
Sentencing court	
Date of Conviction/Insanity Acquittal *	
Date order began *	
Date of previous annual review*	
Date of next annual review *	
<b>MANAGEMENT STAGE</b>	No SUS except urgent clinical/compassionate  Escorted Suspension of detention  Unescorted Suspension of detention  Conditional Discharge
<b>For Determinate Sentences</b> Earliest Liberation date/ Parole Qualifying date	
<b>For Life Sentences</b>	
Punishment part	
Notifiable under part 2, Sexual Offences Act 2003	Yes / No
If yes to above - Detail offence(s) and period of order	
Schedule 1 Notification Yes/ No	

Signature:

Date of completion: \_\_\_\_\_

**Copy to Scottish Government Health Directorate, Restricted Patients Branch, Room 2N.08, St Andrews House, Edinburgh EH1 3DG**

**MAPPA Document 4**

**MAPPA Referral Form – Restricted Patient**

Details from restricted patient Care Plan Dated:		././.
Patient Name: Date of Birth:		././.
<b>Restricted patient referral to MAPPA</b>		
MAPPA Local Office		
MAPPA Co-ordinator		Name
		Contact Number
Suggested Level		
MANAGEMENT STAGE		
Notifiable under part 2, Sexual Offences Act 2003 (2) Yes/No * If yes to above - Detail offence(s) and period of order *		
Schedule 1 Notification Yes/ No *		

<b>Patient Details</b>	
Name	
Date of Birth	
Permanent Address	
Previous significant address	
CHI number	
Unit number	
Prison number	
PNC number	
SCRO number	
ViSOR number	
Sex	
Ethnic Origin (Standard Codes)	
<b>Referring Service Details</b>	

Hospital			
Ward			
Phone No			
Responsible Local Authority			
Responsible Health Board			
Clinical Team			
<b>Useful Contacts</b>			
Designation:	Name:	Office Hours Contact Number	Out of Hours Contact Number
Key Worker/ Care Coordinator			
RMO			
MHO			
General Practitioner			
CPA Coordinator			
Scottish Government			
<b>Legal Details</b>			
Legal Status & Section			
Sentencing court			
Date of Conviction/Insanity Acquittal *			
Date order began *			
Date of previous annual review*			
Date of next annual review *			
RMO details *			
MHO details *			
<b>For Determinate Sentences</b>			
Earliest Liberation date/ Parole Qualifying date			
<b>For Life Sentences</b>			
Punishment part			

## Risk Summary

<b>Offending History</b>		
<b>Index Offence</b>		
<b>Other Offences</b> Highlight all violent/sexual offences Highlight all offences or concerns relating to children young persons. Detail any children within or outside the family who may be at risk with names and dates of birth		
<b>History of ...</b>		
	<b>Yes/No</b>	<b>Brief Details</b>
Violence Include a list of all known incidents of violence to staff of any agency		
Sexual Aggression		
Fire Raising		
Hostage Taking		
Use of Weapons		
Alcohol or Substance misuse		
Absconding/Escape		
Self-Harm		
Other factors of relevance (e.g. past child protection referral or vulnerable adult referral)		
<b>Current Risk Status</b>		

<b>Setting</b>	<b>Likelihood, imminence, frequency &amp; severity of harmful behaviour towards whom &amp; under what circumstances</b>	
In Hospital List all known concerning incidents whilst in an institution (e.g. prison or hospital)		
Escorted in Community		
Unescorted in Community		
Other		
<b>Conditional Discharge Conditions</b>		
<b>Medication</b>		
	<b>Yes/No/ not applicable</b>	<b>Comment</b>
Is the patient prescribed medication without which his/her risk may be increased?		
Is the patient compliant with this medication?		
<b>Victim Considerations</b>		
	<b>Yes/No</b>	<b>Details</b>
Is/are there specific person(s) whom the patient poses a risk to?		
Does the patient pose a potential risk to certain types of people? (e.g. children, women, adults at risk of harm)		
<b>Monitoring &amp; Supervision Requirements</b>		
<b>In Hospital</b>	Nursing observation level	
	Restrictions regarding contact with staff	
	Restrictions regarding access to indoor areas	

	Restrictions regarding access to outdoor areas	
	Restrictions on telephone use and letters	
	Room searches	
	Personal searches	
	Alcohol/drug testing	
	Access to sharps & other utensils	
	Visitors	
	Other hospital requirements	
<b>In the Community</b>	Escort requirements	
	Special considerations for staff visiting patient	
	Special consideration for out-patient appointments	
	Alcohol/drug testing	
	Other community requirements	
<b>Additional Comments</b>		
Please give details of any other information held which may assist with public protection ( e.g. details of any known violent/sexual behaviour, previous allegations, domestic abuse incidents)		



## MAPPA Document 5A

### MAPPA Minute Template

Risk Management meeting for:	
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#### CONFIDENTIALITY STATEMENT

In working with offenders, victims and other members of the public, all agencies have agreed boundaries of confidentiality.

The agencies within this meeting respect those boundaries and hold the meeting under the shared understanding that:

- It is called in circumstances where it is considered that the risk presented by the subject of the meeting is so great that issues of public or individual safety outweigh those of confidentiality.
- The disclosure of information outside the meeting, beyond that agreed at the meeting, will be considered as a breach of the subject's confidentiality and a breach of the confidentiality of the agencies involved.
- All documents should be appropriately marked using the relevant Government Security Classifications.
- If the consent to disclose is considered essential, permission should be sought from the Chair of the meeting, and a decision will be made on the overriding principle of a public safety, "need to know."

