

Scottish Government Multi-Agency Public Protection Arrangements (MAPPA)

National Guidance

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1. Introduction

1.1. This national guidance is in relation to Multi-Agency Public Protection Arrangements (MAPPA). MAPPA are a set of statutory partnership working arrangements introduced in 2007 by virtue of [Sections 10 and 11 of The Management of Offenders etc. \(Scotland\) Act 2005](#) (the 2005 Act).

1.2. This version of the national guidance reflects an on-going programme of revision to take account of new legislation as well as changes in guidance, policy and effective practice. The national guidance itself is issued under section 10(6) of the 2005 Act and provides the Responsible Authorities with Ministerial guidance on the discharge of their functions.

1.3. The fundamental purpose of MAPPA is public protection and managing the risk of serious harm. MAPPA is not a statutory body in itself but is a statutory framework through which the Responsible Authorities discharge their statutory responsibilities and protect the public in a co-ordinated manner.

1.4. The 2005 Act places a statutory duty on the Responsible Authorities in a local authority area to jointly establish arrangements for assessing and managing the risk posed by certain categories of individuals who are subject to MAPPA. It also provides for agencies who have a duty to co-operate (DTC) with the Responsible Authorities in relation to the management of individuals.

1.5. The Risk Management Authority (the RMA)¹ issues guidelines and standards for the purpose of ensuring the effective assessment and minimisation of the risk of a person who has been convicted of an offence (or a person found not criminally responsible or unfit for trial under section 57 of the Criminal Procedure (Scotland) Act 1995) presents to the safety of the public at large. Those who have functions in relation to the assessment and management of that risk (including the Responsible Authorities) are to have regard to the guidelines and standards issued by the RMA. The RMA defines “**risk of serious harm**”² as: the likelihood of harmful behaviour of a violent or sexual nature which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, may reasonably be expected to be difficult or impossible.

1.6. Section 10(7) of the 2005 Act details the Responsible Authorities for the area of a local authority as:

- (a) The chief constable of the Police Service of Scotland (Police Scotland);
- (b) The local authority;
- (c) A Health Board or Special Health Board for an area any part of which is comprised within the area of the local authority; and

¹ Established by the Criminal Justice (Scotland) Act 2003, section 3.

² [Framework for Risk Assessment, Management & Evaluation \(FRAME\)](#)

(d) Scottish Prison Service (SPS), an Executive Agency of the Scottish Government acting in exercise of their functions under the [Prisons \(Scotland\) Act 1989](#) on behalf of the Scottish Minister.

1.7. This guidance relates to the operation of the provisions for the following categories of individuals:

- (a) Registered Sex Offenders (RSOs) – those individuals required to comply with the sex offender notification requirements (SONR) set out in [Part 2](#) of the Sexual Offences Act 2003. Full details on who is subject to SONR and details on the MAPPA process for this category of individual can be found in [Chapter 5](#).
- (b) Restricted Patients. Further details on Restricted Patients can be found in [Chapter 10](#) of this guidance.
- (c) Other Risk of Serious Harm Individuals – these are individuals who are not required to comply with the SONR or who are not Restricted Patients; but who by reason of their conviction; are considered by the Responsible Authorities to be persons who may cause serious harm to the public at large. Full details on who may be subject to MAPPA within this category and details of the MAPPA process relating to this category can be found in [Chapter 9](#).

Human Rights and Diversity

1.8. MAPPA should reflect the [Human Rights Act 1998](#) **principles of necessity and proportionality** and this **must be considered in all actions** carried out by the Responsible Authorities and the DTC agencies, both in terms of victim(s) and also in their plans to manage individuals who are subject to these arrangements.

1.9. MAPPA agencies must be free from discrimination and committed to equal access to services for all groups, particularly in relation to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. This means that all actions undertaken or recommended by MAPPA agencies, and all policies and procedures, will be based on assessments of risks and needs. They will not draw on stereotypical assumptions about groups that will be discriminatory in outcome.

1.10. As part of their work, MAPPA agencies will be sensitive and responsive to individual differences and needs. They will integrate this understanding into the delivery of their functions to ensure that nobody is disadvantaged as a result of belonging to a specific social group. To assist in achieving this, each of the Responsible Authorities must have in place plans to ensure that issues of diversity are addressed.

2. The Responsible Authorities

2.1 [Sections 10](#) and [11](#) of the Management of Offenders etc. (Scotland) Act 2005 place a statutory duty on the Responsible Authorities in a local authority area to jointly establish arrangements for assessing and managing the risk posed by certain categories of individuals as set out in section 10 (1).

2.2 [Section 10](#) (7) of the 2005 Act details the Responsible Authorities for the area of a local authority as—

- (a) The chief constable of the Police Service of Scotland (Police Scotland);
- (b) The local authority;
- (c) A Health Board or Special Health Board for an area any part of which is comprised within the area of the local authority; and
- (d) Scottish Prison Service (SPS), an Executive Agency of the Scottish Government acting in exercise of their functions under the [Prisons \(Scotland\) Act 1989](#) on behalf of the Scottish Minister.

MAPPA Responsible Authorities - Primary Roles and Responsibilities

Police Scotland

2.3 The police are responsible for the operation of the Sex Offender Notification Requirements (SONR). They will normally be the Responsible Authority for those individuals subject to the SONR, perhaps more commonly known/referred to publicly as registered sex offenders (RSOs) where:

- individuals are not subject to statutory supervision by the local authority; or
- individuals whose statutory supervision by the local authority has come to an end, but who are still subject to the SONR; or
- individuals who receive a community sentence disposal, but are not subject to licence conditions and there is no involvement by Justice Social Work.

2.4 Additionally, there may be occasions when an individual subject to SONR is being managed in the community by the police and they are subsequently convicted of another offence (for example non-sexual offending), and the sentence for that new offence includes statutory supervision either as part of a community or custodial sentence. The impact of this new sentence should be considered and discussed by police and justice social work (and the other Responsible Authorities), and an agreement reached on which agency is the lead Responsible Authority for that individual in the community (post release if they received a custodial sentence).

2.5 The responsibilities of the police in relation to people who are subject to MAPPA are:

- to create a record of those persons in the police force area who are required to register with the police in terms of SONR legislation;

- to initiate enquiries where such persons fail to comply with the requirements placed upon them; to participate in the multi-agency process established for assessing and managing the risk presented by individuals subject to the SONR; and
- to develop, in conjunction with partner agencies, Risk Management Plans (in addition to the routine Level 1 case management plans) for the purpose of managing the risks posed by those subject to MAPPA.