The broad aims of a MAPPA meeting are to review and establish agreement regarding the development and implementation of a Risk Management Plan including ensuring;

- The analysis of the risk of serious harm has identified the risks.
- That the identified risk management strategies and activities are implemented in line with professional role and competence.
- That decisions are taken to address any obstacles to the delivery of the Risk Management Plan and uninterrupted service provision.

#### 1. MAPPA Meeting Information

##### Meeting Information

Type of meeting	
Location of meeting	
Date of meeting	
Category of offender	
MAPPA Level at which risk is assessed	

### Offender Information

Offender name	
Date of Birth	
Occupation	
Current Address	
Previous/additional address	
Index Offence	
ViSOR Number	

### Key Dates

Date of Offence	
Date of Conviction	
Date of Sentence	
Earliest date of liberation	
Licence Expiry date	
SONR Expiry date	
Order (if relevant)	

### Lead Authority

Lead Authority	
Address	
Case Manager	
Contact details	

### Attachments

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In Attendance

Name	Organisation
(Chair) (Minute taker)	

Apologies

Name	Organisation

<b>2. Agency Updates</b>
Police
Local Authority
Housing
Health
Other agency –(e.g. Principal Reporter, Education, Duty to Co-operate bodies).

### 3. Risk Assessment Discussion

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### 4. Agreed level of Risk of Serious Harm

Low	Medium	High	Very High

### 5. Risk Management Discussion

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### 6. Contingency Planning Discussion

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7. Current MAPPA Level	Agreed MAPPA Level

8. Disclosure and Public Protection Decisions	
Disclosure	
DWP/JCP Notification	
Child Protection concerns	
Adult at Risk Concerns	
Other referral (specify)	

### 9. Appendices

Action Register					
No.	Date raised	Action	Responsible Authority/individual	Target date	Completion date/Outcome

## MAPPA Document 5B

### MAPPA Minute Completion Notes

#### Confidentiality Statement

At the beginning of each MAPPA meeting the statement of confidentiality should be agreed by all present. This statement is intended to remind and reassure those attending of the sensitive nature of some of the information shared at the meetings. The actual wording of the statement is contained within the document set.

#### Purpose of Meeting

The record of every meeting must clarify whether it is an initial or a review meeting. The purpose of the meeting is to:

- Bring additional information or assist agencies to assess the relevance of existing information;
- Review and establish agreement regarding the development and implementation of a Risk Management Plan including ensuring;
  - The analysis of the risk of serious harm has identified the risks;
  - That the identified risk management strategies and activities are implemented in line with professional role and competence;
  - That decisions are taken to address any obstacles to the delivery of the RMP and uninterrupted service provision;
- Consider whether the MAPPA level should increase or decrease;
- Set a formal review date for the risk management plan.

#### Meeting Details

Record the type of meeting, (Initial/Review), along with the location and date, Category of offender, (currently Category 1 or Restricted Patient) and the MAPPA level at which risk is currently assessed and managed.

#### Offender Information

Record the full details of the offender as per the checklist provided. This should be done in advance of the meeting

#### Key Dates

Record the date of the index offence along with the earliest date of liberation, and dates relates to licence expiry, SONR expiry date and the dates relating to Civil orders (granted & expiry).

#### Lead Authority

Record the details of the relevant lead authority including the address, case details and telephone/email contact details.

## Attachments

Provide a list of any attached documents to be used at the meeting. The documents should be clearly labelled and may include for example:

- Minutes of previous meetings.
- Action Register
- Copies of relevant risk assessments
- Agency update reports
- Current Risk Management Plan

## Attendance

Record details of all those in attendance including the agency they represent. Also record details of those submitting apologies in advance, and those who stated they would attend but did not.

## Agency Update

The name of the person providing the briefing should be recorded. It will be for each agency to consider how to present their information.

## Risk Assessment Discussion

Record the discussion related to the Risk Assessment for the offender - see the risk assessment documentation; (of the MAPPA Document Set).

## Agreed Level of Risk of serious Harm

The MAPPA Risk level definitions are as follows:

**Very High:** There is imminent risk of serious harm. The potential event is more likely than not to happen imminently, and the impact could be serious.

**High:** There are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact could be serious.

**Medium:** There are identifiable indicators of risk of serious harm. This person has the potential to cause harm, but is unlikely to do so unless there is a change of circumstances.

**Low:** Current evidence does not indicate likelihood of causing serious harm.

## Risk Management Discussion

Record the discussion related to the risk management planning for the offender - see the risk management documentation; (RMP at Document 6 of the MAPPA Document Set).

## Contingency Planning Discussion

Record the discussion related to Contingency Planning for the offender - see the risk management documentation; (RMP at Document 6 of the MAPPA Document Set).

## MAPPA Level Discussion

A discussion will take place on whether the current MAPPA level remains appropriate in light of the risk assessment and the proposed risk management plan.



## **Disclosure and Public Protection Decisions**

The MAPPAs provide a focus at case management level for agencies to actively take disclosure into consideration. To ensure that this forms part of the offender management process, the MAPPAs meeting should consider whether disclosure needs to take place. If so, the following should be recorded:

Reason for disclosure/no disclosure;

Date when disclosure took place;

To whom the disclosure was made.

Third-party disclosure at MAPPAs meetings will, in the main, be in respect of child or adult protection issues.

The ultimate decision on third-party disclosure in relation to the status of registered sex offenders lies with the Chief Constable, however, disclosure does not usually take place without consultation between the police and other agencies responsible for the management of the offender. Within this guidance there is a fuller examination of disclosure matters at Chapter 13.

Due consideration must be given to diversity issues - whether, in respect of either the offender or the actual or potential victim, there are gender, age, sexuality, racial, religious, disability or any other issues which may lead to unfair and unlawful discrimination which affect the assessment AND the management of risks.

## **Action Register**

Following the Initial meeting an action register should be maintained as a record of all actions agreed at the meetings over time. It includes the date the action was raised, the individual or authority responsible for the action, and the date it was completed and the outcome. Over time this will provide a chronological record of all the actions agreed and undertaken in each case.

**MAPPA Document 6**

**Risk Management Plan**

Name	(Risk Management Plan for:)
Date of Birth	
CHS Number	

Version	Author	Organisation	Date	Notes

<b>Basis of Assessment</b>

<b>Concise Case Summary</b>

<b>Risk Formulation</b>	
Brief history of offending (including index offence).	
Describe the cycle of events, thoughts, feelings and behaviours that precede and follow an episode of seriously harmful offending.	
Identify the relevance of key factors contributing to offending behaviour (i.e. predisposing, precipitating, perpetuating, and protective factors).	
Provide a summary of the risk of serious harm in terms of the pattern, nature, seriousness, likelihood, imminence and implications for risk management.	
Consider the definition of risk of serious harm and identify the risk level.	

Identify the risk(s) to be managed In this plan	Describe the likely scenario(s) in which the risk(s) may present in terms of "what", "to whom", "when", "why" and "how". [The scenario(s) represent the negative outcome(s) that the plan aims to manage].

### Relevant Factors

Predisposing Factors	Precipitating Factors	Perpetuating Factors	Protective Factors

### Measures of Change

Early Warning Signs/Behaviours to Monitor	Indicators of Positive Change

### Risk Management Strategies

Risk Management Strategy	Relevant Factor	Activity	Priority	Date for Completion or review	Responsible Agency/Individual	Context
Supervision						

Monitoring						
Intervention or Treatment						
Victim Safety Planning						

**Limitations of Strategies**

**Monitoring and Contingency Activities**

Describe the likely scenario(s) in which the risk(s) may present in terms of “What”, “To Whom”, “When”, “Why” and “How”.  
 [The scenario(s) represents the negative outcome(s) that the plan aims to manage].

Immediacy/Degree of Alert	Early warning signs/behaviour to monitor	Agreed Actions	Responsible Agency/Individual
Be Aware			
Be Prepared			
Take Immediate Action			

Please be aware that unforeseen circumstances may arise that are not covered by the actions above. In such circumstances the key contacts listed below should be used to ensure an appropriate response and on-going accountability for actions.

KEY CONTACTS			
Name	Role	Organisation	Email/Telephone
<b>REVIEW OF PLAN</b>			
Date of current RMP			
Date of next review of RMP			

## MAPPA Document 7A

### Social Security Scotland Referral

Please Mark the appropriate box with an "X"

Initial Notification	<input type="checkbox"/>
Change of Circumstances (any)	<input type="checkbox"/>
Change to Restrictions	<input type="checkbox"/>
Change to End Date of Restrictions	<input type="checkbox"/>
Identified Risk of Serious Harm to Social Security Scotland Staff	<input type="checkbox"/>
Exit from MAPPA / RSO Expiry	<input type="checkbox"/>
Death of Offender	<input type="checkbox"/>

To be completed and sent via secure email to the identified Social Security Scotland MAPPA central team

1. Personal Details			
National Insurance No. (where known)			
Last Name			
First Name			
Middle Name			
Date of Birth			
Gender			
Current Address			
Postcode			
Telephone Number(s)	Home		Mobile
Accessibility Considerations			
2. Notifying Agency (e.g. Scottish Prison Service, CJSWS, Police, Health Board)			
Notifying Agency			
Name			
Office			

Telephone Number(s)	Work		Mobile	
Email Address				
Date Individual Informed of Social Security Scotland Notification  (Only to be completed by Responsible Authorities (In exceptional circumstances where individual not informed, give date of discussion with Social Security Scotland Designated Officer / SPoC)				

### 3. MAPPA Point of Contact

Name				
Office				
Telephone Number(s)	Work		Mobile	
Email Address				

### 4. Initial Restrictions / Change of Restrictions / Change of Circumstances / Identified Risk of Harm

Description (Initial, change of restrictions, change of circumstances, Identified risk of harm – more detail at section 5)	Date Restriction Ends (Only for Initial Notification or Change of Restrictions)	
█	█	
█	█	
Requires supervision in relation to usage of internet	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date Notification Emailed and address e-mailed to		
Date Notification received – each agency to enter the date received from the acknowledgement e-mail		



**5. No Statutory Restrictions Apply – Other Risk of Serious Harm Offenders**

Complete only when there are **identified serious concern(s)** regarding an individual and **where there is a need to protect the public and Social security Scotland colleagues from serious harm.** (to be completed by Social Security Scotland staff)

If further information required - Date of discussion held between Social Security Scotland and the notifying Agency

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Information Shared in this discussion- To be completed by Social Security Scotland Staff only after discussion with notifying agency

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## Social Security Scotland Referral – Change of Circumstances

To be completed by the Social Security Scotland and sent via secure email to the relevant Single Point of Contact

1. Personal Details			
National Insurance No. (where known)			
Last Name			
First Name			
Middle Name			
Date of Birth			
Gender			
Current Address			
Postcode			
Telephone Number(s)	Home		Mobile
Accessibility Considerations			

2. Notifying Agency contact (Social Security Scotland)			
Notifying Agency	Social Security Scotland		
Name			
Telephone Number(s)	Work		Mobile
Email Address			