Scottish Prison Service (SPS)

2.6 While in custody SPS is the Responsible Authority for individuals who will be subject to MAPPA upon release, this includes periods of unescorted and escorted leave into the community as well as periods of home leave.

2.7 SPS is responsible for ensuring that accredited and relevant risk assessment tools (for example LS/CMI) are used in determining the management of the individual whilst in custody, and in preparation for pre-release planning and release. SPS is also responsible for pro-active joint working with community based social work and other relevant partners, including engagement with victims through the Victim Notification Scheme (VNS). Further detail on the impact on victims including VNS is contained in [Chapter 14](#). This process of planning during periods of custody is referred to as Integrated Case Management (ICM). A key objective of ICM is to ensure that, along with the relevant justice (including other community) partners such as police, social work, housing, children and families, SPS meets statutory requirements to establish joint arrangements for assessing and managing the risk posed by individuals subject to MAPPA, including the sharing of information.

National Health Service (NHS) – Health Boards and the State Hospital

2.8 Health boards and the State Hospital are a Responsible Authority (within the meaning of [section 10 of the 2005 Act](#)) in relation to the establishment, implementation and review of arrangements for the assessment and management of restricted patients who meet the criteria in section 10(1) of the 2005 Act.

2.9 In addition to this Health Boards and the State Hospital have a duty to co-operate with other agencies for all individuals subject to MAPPA.

2.10 The role and responsibility of the NHS in MAPPA can be summarised as follows:

- Restricted Patients – For these individuals, Health Boards and the State Hospital are the lead Responsible Authorities in terms of assessment and management of risk posed.
- All individuals subject to MAPPA – All Health Boards and the State Hospital have a duty to co-operate with other agencies;
- Sharing information with other agencies - receiving and giving information so as to help protect the public (including NHS staff and patients) from serious harm;
- Representation and points of contact - the involvement of senior staff who can cover both management and clinical issues is expected;
- Involvement in strategic management of MAPPA; and

- Providing clinical knowledge and resources, where appropriate, to help other agencies in the assessment and management of risk of serious harm posed by other MAPPA individuals who are not Restricted Patients.

2.11 Further detail on Restricted Patients can be found at [Chapter 10](#).

2.12 Further information on the Duty-to-Co-operate can be found in [Chapter 3](#).

Residency principles

2.13 Identification of the relevant local authority area and therefore the lead Responsible Authority is a priority, particularly in cases where individuals are itinerant or have no fixed residence. Where it is not immediately clear which local authority area has responsibility and the individual is, or will be, subject to supervision by a local authority, the ordinary residence principles³ apply.

Cases concerning more than one area

2.14 There will be cases where an individual may legitimately be of concern, or interest, to Responsible Authorities in more than one area, for example, where an individual regularly visits an address in another area. In these circumstances the police will ensure that all relevant information concerning risk assessment and management is shared between the appropriate Sex Offender Policing Unit (SOPU) and updated regularly. This level of information sharing should be reflected when required between the relevant local authorities.

2.15 Similar issues of co-ordination may arise where a person who has been a victim of an offence committed by the individual concerned lives in a different area to the home area of the individual concerned. In such circumstances it is vital that similarly clear lines of communication are established and that there is joint planning, risk management and intervention planning. The level, nature and duration of any actions will vary depending on the needs of each individual case.

2.16 There may be instances where Health Boards and/or the State Hospital will be required to share information across Health Boards dependent upon the case and personal circumstances of the individual subject to MAPPA, as part of their statutory duty to co-operate. This information should be provided to agencies to assist with the overall assessment and management of risk posed by the person concerned.

Local Authority

General

2.17 The local authority is the Responsible Authority with primary responsibility for the management of individuals subject to statutory supervision in the community. The responsibility for the joint arrangements within a local authority lies primarily with the Chief

³ The ordinary residence of an offender has to be assessed according to the circumstances of that offender but is generally the place to which they have ties, either through family or because they have made their home there and lived in that area for some time. [Ordinary Residence - Social Work Scotland](#)

Social Work Officer. However, other local authority services, such as housing, education and children and families, also have key responsibilities in relation to this function.

2.18 [Social work services in the criminal justice system: national outcomes and standards - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/national-outcomes-and-standards-2018/pages/10-12-social-work-services-in-the-criminal-justice-system.aspx) (National Outcome and Standards)⁴ set the minimum standards which local authorities are required to meet in respect of these services.

2.19 Where there has been further offending (resulting in a sentence with statutory supervision) and the individual is already subject to the SONR, there should be discussion with police to determine who the lead Responsible Authority should be for that case. Please see 2.4 for further detail.

Local Authority - Justice Social Work

Chief Social Work Officer

2.20 Each local authority has a designated Chief Social Work Officer who is responsible for overseeing social work services.

2.21 They are responsible for the assessment and management of certain categories of individuals who may pose a risk to the public under the 2005 Act.

2.22 Different local authorities have different departmental structures, they may provide services themselves or in partnership with other agencies. They also vary in which ancillary services they provide. Different local authorities may be involved in the provision of pilot schemes that are not available throughout the country for example, the provision of specialist courts or various community disposals.

2.23 Justice Social Work is also responsible under section 27 of the Social Work (Scotland) Act 1968 (as amended) for:

- provision of reports on individuals to the court, the Scottish Prison Service, Parole Board for Scotland or other agencies; e.g. the Criminal Justice Social Work Report (CJSWR), the Home Background Report (HBR), Home Leave Reports, Breach Reports etc.;
- assessment and management of individuals in relation to community sentences, including Community Payback Orders; and
- provision of statutory and voluntary throughcare services to prisoners.

Adults who commit offences

2.24 The local authorities provide a range of social work and social care services, including the provision of justice social work services. Justice Social Work is responsible for the statutory supervision of post-custodial licences, including individuals convicted of sexual offences sentenced to six months or more. All local authorities provide a voluntary

⁴ At the time of writing, these Outcomes and Standards are due to be updated

throughcare service for those individuals with short-term custodial sentences (under 4 years) who apply for such a service up to 12 months after leaving custody.

2.25 [National Outcomes and Standards](#) lay down that reports to Court or the Parole Board for Scotland should include a risk assessment and that any action plan for someone subject to a community payback order or a post-custodial licence should include a risk management plan aimed at reducing the risk of re-offending and/or the risk of serious harm. Supervision of these orders or licences should be informed by the risk management plan (RMP).

Children and Young People who commit offences

2.26 Local authorities provide services to children and young people who offend or who are at risk of offending. This covers anyone up to the age of 16 who is offending, including sexual offences, and may cover those between 16 and 18. It may be that Child or Youth Justice Services, rather than the adult service, will supervise children and young people on community sentences.

2.27 Children and young people who offend are considered to be children in need and are governed in the main by the principle that the paramount consideration must be the welfare of the child. However, the [Children's Hearings \(Scotland\) Act 2011 \(sections 25 and 26\)](#) states there may be exceptions to this for the purposes of protecting members of the public from serious harm (whether or not physical harm). In such circumstances a local authority may act or take decisions which are not consistent with affording paramount consideration to the welfare of the child, but which place a greater emphasis on public safety; there remains a duty, however, the young person's welfare remains a primary consideration and cannot be disregarded.

2.28 Regardless of which system they are subject to, when assessing children and young people under 18, an understanding of the behaviour within its development and situational context is necessary. Risk management plans should outline clearly how risk is to be reduced as well as managed, and the plan for risk reduction should link to the assessment of how the child or young person's developmental needs can most appropriately be met. Further information on assessment can be found here [Youth justice: risk assessment management framework and evaluation guidance \(June 2021\)](#).

2.29 Scottish Ministers have a statutory responsibility for placing and managing the sentences of children and young people under the age of 16, or those between 16 and up to age 18 who are subject to a Compulsory Supervision Order, and who have been convicted on indictment (i.e. under solemn procedure) by the courts and sentenced to detention. Scottish Ministers also place and manage all children under 18 who are convicted of murder.⁽⁵⁾

2.30 Detailed information on this can be found in the Scottish Government's [Custody of convicted Children and young people - practice guidance](#). This practice guidance:

- describes the legal framework;

⁽⁵⁾ Section 205(2) of the Criminal Procedure (Scotland) 1995 Act

- sets out Scottish Government policy;
- sets out the normal practice of the Scottish Government Youth Justice Team; and
- gives guidance to social work departments, managers of secure units and where relevant to Governors of Young Offenders Institutions (YOI).

2.31 Further guidance in relation to children and young people who offend can be found below:

- [A Guide to Youth Justice in Scotland - Children and Young People's Centre for Justice \(CYCJ\)](#)
- Interactive process map - [The Child's Journey - A Guide to the Scottish Justice System](#)
- [Youth justice - Scottish Government](#)
- [Sentencing young people - Scottish Sentencing Council](#)

Child Protection

2.32 All agencies, professional and public bodies and services which deliver services to children have a responsibility to recognise and actively consider potential child abuse. They require to identify and consider the individual's needs, share information and concerns with other agencies and work collaboratively with other services to improve positive outcomes. They must all treat the need to safeguard and promote the wellbeing of the child as a primary consideration as per Part 3 of the [Child Protection: National Guidance 2021](#).

2.33 All services and professional bodies should have clear policies in place for identifying, sharing and acting upon concerns about risk of harm to a child or children without delay. The revised Child Protection National Guidance provides a checklist to support efficient communication of essential information required to initiate Child Protection procedures. Where children are particularly vulnerable and/or have complex needs, services must work together to take a collective and co-ordinated approach. Part 2 of the [Youth justice: risk assessment management framework and evaluation guidance](#) covers the Care and Risk Management (CARM) framework. Inter-Agency Referral Discussion (IRD) is the start of the formal process of information sharing, assessment, analysis and decision making following reported concern about abuse or neglect of a child or young person up to the age of 18 years, in relation to familial and non-familial concerns; and of siblings or other children within the same context. This includes an unborn child that may be exposed to current or future risk. An IRD discussion can be initiated by Police, Health or Social Work. IRDs are required to ensure co-ordinated inter-agency child protection processes up until the point a child protection case conference (CPCC) is held; or until a decision is made that a CPCC is not required.

2.34 In fulfilling the local authorities' responsibilities to children in need of protection, social work services have a number of key roles. These include:

- co-ordinating multiagency risk assessments;
- arranging Child Protection Case Conferences;

- maintaining the Child Protection Register;
- discharging the local authority's duty to refer children to the Reporter who may be in need of a compulsory supervision order; and
- supervising on behalf of the local authority as implementation authority, giving effect to the decisions of children's hearings.

2.35 A lead professional, who will be a qualified Social Worker, is required within a child protection investigation, to ensure co-ordination of assessment and next steps within a developing but coherent single plan. They provide a point of contact and information for family/carers/advocates/guardians and professionals (including justice social workers) who need support and information to gain sufficient understanding of what is happening stage by stage, and to inform risk assessment and risk management. They may provide a signpost for additional advice and support.

2.36 The IRD record should identify this person before closure.

2.37 Where urgent action is needed, social work services may apply to the Sheriff for emergency child protection measures:

- Under, [Section 76 of the Children \(Scotland\) Act 1995](#), an Exclusion Order against the person who is likely to place the child at risk prohibiting the named individual from residing at a child's family home;
- Under [Section 35 of the Children's Hearings \(Scotland\) Act 2011](#), an Assessment Order requiring a child to be made available for assessment purposes of assessing the state of a child's health or development, or the way in which he or she has been treated or neglected; and
- or under [Section 37 of the Children's Hearings \(Scotland\) Act 2011](#), a Child Protection Order (CPO) to remove the child to a place of safety or prevent a child being removed from any place the child is staying.

2.38 Where it is considered necessary to remove a child from harm or risk of harm, consideration may be given by police to invoking statutory powers under the [Children's Hearing \(Scotland\) Act 2011](#), to apply for a Child Protection Order (CPO) or, in an emergency situation, to remove a child to a place of safety.

2.39 Where the conditions for applying for a CPO are met, but it is not practicable for an application to be made or considered by a Sheriff a Constable may remove a child to a place of safety under [section 56 of the Children's Hearings \(Scotland\) Act 2011](#). Before invoking their emergency powers, a constable must be satisfied that immediate removal of the child is necessary to protect the child from significant harm and it is not practicable in the circumstances to wait for an application for a CPO to be made or considered by a sheriff.

2.40 It should be borne in mind that these measures are used in emergency situations and only last for 24 hours. When a child is removed to a place of safety the Constable must inform the Principal Reporter as soon as is practical thereafter. Where a child is removed to a place of safety, the local authority may seek a Child Protection Order to ensure the on-going protection and safety of that child.