3. Single Point of Contact (e.g. person to whom the form is being sent)			
Name			
Telephone Number(s)	Work		Mobile

<b>4. Change of Circumstances</b>	
Description (Change of circumstances)	Date Notified (Date Social Security Scotland received notice of change)
█	█
█	█
Date Notification Emailed	
Date Notification received – each agency to enter the date received from the acknowledgement e-mail	

## MAPPA Document 8

### MAPPA DWP Referral Form

Please Mark the appropriate box with an "X"

Initial Notification	<input type="checkbox"/>
Change of Circumstances (any)	<input type="checkbox"/>
Change to Restrictions	<input type="checkbox"/>
Change to End Date of Restrictions	<input type="checkbox"/>
Identified Risk of Serious Harm to DWP Staff	<input type="checkbox"/>
Exit from MAPPA / RSO Enquiry	<input type="checkbox"/>

To be completed by the Offender Manager / Police Officer and sent via secure email to the identified Department for Work and Pensions Designated Officer / Single Point of Contact (SPOC) in the area.

6. Personal Details			
National Insurance No. (where known)			
Last Name			
First Name			
Middle Name			
Date of Birth			
Aliases (including nicknames)			
Gender			
Current Address			
Postcode			
Telephone Number(s)	Home		Mobile
Disability Considerations			

7. Notifying Agency (e.g. Scottish Prison Service, CJSWS, Police, Health Board)	
Notifying Agency	
Name	
Office	

<b>Telephone Number(s)</b>	Work		Mobile	
Email Address				
Date Individual Informed of DWP Notification (In exceptional circumstances where individual not informed, give date of discussion with DWP Designated Officer / SPOC) **PDP notification will require individuals consent prior to notification except in unique circumstances where proportionate and necessary to protect the public and / or DWP staff.				
Does the Offender present a risk of serious harm to DWP staff or other employment and training providers?	<b>Yes*</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
*If Yes, describe the nature of the risk of serious harm and contact the Job Centre Plus Designated Officer / SPOC to discuss.				

<b>8. MAPPA Point of Contact</b>				
Name				
Office				
Telephone Number(s)	Work		Mobile	
Email Address				

<b>9. Initial Restrictions / Change of Restrictions / Change of Circumstances</b> (which will affect the employment / training of the Jobseeker)		
Description (Initial, change of restrictions, change of circumstances)	Date Restriction Ends	
Requires Supervision in relation to usage of internet for seeking employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date Notification Emailed to DWP Designated		
Officer / SPOC		

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

**10. No Statutory Restrictions Apply – Potentially Dangerous Person**

Complete only when there are identified serious concern(s) regarding employment / training and the need to protect the public from serious harm and DWP staff

Date Discussed with DWP Designated Officer / SPOC	
---	--

Information Shared

## MAPPA Document 9

### Template for requests for MAPPA meeting minutes

Dear **Name of Requestor**,

I have received your letter dated **DD/MM/YYYY** asking for copies of MAPPA Meeting Minutes in relation to:

**(Offender name)**

**(Offender current address)**

**(Postcode)**

**(Offender date of birth)**

The minutes that you have requested contain third party, confidential, sensitive (**add/delete, as necessary**) information. Therefore, it is not possible to release them in full and, in accordance with MAPPA Guidance, I enclose the Minutes Executive Summary.

Should you require more detailed information provided to the MAPPA meeting by a specific agency, please request that information directly from that agency.

Yours sincerely,

**(Name)**

**(MAPPA Role)**

**(MAPPA Area)**

## **MAPPA Document 10**

# **MAPPA Meeting Minutes Executive Summary**

### **Notice**

This MAPPA Meeting Minutes Executive Summary will not contain details of any individual agency risk assessment or Risk Management Plan. Where a third party wishes to receive a copy of such a document/report they should apply directly to the individual agency.

### **1. Offender Information**

ViSOR reference:

Family name:

First name:

Date of birth:

Gender:

PNC number:

Current address:

Postcode:

### **2. Referring Agency and Reason for Referral to a MAPPA Meeting**

Date of referral:

Date of meeting:

Venue of meeting:

MAPPA Category:

Level of meeting:

### **3. Summary of Meeting**

### **4. Details of MAPPA Meeting Chair**

Name:

Area:

Agency address:

Telephone number:

Fax number:

Email address:

Date of completion:



## MAPPA Case Audit for Level 1

Please circle clearly the appropriate response for each question.  
Please answer ALL relevant questions

**The questions should be graded using the following scales where indicated**

• Completely	• There is full evidence present
• Mostly	• There is more than half the evidence present
• Partially	• Half or less of the evidence is present
• Not at all	• There appears to be no evidence present

1.1 Name of file reader	
1.2 Date read	
1.3 SWIFT/Framework ID No	
1.4 ViSOR ID No	
1.5 Gender	

1.6 Offending History
-----------------------

2.1	Have all relevant risk assessments tools been completed for the offender and are they up-to -date in line with national guidance?	1. Completely 2. Mostly 3. Partially 4. Not at all
	Comments:	

2.2	In terms of the broader risk assessment is the overall MAPPA assessment of risk consistent with the current information?	1. Completely 2. Mostly 3. Partially 4. Not at all
	Comments:	

3.1	Does the current risk management plan seek to reduce the risks identified within the current risk assessment?	1. Completely 2. Mostly 3. Partially 4. Not at all
3.2	Is the risk management practice in line with the risk management plan?	1. Completely 2. Mostly 3. Partially 4. Not at all
	Comments:	

3.3	In your judgement from the information available was the decision to manage the offender at MAPPA Level 1 commensurate with the identified risks and routine risk management?	1. Completely 2. Mostly 3. Partially 4. Not at all
	Comments:	

4.1	Was an environmental risk assessment proportionate and necessary given the risk this offender would present to his immediate neighbours?	<b>Yes/No</b>
4.2	Has the environmental scanning process been completed in accordance with local practice and guidelines?	1. Completely 2. Mostly 3. Partially 4. Not at all
	Comments:	
5.1	Is there any evidence of positive outcomes for the offender or local community?	
	Please provide comments	

5.2 :

Any other comments?