2.41 A separate option, and one which should be attempted prior to seeking emergency child protection measures from a Sheriff, is for social work services to attempt to reach voluntary agreement under [section 25 of the Children \(Scotland\) Act 1995](#) with the parents or guardians of the child that the child be looked after by the local authority or by another responsible person.

2.42 Child Protection Committees (CPCs) are the key local bodies for developing, implementing and improving child protection strategy across and between agencies, bodies and the local community. The roles, responsibilities and accountability of Chief Officers and Child Protection Committees have been reviewed and revised. They are outlined in the Scottish Government's publication, [Protecting Children and Young People: Child Protection Committee and Chief Officer Responsibilities](#).

2.43 Full details on the [Scottish Children's Reporter Administration \(SCRA\)](#) and the role of the Principle Reporter can be found in [Chapter 3](#).

2.44 Details on Children's Rights including the United Nations Convention on the Rights of the Child (UNCRC) can be found at [Human rights: Children's rights - Scottish Government](#).

Getting it Right for Every Child (GIRFEC)

2.45 Getting it right for every child (GIRFEC) is Scotland's approach to promoting, supporting and safeguarding the wellbeing of children and young people. It provides a shared framework for all those working with children and young people to provide initial advice and support, to consider wellbeing holistically, and to plan and co-ordinate support across services.

2.46 The key components of the GIRFEC approach are:

- a named person or single point of contact;
- consideration of wellbeing of children and young people which covers all aspects of wellbeing in the context of their own family and unique circumstances, as well as their strengths and vulnerabilities; and
- co-ordination of support for identified needs through a single child's plan by a lead professional.

2.47 Where there is a need for co-ordination of support for identified needs or risks, this is delivered through a single child's plan, managed and reviewed by a lead professional, often a social worker. This approach is underpinned by principles to ensure that the child or young person is at the centre and involved in discussions and decision making, along with their parents or carers where appropriate; and that services will work jointly to meet identified needs or risks. The National Practice Model can support the process of assessment, analysis, action and review in partnership with children, young people, parents and carers. Where the child or young person has more than one plan, this should be integrated as part of a single planning process informed by a holistic and child centred assessment process in the context of their unique circumstances, strengths and vulnerabilities.

Adult Support and Protection

2.48 The [Adult Support and Protection \(Scotland\) Act 2007](#) defines an “adult at risk of harm”. An "adult at risk" is someone who is aged 16 or over and who:

- is unable to safeguard their own wellbeing, property, rights or other interests
- is at risk of harm; and
- because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

2.49 The general principle states that a person may intervene or authorise an intervention in an adult's affairs, only where the person is satisfied that the intervention will provide benefit to the adult and that it is the least restrictive option of those that are available which will meet the objective of the intervention. Guiding principles under Part 1 of the 2007 Act include:

- the wishes and feelings of the adult past and present;
- providing the adult with relevant support and information to enable them to participate; and
- the adult's abilities and background and characteristics be taken into account.

2.50 In terms of the 2007 Act, an adult is at risk of harm if:

- another person is causing (or is likely to cause) the adult to be harmed, or
- the adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm.

2.51 Harm is defined as all harmful conduct and in particular conduct which causes physical or psychological harm, unlawful conduct which appropriates or adversely affects property rights or interest ow which causes self-harm. The harm can be accidental or intentional, as a result of self-neglect or neglect by a carer, caused by self-harm and/or attempted suicide or other failures to act.

2.52 The 2007 Act provides a range of legal protection measures which can be used if necessary but the primary aim of the legislation is to identify risks and provide support to protect adults at risk from harm. As such it can be usefully described as providing a framework for support and protection for vulnerable people. A general principle on intervention in an adult's affairs requires action which is the least restrictive to the adult whilst providing benefit to him or her.

2.53 Local authorities have a duty to make the necessary inquiries and investigations to establish whether or not an adult is at risk from harm and further action is required to protect the adult's well-being, property or financial affairs.

2.54 It is important to recognise whether or not the individual subject to MAPPA is also an adult at risk of harm. Similarly, it will be as important that any risks an individual subject to MAPPA may pose to adults at risk of harm are communicated to the local health and social care partnership in terms of an adult protection referral or information sharing. [Section 5 of](#)

[the 2007 Act](#) provides that certain bodies and office-holders must, in so far as is consistent with the proper exercise of their functions, co-operate with a council making inquiries or each other and importantly report to the council the facts and circumstances where they know or believe an adult is at risk of harm.

2.55 In the absence of an identified adult protection contact person agencies should contact the Chief Social Work Officer or visit [Adult Support and Protection - Act Against Harm website](#) to find relevant referral information by local area.

2.56 The 2007 Act requires each council area to establish an Adult Protection Committee (APC) to bring together local key agencies and others they feel appropriate, to ensure effective multi-agency working, training and practice with the aim of improving co-operation between each of the public bodies in order to safeguard adults at risk present in the council's area. The APC produce a biennial report on key achievements and challenges with a view to improving support and protection.

Local Authority - Education Services

2.57 Local Authority Education Services must act in co-operation with other Responsible Authorities and DTC agencies in the management of individuals under Sections 10 and 11 of the Management of Offenders etc. (Scotland) Act 2005. This duty will be performed in the context of the local or relevant MAPPA but only insofar as this is compatible with existing statutory responsibilities.

General Responsibilities

2.58 Education Authorities are statutorily required to 'make adequate and efficient provision of school education' (Education Scotland Act 1980) for their area. They are further required to develop the 'personality, talents, mental and physical abilities' of children and young people to their 'fullest potential' (Standards in Scotland's Schools Act 2004). They have a duty to identify and keep under consideration any additional support needs of any kind that children and young people may have and to meet such needs, in co-operation with other authorities and bodies in certain circumstances (Education Additional Support for Learning Scotland Act 2004), reinforcing their shared, corporate responsibilities under the Children Scotland Act 1995 to make provision for children 'in need'.

2.59 They have therefore a dual role in providing education, and in developing and nurturing children and young people.

Working Co-operatively

2.60 Increasingly, education services are working in an integrated way with social work, health, the voluntary sector and other relevant bodies (e.g. the police) in the following areas:

- Planning and delivery of services;
- Assessment and information sharing about individual children and families;
- Ensuring child protection;
- Significant incident review; and
- Quality assurance and inspection.

2.61 Community Planning Partnerships are required to prepare and publish plans for Children's Services, under [Part 3 of the Children and Young People \(Scotland\) Act 2014](#) of the Children and Young People (Scotland) Act 2014, whilst integrated inspections of these services extend to all services for children. There is [Statutory Guidance on Part 3 of the Children and Young People \(Scotland\) Act 2014](#) to assist.