Please provide any other additional comments

**MAPPA Document 11B**

**MAPPA Case Audit - Level 2 or 3**

**1. General Information**

1.1	Name of reviewer	
1.2	Date file read	
1.3	Local authority area	Choose an item.
1.4	Case Identifier	
1.5	Index offence(s)	
1.6	Length of Order (length/hours)	
1.7	Type of Order	
1.8	MAPPA Category of Individual	Choose an item.

**2. Details of Statutory Supervision (where applicable)**

2.1	Is the person currently under any statutory supervision? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Where Yes, please select all that apply		
	Supervision <input type="checkbox"/>	Unpaid Work <input type="checkbox"/>	
	Drug Treatment <input type="checkbox"/>	Alcohol Treatment <input type="checkbox"/>	
	Compensation <input type="checkbox"/>	Programme <input type="checkbox"/>	
	Residence <input type="checkbox"/>	Mental Health <input type="checkbox"/>	
2.2	Conduct (provide details)		

**3. Assessment – please select and answer all which apply**

3.1	Is there evidence that information from the MAPPA Risk Assessments are being included in the single agency Files?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3.2	Has a full LS/CMI assessment been completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3.3	Has the LS/CMI been completed within timescales?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3.4	Is the need for a Risk of Serious Harm (RoSH) assessment indicated within LS/CMI?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
3.5	Has a RoSH assessment been completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3.6	Where there are indications specialist assessment/s are required have they been completed by social work services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
3.7	Please select below all completed assessments			
SA07 <input type="checkbox"/>		RM2K <input type="checkbox"/>	SAVRY <input type="checkbox"/>	SARA <input type="checkbox"/>
		Caledonian <input type="checkbox"/>		MF:MC <input type="checkbox"/>
Other <input type="checkbox"/> Please detail				

**4. Plans and Planning**

4.1	Where there is a supervision requirement has the Case Management Plan been incorporated into the MAPPA RMP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
4.2	Is there an Environmental Risk Assessment (ERA) available for this individual?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
4.3	Is there evidence of Multi Agency involvement in the completion of the ERA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
4.4	<b>If you answered No to any of the above</b> , please indicate below which partner this relates to (you should select all relevant partners)			
JSW <input type="checkbox"/>		Other social work <input type="checkbox"/>		Police <input type="checkbox"/>
Health <input type="checkbox"/>	Housing <input type="checkbox"/>	Addiction Services <input type="checkbox"/>	Third Sector <input type="checkbox"/>	

## Multi – Agency Arrangements

### 5. Attendance/Contribution

5.1	Was everyone in attendance who was invited to the MAPPA review meeting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5.2	For those who didn't attend, did they provide any written contribution instead?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5.3	Where the answer is No, please indicate all Responsible Authorities this applies to. Also indicate by cross the box where this was on more than one occasion			
<b>Police</b> <input type="checkbox"/> More than once <input type="checkbox"/>		<b>SPS</b> <input type="checkbox"/> More than once <input type="checkbox"/>		
<b>NHS</b> <input type="checkbox"/> More than once <input type="checkbox"/>		<b>Local Authority</b> <input type="checkbox"/> More than once <input type="checkbox"/>		
5.4	Additional Comments: Please add any further comments regarding attendance and contribution which you think is are relevant			

### 6. Intervention

6.1	Is the level of supervision commensurate with the risks, needs and individual factors identified within assessments, case management and risk management plans?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
6.2	Has the service made referral/s to appropriate resources at the earliest opportunity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
6.3	Has the individual been able to access all types of interventions required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
6.4	Please indicate why the individual has been unable to access all types of intervention			
<b>Delay in access to service</b> <input type="checkbox"/>		<b>Service not available</b> <input type="checkbox"/>		
<b>Need for service not identified by worker</b> <input type="checkbox"/>		<b>Service user engagement/ compliance</b> <input type="checkbox"/>		
6.5	To what extent do you consider the intervention has met/is Meeting the needs of the individual?	<b>Completely</b> <input type="checkbox"/>	<b>Mostly</b> <input type="checkbox"/>	<b>Partially</b> <input type="checkbox"/>
		<b>Not at all</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	
6.6	To what extent do you consider the intervention addressed/is addressing the individual's risks?	<b>Completely</b> <input type="checkbox"/>	<b>Mostly</b> <input type="checkbox"/>	<b>Partially</b> <input type="checkbox"/>
		<b>Not at all</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	
6.7	Has the individual been assisted to gain an understanding of the wider impact of their offending behaviour on victim(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>

## 7. Statutory Responsibilities

7.1	Have MAPPA reviews taken place at the expected frequency where this is within the control of the service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
7.2	Have Joint home visits taken place as agreed within the Risk Management Plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
7.3	Is there evidence line manager(s) had an appropriate level of involvement and oversight of the RMP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
7.4	To what extent has non-compliance been appropriately addressed?	Completely <input type="checkbox"/> Mostly <input type="checkbox"/> Partially <input type="checkbox"/> Not at all <input type="checkbox"/> N/A <input type="checkbox"/>		
7.5	Was initiation of breach proceedings appropriate and timely?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
7.6	Where there is evidence of further sexual offending. Has an Initial Case Review report been submitted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>