2.62 Thus, national and local governance arrangements and practice; frameworks, protocols and procedures for partnership working and co-operation already exist across a number of the responsible authorities and DTC agencies.

2.63 Education authorities already co-operate with relevant bodies in relation to the provision of information and the assessment of risk for individuals. A further consideration for education services will be their duties under the [Protection of Vulnerable Groups \(Scotland\) Act 2007](#) to refer onto the list of people disqualified from working with children, anyone with a relevant conviction, or anyone who has been dismissed or transferred or moved where there was judged to be risk of harm to children. Education authorities have a similar but wider ranging legal duty to refer matters concerning the conduct of certain staff to the [General Teaching Council \(Scotland\)](#).

3. The Duty to Co-operate

Statutory Basis

3.1 Section 10 (3) of the Management of Offenders etc. (Scotland) Act 2005 states 'the Responsible Authorities must act in co-operation with such persons as the Scottish Ministers may, by order made by statutory instrument, specify'. This is known as the [Duty to Co-operate \(DTC\)](#).

3.2 The 2005 Act, Section 1 (2) (a) states 'to co-operate may, without prejudice to the generality of that expression, include to exchange information'. The DTC is reciprocal, requiring two-way co-operation between Responsible Authorities and DTC agencies.

3.3 The DTC agencies in Scotland are listed within The Management of Offenders etc. (Scotland) Act 2005 (Specification of Persons) Order 2007.

3.4 As Scottish Ministers have prescribed persons or bodies with a DTC in the 2007 order, the duty can only be extended or removed by amending that order.

Health Boards and Special Health Boards

3.5 Health boards and the State Hospital are Responsible Authorities (within the meaning of section 10 of the 2005 Act) in relation to the establishment, implementation and review of the assessment and management of restricted patients who meet the criteria in section 10(1) of the 2005 Act.

3.6 In addition to this Health Boards and Special Health Boards have a duty to co-operate with other agencies for all individuals subject to MAPPA.

Social Security Scotland

3.7 From 8 January 2021, Social Security Scotland became a DTC agency. The overall aim is to enable Social Security Scotland to assist individuals in the community who are subject to MAPPA and are applying for the payment of benefits. It will also allow Social Security Scotland to alert Responsible Authorities to any change of relevant circumstances, such as address for individuals in the community who are subject to MAPPA.

Registered Social Landlords (RSLs)

3.8 Registered Social Landlords (RSLs) are DTC agencies and as such they have to co-operate with the Responsible Authorities. RSLs do not themselves have responsibility for assessing and managing risk. The key housing contacts in each RSL is the Link Officer. The role of each RSL is to contribute to the Responsible Authorities management of risk by:

- exchanging information on housing with the Responsible Authorities;
- identifying and allocating housing that has been assessed as suitable by the Responsible Authorities;
- liaising with the Responsible Authorities on their on-going management and monitoring of the risks the individual may pose; and

- having in place arrangements with the Sex Offender Liaison Officer (SOLO) and the other Responsible Authorities to deal with situations where a property is no longer suitable and/or the individual's safety is at risk, or if there are behaviour changes that suggest that the individual poses a risk to the community.

Electronic Monitoring Service Providers

3.9 Electronic monitoring service providers in Scotland are subject to the DTC in acknowledgement of the important service they can provide as part of a high-risk management plan.

3.10 In practical terms this may involve:

- working with authorities/agencies to raise awareness of electronic monitoring;
- providing a point of contact for advice to the Responsible Authorities on the available technology and raising awareness of that, explaining what it can and cannot do;
- providing technical advice on proposed orders/licences; and
- attendance by a member of the service provider's management team at MAPPA or MAPPP meetings when the circumstances of a particular case deem it appropriate for them to do so.

3.11 It is recognised that electronic monitoring has a part to play in supporting and adding robustness to an individual's licence which may contain a number of specific conditions. The service provider should work with Responsible Authorities to ensure that appropriate protocols are put in place to share information about individuals subject to MAPPA. These protocols will shape communication with partner agencies and ensure that information on any failure by the individual to comply will be passed to appropriate agencies within an agreed time scale. Any protocols should be drawn up collaboratively and the service provider's role includes facilitating discussions to ensure any such protocols are put in place for all individuals.

Scottish Children's Reporter Administration (SCRA) and the role of the Principal Reporter

3.12 The SCRA is subject to DTC. The Principal Reporter has a statutory role in relation to the Children's Hearings System.

3.13 The role relates predominantly to two groups of children:

- children who are the subject of a current referral to the reporter (generally where an agency or individual has provided information to the reporter because the person considers that the child is in need of protection, guidance, treatment or control and that it might be necessary for a compulsory supervision order to be made in respect of the child); and
- children who are already the subject of a compulsory supervision order.

3.14 The Principal Reporter delegates to individual children's reporters their statutory duties relating to these children. The role of SCRA is to support the Principal Reporter in the

exercise of their statutory functions. SCRA is a national body and children's casework is undertaken through a structure of nine localities across the country, each locality being managed by two or more locality reporter managers and aligned with a number of local authorities.

3.15 Children are referred to the reporter for a variety of reasons, though always because the agency or individual considers that it might be necessary for a compulsory supervision order to be made in respect of the child. In exceptional circumstances it might be possible for the reporter to treat a child as referred where a specific referral is not received. In considering the referral of any child, the reporter must determine whether he considers that a 'section 67 ground' applies and, if so, whether he considers that a compulsory supervision order is necessary. The grounds set out in [Section 67 of the Children's Hearings \(Scotland\) Act 2011](#) cover a wide range of circumstances relating to the child. They include circumstances giving rise to concern about the welfare of the child from other people's behaviour or from the child's behaviour. The reporter has a statutory role to:

- make further investigations relating to the child as the reporter considers necessary;
- refer the child to a Children's Hearing if the reporter considers that a section 67 ground applies and that a compulsory supervision order is necessary;
- if arranging a Hearing, draft a statement of grounds setting out which section 67 ground or grounds the reporter believes applies to the child and the facts supporting this;
- arrange any Children's Hearing, ensuring that relevant written material is provided to the child (if able to understand the material), the relevant persons in relation to the child (generally parents or carers) and the members of the Children's Hearing;
- keep a record of who attends the Children's Hearing and the decisions of the Hearing;
- appear in the sheriff court in any proof Hearing in relation to a disputed statement of grounds; and
- notify certain parties of the outcome of the referral of the child.

3.16 In relation to children who are the subject of a compulsory supervision order, the Principal Reporter has a statutory role to:

- arrange any Children's Hearing to review the child's compulsory supervision order, ensuring that relevant written material is provided to the child (if able to understand the material), the relevant persons in relation to the child (generally parents or carers) and the members of the Children's Hearing;
- keep a record of who attends the Children's Hearing and the decisions of the Hearing; and
- notify certain parties of the outcome of that review Hearing.

3.17 Where a further referral is received in relation to a child who is already subject to a compulsory supervision order, the reporter must determine whether they consider that a section 67 ground applies. If so, the reporter will refer the child to a Hearing where the reporter is of the view that the child's welfare requires either that a specific new statement of grounds be considered by the Hearing or that the compulsory supervision order be varied.

3.18 It is important to note that where a child is the subject of a compulsory supervision order, it is the local authority named in that order that has the on-going statutory responsibility to implement the order and safeguard and promote the child's welfare.

3.19 Although the Principal Reporter has a statutory role in relation to a Children's Hearing, the Children's Hearing – which is a Tribunal is independent of the Principal Reporter. The Children's hearing has to decide whether a compulsory supervision order is necessary for the protection, guidance, treatment or control of the child. The Hearing must also decide what measures to include in any order.

3.20 Under the [Antisocial Behaviour etc. \(Scotland\) Act 2004](#) the Principal Reporter also has a statutory role in relation to applying to the Sheriff Court for a parenting order.

3.21 There are two groups of children in relation to whom the Principal Reporter is likely to have contact with MAPPA:

- a child who has contact with an adult offender who is known to MAPPA; and
- a child to whom [Section 10 \(1\) of the Management of Offenders etc. \(Scotland\) Act 2005](#) applies as a result of that child being dealt with through the criminal courts. For the avoidance of doubt, where an offence of the type mentioned in section 10(1) is dealt with through a Children's Hearing and either accepted or established after evidence, the MAPPA arrangements do not apply.

3.22 Note however that the Principal Reporter will only be involved if the child is one of the children identified above, in relation to whom the Principal Reporter has a statutory role.

3.23 In these cases, the Principal Reporter may:

- request information from one or more of the Responsible Authorities as part of the Principal Reporter's investigation into the circumstances of a child;
- provide information to one or more of the Responsible Authorities as part of that investigation;
- request information from one or more of the Responsible Authorities when arranging a Children's Hearing to review a child's compulsory supervision order;
- provide information to one or more of the Responsible Authorities regarding the decision made by the reporter following a referral or regarding the decision made by any Children's Hearing; and
- request information (and possibly call a person as a witness) from one or more of the Responsible Authorities in the course of a Hearing of evidence at court. Such

a Hearing may be necessary where a child or relevant person dispute the statement of grounds prepared by the reporter or dispute other material facts on which the Hearing's decision turned.

3.24 Given the nature of the Principal Reporter's involvement in MAPPA cases, there are likely to be limited circumstances in which a locality reporter manager (or a member of their team) will attend a MAPPA meeting in relation to a particular case.

Department for Work and Pensions (DWP)

3.25 Albeit that the DWP is not a DTC agency, The Management of Offenders etc. (Scotland) Act 2005 (Disclosure of Information) Order 2010 sets out the conditions under which information may be disclosed between the Secretary of State for Work and Pensions (Department for Work and Pensions), the Responsible Authorities and duty to co-operate agencies in the MAPPA.

Memorandum of Understanding (MoU)

Statutory Basis

3.26 The DTC is underpinned by a Memorandum of Understanding (MoU) prepared by the Responsible Authorities and the DTC agencies in each local authority area, and other relevant DTC agencies (including for example Social Security Scotland), in accordance with section 10(5) of the 2005 Act.

Purpose

3.27 The purpose of the MoU is to enable the practicalities of co-operation to be agreed locally, this will include ensuring that there is a clear and agreed understanding by all involved of their roles and responsibilities. This allows those involved to take account of the variations in the structure and relationships between all the agencies concerned, which may differ from one part of the country to another.

3.28 As part of the DTC, Responsible Authorities and DTC agencies should carefully consider wording of any MoU and any associated documentation so that it takes into account those individuals whose information may require to be shared wider than the local area - for example where personal information such as health data is required to assist in assessing someone's risk when they are currently living in the community or in custody outwith that local area.

Content

3.29 The MoU drawn up by the Responsible Authorities and the DTC agencies at a local level **should as a minimum** cover the following:

- Statutory Basis (any legislative provision etc.);
- Principles and purposes of the DTC;
- Practicalities of co-operation;
- Disclosure of information, arrangements and responsibilities;

- Information sharing (this may extend to other local authorities and health boards, where necessary and link into ISA);
- Dispute Resolution;
- Annual Report (including review arrangements);
- Media handling strategy;
- Audit, Review and Quality Assurance; and
- Status of the MoU including whom this MoU applies to.

3.30 The MoU should describe the ways in which the Responsible Authorities and DTC agencies agree to co-operate, however, the specific activities involved in co-operation will be determined by the specific circumstances of each case. The type of activities this will involve can be broken down into four areas:

- Providing a point of contact for other Responsible Authorities and DTC agencies; while much of the formal business of co-operation will be conducted at MAPPA Level 2 or Level 3 meetings, co-operation may also entail informal contact. To enable that informal contact and to channel the more formal engagement, it is important that each Responsible Authority and DTC agency provides a single point of contact (SPOC);
- Providing general advice about the Responsible Authority's and DTC agency's roles including the type of services they provide and how they can be accessed;
- Providing specific advice about the assessment and/or the management of the risks presented by an individual; and
- Co-ordination: this key partnership function requires each Responsible Authority and DTC agency to perform its role and to carry out its responsibilities in a way which complements the work of the other Responsible Authorities and DTC agencies.

3.31 Additionally further information on partnership working can be found in Standard 4 of the [Standards and Guidelines for Risk Management \(RMA\)](#).

3.32 For clarification and reassurance, it may be helpful to refer at each stage to the statutory definition of the duty and the principles outlined in this chapter.

3.33 A model MoU is provided at [Annex 4](#) of this guidance.

Supporting documentation

3.34 The MoU should be supported by information sharing principles and if local areas feel necessary through a formal Information Sharing Agreement (ISA).