## 8. Impact and Outcomes

8.1	Is there evidence of positive outcomes for the individual in the course of the MAPPA process?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8.2	Using the headings below, highlight where there has been specific improvement in the life circumstances of the individual as a result of the support received during the course of the order /registration in terms of the factors which are known to support desistance.			
<b>Accommodation:</b> There is evidence of safer, or more suitable, stable accommodation during the course of the order.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
<b>Mental Health and Wellbeing:</b> There is evidence that the individual has become more able to manage their mental/emotional health		Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
<b>Health:</b> There is evidence of improvements in general physical health.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
<b>Finances:</b> There is evidence of improved financial circumstances.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
<b>Relationships:</b> The individual has benefitted from support to develop, maintain or improve important, positive relationships with staff, family and/or friends		Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
<b>Employment:</b> There is evidence the individual has been assisted to access and/or gain employment.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
<b>Further Education:</b> There is evidence the individual has been assisted to access further education/learning.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
<b>Community Inclusion:</b> The individual is better connected to sources of support within the community.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
<b>Literacy:</b> As a result of the support received the individual has benefitted from opportunities to improve literacy.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>

<b>Drug Use:</b> As a result of the support received the individual has achieved improvements related to drug use.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
<b>Alcohol Use:</b> As a result of the support received the individual has achieved improvements related to alcohol use.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
<b>Offending:</b> As a result of the support received the individual has evidenced reductions in the frequency and/or seriousness of offending.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
<b>Confidence:</b> As a result of the support received there are demonstrable improvements in the individual's confidence, resilience and reported sense of self-worth.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
8.3	Where there has been limited/no progress made please indicate the reason(s) why		
<b>Effectiveness of criminal justice social work</b>			
<b>Effectiveness of collaboration between services</b>			
<b>Efforts of the individual service user</b>			

## 9. Essential Comments

<p><b>Essential Comments:</b> Only use this space to make <u>essential</u> comments on anything that has not already been captured elsewhere on the template:</p>
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## MAPPA Case Audit – Level 2 or 3 Completion Notes

### Introduction

1. These explanatory notes aim to help you work through the multi-agency case file audit process. The purpose of the multi-agency case file audit is to provide a spot check which should aim to accurately gauge the extent to which each of the single agency case files contain evidence that:

- The individual is being managed in an active and alert<sup>25</sup> multi-agency environment;
- Key information and decisions from the MAPPA process are being recorded;
- Each agency is seeking information from within its own discipline and contributing that to the MAPPA process; and
- That information is being actively used by each agency to manage the individual from a single agency and multi-agency perspective.

2. In conducting the multi-agency case file audit, you will be required to make judgements about the quality of information across several different areas of MAPPA. Thus, you should consider material in the record contributed by all of the staff or partner agencies involved in the case in order to answer the questions asked.

3. These explanatory notes are designed to complement, not replace, your professional judgement. Please read this guidance carefully along with any instructions on the template itself. In some questions, you will be asked to provide information about how each aspect is achieved, along with any examples of effective/best practice.

4. Once the case file audit is completed all the information will be further analysed along with the other case file audits that have taken place. A summary report will then be produced which will detail the findings of all of the multi-agency case file audits undertaken for the individuals. This will provide an overview of the extent to which the individual is being managed under the MAPPA process.

### Section 1. General Information

This section contains the basic information regarding who reviewed the case, date of review etc., section 1.4 allows you as the reviewer(s) to anonymise the case for example you can use initials or a unique code for your local area. Please use the drop down lists provided to detail the information required at 1.3 and 1.8

### Section 2. Details of Statutory Supervision

This allows you to identify any statutory supervision that the individual may be subject to.

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<sup>25</sup> This term is drawn from [FRAME](#) and denotes intensive levels of practice in complex cases where indicators of risk of serious harm are present. In less complex cases it may be sufficient to be aware or attentive to the risk. For more on how active and alert risk management would apply in practice, see pages 32-37 of [Standards and Guidelines for Risk Management](#).

2.1 Please ensure you check (by double-clicking on the box) all that are applicable to the individual concerned.

2.2 Please provide sufficient and accurate detail in relation to the individual's conduct to statutory supervision.

### **Section 3. Assessment**

Questions 3.1 – 3.7 require the relevant box to be checked.

3.1 This is to confirm whether or not information from the various risk assessments are being included in each of the agencies involved files.

3.2 This is to confirm whether or not an LS/CMI assessment has been completed.

3.3 Where applicable, seeking confirmation that the LS/CMI assessment has been completed within the national timescales.

3.4 This is to confirm whether or not the individual meets the criteria for a risk of serious harm assessment.

3.5 Where applicable (individual does meet the criteria for a risk of serious harm assessment, has this been completed?

3.6 Where an individual has mental or physical health issues or another issue that requires specialist assessment has this been completed

3.7 Where applicable, please indicate all assessments that have been completed. Where one is not listed, please ensure you check box for "Other" and provide relevant details.

### **Section 4. Plans and Planning**

Questions 4.1 - 4.3 require the relevant box to be checked.

4.1 Where applicable, have any supervision requirements / licence conditions been incorporated into the MAPPAs Risk Management Plan.

4.2 This question is concerned with the manner in which the agency concerned is recording information and responding to the Environmental Risk Assessment (ERA) process. An acceptable standard should mean that there is clear evidence of ERA requests being received, recorded and responded to within the required timescale and you should be able to see evidence of this.