3.35 As a **minimum** any information sharing principles must cover the general data protection principles:

- **Lawfulness, fairness and transparency**

The processing of data must be lawful, fair and transparent

- **Purpose limitation**
The purposes for processing of data must be specified, explicit and legitimate
- **Data minimisation**
Personal data must be adequate, relevant and not excessive
- **Accuracy**
Personal data must be accurate and kept up to date
- **Storage limitation**
Personal data to be kept no longer than is necessary
- **Integrity and confidentiality (security)**
Personal data to be processed in a secure manner
- **Accountability**
The data controller takes responsibility for what is done with the personal data and how that complies with the other principles

3.36 In practice this will ensure all those signed up to any MoU or ISA have confirmed that

- All parties and relevant staff are clear on what basis and to whom they can share personal information taking cognisance of relevant legislation, this can include across different local authority and health board areas
- All parties have clear policies and procedures which cover the secure transfer, retention and destruction of personal information
- Only the minimum personal information necessary is shared
- Clear procedures for dispute resolution and complaints
- Clear procedures for public information requests (including FoI, Subject Access Requests)
- Clear process including escalation for any breaches
- Regular audit and review of policies and procedures

3.37 Guidance on the [Data Protection Act 2018](#) including processing data for law enforcement purposes can be found on the Information Commissioner's Office website ([ICO - DPA](#)). Further detail on general information sharing can also be found at [Chapter 12](#) of this guidance

3.38 Where an Information Sharing Agreement (ISA) is to be drawn up, this should as a minimum include the following:

- Introduction
- Definitions
 - Examples: Data Subject; Data Controller; Third Party
- Basis of Standards/Agreement
 - Purpose of document
 - Purpose for sharing the personal information;
 - Relationship between the agencies/organisations/parties
 - Legal basis for sharing of personal information
 - Onward sharing of personal information
 - Regulatory compliance

- Signatories to the Agreement

Non DTC agencies

3.39 There is no legislative requirement to involve other agencies which are not DTC agencies, however, the Responsible Authorities should consider whether the involvement of other agencies is necessary for the effective operation of MAPPAs. This is particularly important with Third Sector providers and agencies supporting the victim(s) especially where the offence involved domestic abuse, stalking or sexual offending.

3.40 While the exchange of information with non-MAPPA agencies has to be considered on a case by case basis, formal agreements based on the seven Data Protection principles should be in place, in advance if possible of information being shared. Such co-operation must be compatible with the exercise by those agencies of their statutory functions. All agreements should pay particular attention to ensuring the safety and security of the personal information shared through being cognisant of legislative requirements including the [Data Protection Act 2018](#). Further detail on general information sharing can be found at [Chapter 12](#) of this guidance.

Third Sector Services

3.41 Whilst Third Sector organisations do not have a duty-to-co-operate, the Responsible Authorities can commission services from the third sector to support, complement and enhance their own provision.

3.42 Third Sector organisations can be contracted to deliver a broad range of activity, which can include parts of statutory services (for example – intensive support packages, bail supervision, group work programmes). Third Sector services can also deliver non-statutory services which help an individual address offending behaviour and attitudes as well as related issues (for example – voluntary throughcare, supported tenancies); and broader services which aim to improve individuals' wider circumstances (for example – housing, health, employment) – all of which can have an effect on the individual's circumstances, behaviour and risk.

3.43 The range of services that are provided to individuals that pose risks may include, but are not limited to:

- Intensive support and monitoring
- Residential facilities
- Supported flats and tenancies
- Bail supervision
- Services related to alcohol and drug misuse
- Group work programmes
- Voluntary throughcare
- Employability support services

3.44 Through the provision of such services, Third Sector organisations can in some circumstances be in a key position to observe and engage with an individual, and by doing so may possess information that is pertinent to the MAPPA process. By providing key

information, they can assist the statutory services in their assessment, monitoring and supervisory roles. To facilitate the appropriate and secure provision of such information which ensures the effective delivery of the MAPPA process whilst reflecting the role and responsibilities of Third Sector services, it would benefit all parties to have agreed information sharing principles and if required an information sharing agreement (ISA). By the use of agreed information sharing principles and/or an ISA this ensures Third Sector organisations are also in receipt of the latest pertinent information enabling them to report relevant issues to Responsible Authorities.

4. The Assessment and Management of Risk

4.1 This chapter identifies the three levels at which risk can be managed for individuals subject to MAPPA and outlines the risk assessment and management framework.

4.2 As detailed in [Chapter 1](#), this guidance relates to the operation of the provisions for the following three categories of individuals in Scotland:

- (a) Individuals subject to the Sex Offender Notification Requirements (SONR), who are more commonly referred to as Registered Sex Offenders (RSOs) – further information on this category of individual and how this category operates within MAPPA can be found in [Chapter 5](#) of this guidance;
- (b) Restricted Patients – further information on this category of individual and how this category operates within MAPPA can be found in [Chapter 10](#) of this guidance; and
- (c) Other Risk of Serious Harm individuals – further information on this category of individual and how this category operates within MAPPA can be found in [Chapter 9](#) of this guidance.

Risk Management

4.3 Within MAPPA there are three risk management levels. These are:

- Level 1: Routine Risk Management;
- Level 2: Multi-Agency Risk Management; and
- Level 3: Multi Agency Public Protection Panels (MAPPP).

4.4 Using these three management levels nationally enables a consistent approach to be taken under MAPPA across Scotland. Each area has discretion in deciding which level cases should be managed at based on the most current risk assessment, analysis of risk of serious harm and the Risk Management Plan (RMP). This is key to informing the necessary depth and content to the assessment and management of risk required. The [RMP template](#) can be found within [MAPPA document set](#) of this guidance.

4.5 The risk management structure is based on the principle that individuals should be managed at the lowest MAPPA level proportionate with delivering a defensible RMP designed to address the risk of serious harm posed by them. (This also links directly to human rights and diversity – see Chapter 1 – at para 1.8.)

4.6 Risk of serious harm is defined as⁶: the likelihood of harmful behaviour of a violent or sexual nature which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, may reasonably be expected to be difficult or impossible.

⁶ This definition is drawn from the [Framework for Risk Assessment, Management and Evaluation \(FRAME\)](#) – see page 25.

4.7 For MAPPA purposes the **imminence** and **likelihood** of **risk of serious harm** is classified as follows:

- **Very High:** there is an imminent risk of serious harm. The potential event is more likely than not to happen imminently and the impact would be serious;
- **High:** there are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious;
- **Medium:** there are identifiable indicators of serious harm. The individual has the potential to cause such harm, but is unlikely to do so unless there is a change in circumstances, for example failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse; and
- **Low:** current evidence does not indicate likelihood of causing serious harm.