4.3 ERA requests having been received as part of the MAPPAs process and recorded. That information has been sought from a wide range of appropriate resources within the organisation as part of the response. That the response to the ERA has been submitted as part of the MAPPAs process has been completed to an acceptable standard.

4.4 Where the answer has been no any question from 4.1 – 4.3 then you must check all the relevant boxes to show which partner(s) this relates to.

### **Section 5. – Attendance and Contributions**

5.1 This is question is to verify attendance of Responsible Authorities invited to attend.

5.2 This is to verify those who didn't attend, (where invited) that they submitted a written update as a contribution to the meeting.

5.3 This is to verify where the answer is no to either 5.1 or 5.2 (or both) which Responsible Authorities this applies to and whether this has happened on more than one occasion for the case concerned.

5.4 This allows free text for any further relevant information.

## **Section 6. Intervention**

6.1 This question is concerned with the extent and effectiveness of the multi-agency working arrangements in place for the individual. Agencies should work together in the assessment and management of risk, according to the complexity of the case. The extent of the agencies involvement will vary depending on that complexity. An acceptable standard should mean that there is clear evidence of all agencies working together and contributing to:

- Pre-release discussions
- Risk assessment
- Risk management
- Information sharing
- Joint visits/assessments

6.2 Is the individual being managed at the appropriate level? Please check appropriate box.

6.3 This question is concerned with the extent to which all appropriate interventions are being considered by the agency concerned. An acceptable standard will mean that there is clear evidence that identified risks and needs are supported by referral and access to appropriate services. Supportive measures of intervention should aim to build protective factors which should consist of internal, external and/or motivational factors, which might mitigate or interrupt serious harm. The comments should consider what any deficits are and you as a reviewer should consider

- If services are being identified on risk and need
- That referrals are being made promptly
- That services are accessed promptly
- That identified programmes are implemented and completed where possible
- That appropriate information sharing takes place in support of interventions
- That contingencies have been considered where services are unavailable.

6.4 Having been offered the intervention has the individual accessed the service. Please check appropriate box.

6.5 Using the appropriate check box, indicate why the intervention has not been accessed, is there a waiting list is service not available in your area, has the manager not identified the service for the individual or has the individual failed to attend the service through non-compliance.

6.6 Is the intervention meeting the needs of the individual, i.e. addiction services are there assisting the individual. Please check appropriate box.

6.7 Is the intervention reducing the likelihood of the individual re-offending? Please check appropriate box.

6.8 Has the individual been able to display an understanding of their offending on victim(s). Please check appropriate box.

## **Section 7. Statutory Responsibilities**

7.1 While information routinely exchanges as part of the meetings cycle, the assessor should try to find evidence that this also happens on a day-to-day basis, as part of the multi-agency management of the individual. Please check appropriate box

7.2 That there are regular examples of Joint visits, communication and information sharing which are being recorded. Please check appropriate box

7.3 There is good awareness between the managers and points of contact within other agencies and an oversight of the case. Please check appropriate box

7.4 Is there evidence that non-compliance has been addressed? Please check appropriate box

7.5 Is there evidence that when statutory requirements have been breached that a report has been submitted timeously. Please check appropriate box

7.6 This question is concerned with the extent to which any further offending has been identified and referred to the MAPPA Co-ordinator in the form of an Initial Case Review (ICR). In all cases the criteria for notifying the MAPPA Co-ordinator should have been followed. Please check appropriate box

- An ICR referral has been considered or submitted;
- That there has been discussion with the MAPPA Co-ordinator about why an ICR referral should not be submitted; and
- That any ICR referral has been completed to an acceptable standard.

## **Section 8. Impact and Outcomes**

8.1 This question is around to what extent does the file contain evidence that any positive outcomes have been achieved for the individual concerned? Please check appropriate box.

8.2 This question is concerned with the extent to which there is evidence in the case file that MAPPA is improving outcomes for individuals in terms of reducing the risk posed and keeping people safe. Here the assessor should look for evidence, which indicates an improvement in the life of the individual and a corresponding change in the management of the individual, such as Reduction in risk, Sustained employment or relationship, Completion of programmes or structured interventions, Notable positive changes in behaviour or activity (e.g. alcohol, drugs etc.), Corresponding reductions in supervision, visits or support. Please check all boxes against each heading within 8.2.

8.3 Where responses at 8.2 have been No, please ensure that under the relevant three headings listed clearly identify why there has been no or limited progress made.

## **Section 9. Essential Comments**

This section should be used to highlight any concerns or issues discovered during the audit with suggestions for improvement. It should also be used to identify good practice or learning that can be shared with other areas.

## MAPPA Document 12

### MAPPA Meeting Audit Form

Name of auditor:

Date of meeting:

Level 2/3:

Number of cases discussed:

Name of Chair:

Grade/rank:

Grades: 4 = Excellent 3 = Satisfactory 2 = Unsatisfactory 1 = Poor

#### 1. Arrangements for the Meeting

	Comments	Grade
1.1	Attendees were provided with joining instructions prior to the meeting	
1.2	Attendees were provided with relevant paperwork (including details of the referral for initial meetings and minutes of previous meetings if this was a review meeting)	
1.3	Attendees were appropriately welcomed at the venue	
1.4	Appropriate refreshments were provided	
1.5	The layout and environment of the meeting room were appropriate	

#### 2. How the Meeting is Conducted

	Comments	Grade
2.1	The meeting commences at the stated time	
2.2	The purpose and objectives of the meeting were clearly stated at the outset	
2.3	Attendees introduced themselves and their role	
2.4	The Confidentiality Statement was stated at the beginning of each case (if there were now new attendees for different cases, it can be reaffirmed)	
2.5	Discussion time was allocated to topics in a way which was consistent with their importance, urgency and complexity	
2.6	Chair encouraged each attendee to contribute effectively	
2.7	The agenda was followed, unhelpful comments were discouraged and inappropriate digressions were avoided	
2.8	Where it existed, any dissent is noted with the meeting agreeing on how to proceed and the decision is recorded	

### 3. Risk Assessment

	Comments	Grade
3.1	Chair ensured that victim and potential victim issues are identified and assessed	
3.2	Chair ensured that diversity issues are identified and addressed	
3.3	Chair presented information and summaries clearly and at appropriate points during the meeting (comprehensively addressing all identified risk of serious harm factors)	
3.4	The meeting properly considered whether disclosure of information should be made, identifying reasons for the decision reached and showing what alternatives have been considered	
3.5	The meeting properly considered whether the case requires level; 2/3 management	

### 4. Risk Management

	Comments	Grade
4.1	The MAPPAs Risk Management Plan addresses the risk of serious harm factors raised in the meeting	
4.2	All actions are SMART with identified owners	
4.3	Review date set, where appropriate	
4.4	Where previous actions have been allocated and not completed, appropriate remedies sought	

### 5. Overall Assessment

	Comments	Grade
5.1	This was a well-managed MAPPAs meeting	
5.2	The right people attend to allow the MAPPAs arrangements to function effectively	
5.3	The meeting was chaired effectively	

### 6. Additional Comments

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## MAPPA Document 13A

### MAPPA Significant Case Review (SCR) Process Initial Notification Report (INR)

To be completed by the Lead Agency in conjunction and discussion with partners.

Charged with an Offence which resulted in the death of or serious harm to another person	
Significant concern has been raised about professional and/or service involvement, or lack of involvement, in respect of the management of an offender under MAPPA at any level	
Where it appears that a Category 1 or Category 3 offender being managed under MAPPA has died or been subject to serious harm as a direct result of his/her status as a Category 1 or Category 3 offender	
Where an offender currently being managed under MAPPA has died or been subject to serious harm in circumstances likely to generate significant public concern	

1. Details of Individual Completing					
Name:					
Job Title:					
Agency:					
Telephone number:					
Email address:					
2. Offender Information					
Last name:					
Forenames:					
Alternative name(s):					
Date of birth:					
ViSOR Number:					
Gender:		Ethnicity:			
Address (at time of charge / incident):					
Lead Agency: (Include details of involvement / contact)					
Offender on Supervision:	Y		N		N/A



Care Inspectorate Informed (meets SIR criteria)	Y		N		N/A	
Restricted Patient: (if applicable)	Y		N			
Restricted Patient Branch Informed	Y		N		N/A	
Type of supervision/statutory order / restriction offender subject to:						
Date statutory order imposed/date of release from custody on statutory supervision:						
Index Offence: (include date)						
MAPPA Category:		MAPPA Level:		Risk:		
Other Agencies involved with offender: (Include contact details and capacity of involvement)						
Date of most recent Review Meeting -Where available attach most recent MAPPA Minute and Risk Management Plan						
<b>3. Details of Charge/Incident</b>						
Date of reported offence / incident:						
Date of charge (if relevant):						
Type of reported offence (e.g. violent/sexual):						
Act and section:						
Brief details of reported offence / incident:						
Date of first court appearance:						
Current whereabouts of offender						
Custody		At liberty		Deceased		Hospital
If at Liberty state location:						
<b>4. Victim Details</b>						

Number of reported victims:	
Gender of reported victim(s):	
Age of reported victim(s):	
Known to offender:	
Relationship, if known:	
Reported nature and extent of harm:	
<b>5. Relevant Offender History</b>	
(Include extent and nature of offending, compliance with supervision / restriction, key dates, risk assessments undertaken, identified areas of concern / interventions):	
<b>Any Other Relevant Information/Concerns</b> (Highlight what these are and any actions taken and allocated to which agency):	
<b>6. Date submitted to SOG:</b>	

**(to be submitted to the Chair of the MAPPA Strategic Oversight Group not more than 5 working days from identification of a significant incident)**

**MAPPA Document 13B**

**MAPPA Significant Case Review (SCR) Process  
Review of Initial Notification by SOG Chair**

Offender Name:		Date of Birth:	
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<b>1. Details of SOG Chair</b>			
Name:			
Agency:			
Telephone number:			
Email address:			
<b>2. Decision Summary</b>			
No further action required	Provide details of rationale:		
Request for ICR report	Provide details of what information is required and from what agencies:		
Progress to Significant Case Review	Provide details of rationale:		
Date signed:		Signature:	

**MAPPA Document 13C**

**MAPPA Significant Case Review (SCR) Process  
Strategic Oversight Group SCR Decision**

Offender Name:		Date of Birth:	
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1. Details of SOG Chair			
Name:			
Agency:			
Telephone number:			
Email address:			
2. Decision following ICR submission by Lead Agency			
No further review or action required:	Provide details of rationale:		
No further review needed but follow up action required:	Provide detail of action(s) to be taken including timescales. If available attach agreed action plan:		
If the offender was on supervision at time of reported offence and no further progression to SCR - Update Care Inspectorate of ICR outcome where Serious Incident Review (SIR) criteria has been met. <a href="#">Serious Incident Review Guidance</a>	Y		N
<b>Did you identify any areas of good practice that could be disseminated more widely?</b> If yes, please describe			
<b>Did you identify any areas for development that require a national approach?</b> If yes, please specify			
Commission a SCR:	Internal		External
Lead Officer / Agency:			
Proposed Date of completion of SCR:			
Date signed:		Signature:	