4.8 The [Standards and Guidelines for Risk Management \(RMA\)](#) apply to the management of individuals who are a subject to an [Order for Lifelong Restriction](#) (OLR).

4.9 In addition, these standards and guidelines apply to the management of other individuals who pose a risk of serious harm.

Trauma Informed Practice

4.10 The Scottish Government's [Mental Health Strategy](#) (2017-2027) acknowledges the need to ensure that interventions for people involved in the justice system are informed by an understanding of the impact of trauma.

4.11 The Scottish Government have produced the [Trauma-informed practice: toolkit](#) (2021) as part of the National Trauma Training Programme, to support all sectors of the workforce (including justice agencies) in planning, developing, and delivering trauma-informed services. This helps ensure that services are delivered in ways that reduce barriers and prevent further harm or re-traumatisation for those who have experienced psychological trauma or adversity at any stage in their lives (both in relation to the needs of individuals accused or convicted of offences, and victims). This toolkit, along with NHS Education Scotland's [Transforming Psychological Trauma framework](#), should be taken into account when working with individuals in the justice system.

Identification Process – Lead Authority

4.12 It is important to identify the Lead Authority responsible for the potential management of the individual at the outset, applying the following criteria:

- Individual in custody who will be subject to MAPPA on release (and including during periods of home leave, hospital visits, work placements) – **Scottish Prison Service**;
- Restricted Patient subject to MAPPA– **NHS** in the local area, where Mental Health Officer is provided refer to the [Memorandum of Procedure on Restricted Patients](#) and [CEL19 \(2008\)](#);
- Individual who will be subject to MAPPA with a Community Disposal or Supervision or other Order (excluding Sexual Offences Prevention Orders and Risk of Sexual Harm

Orders) following release from custody – **Local Authority** (for duration of order and/or supervision);

- Individual subject to Sex Offender Notification Requirements and receiving a Community Disposal but where there is no statutory responsibility for the management or supervision by Justice Social Work services (JSW) – **Police Scotland**; and
- Transfer of MAPPA individuals in the community – refer to [Annex 7](#) of this guidance.

Lead Authority Responsibilities

4.13 It is important to recognise that whilst a Lead Authority for each individual is identified for MAPPA purposes, this does not remove any statutory or other recognised responsibility of those other agencies that are, or may from time to time be involved with an individual. They have an on-going responsibility to consider and share information with relevant partners while the individual is managed or potentially to be managed under MAPPA.

4.14 The Lead Authority is responsible for completion of the MAPPA notifications and MAPPA referrals.

Individuals subject to MAPPA - assessed and managed at Level 1 Routine Risk Management

4.15 The largest proportion of all individuals subject to MAPPA are assessed and managed at Level 1.

4.16 This level of routine risk management is only used in cases where the outcome of the risk of serious harm assessment does not indicate that multi-agency active and alert⁷ risk management is required. This does not mean that other agencies would not be involved, only that it is not considered necessary to refer the individual to a Level 2 or 3 MAPPA meeting based on the risk of serious harm. The lead Responsible Authority has an on-going responsibility to consider and share information with relevant partners while the individual is managed under MAPPA.

4.17 Please note that Level 1 routine risk management is not applicable to Category 3 individuals (Other Risk of Serious Harm), as this category requires active multi-agency management at MAPPA Levels 2 and 3.

4.18 MAPPA Strategic Oversight Groups (SOGs) should ensure that MAPPA Level 1 processes and the minimum practice standards as agreed by the MAPPA National Strategic Group are in place within their area(s) and followed by each Responsible Authority. A statement of the minimum practice standards for the management of Level 1 individuals can be found at [page 31](#).

⁷ 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](#).

4.19 The Level 1 process should take account of each individual agency's organisational guidelines and [The Framework for Risk Assessment, Management and Evaluation \(FRAME\)](#).

- Police Scotland – Standard Operating Procedures and Police Risk Practice Model;
- Local Authority - Justice Social Work [National Outcomes and Standards for Social Work Services in JSW](#);
- Scottish Prison Service – [Risk Management, Progression & Temporary Release Guidance](#); and
- Heath Boards – [Memorandum of Procedure on Restricted Patients](#).

4.20 It is essential for effective Level 1 risk management that each agency has in place processes to ensure information sharing takes place, disclosure is considered (see [Chapter 13](#) for further information on disclosure), and there are discussions with Duty To Co-operate (DTC) agencies as necessary. (Refer to [Chapter 3](#) for further information on DTC). Details of information shared and decisions made should be recorded on the Violent and Sex Offenders Register (ViSOR) by the lead agency.

4.21 Whilst the management of an individual at Level 1 is a “routine” operational matter for the Responsible Authorities, they should have arrangements in place to review the case and to (if still appropriate) confirm that the risk management arrangements remain defensible. The timing of this review should be based on the risks posed by the individual. For further information about planning and responding to change, refer to Standard 2 in the [Standards and Guidelines for Risk Management \(RMA\)](#).

4.22 For example, a case relating to an individual subject to the Sex Offender Notification Requirements (SONR) being managed at Level 1 may require a multi-agency meeting to share information. The purpose of this information sharing is to ensure that all the risk factors are identified and the risks are being effectively managed. The lead Responsible Authority managing the case should identify when a meeting is necessary and should co-ordinate it, recording the information shared and decisions made through the updating and completion of the individual's management plan, recording on the relevant case management records and ViSOR. It is likely that individuals will be managed at different levels throughout their period of notification or supervision. Therefore, if it is considered that the identified risks require more complex active and alert multi-agency management then the individual should be referred to Level 2 or Level 3 along with an RMP to inform that decision and the management of the person.

4.23 As indicated at 4.16 the management of a Level 1 individual is not the sole preserve of the lead agency; there may still be a role for the other Responsible Authorities to be involved. Where those Responsible Authorities become aware of information that relates to the risk or change in circumstances of the Level 1 individual they should report changes to the respective lead agency as soon as possible, once they become aware of them.

4.24 In order to consider any potential need for referral to MAPPA Level 2 or 3 or otherwise, the lead agency requires to liaise with those other agencies who have or should reasonably be expected to have involvement with the individual in order to gather all relevant information pertaining to that person. This should assist in determining the most appropriate and defensible MAPPA management level and is essential to effective risk assessment and risk management by all the agencies involved.

4.25 Where a significant change in risk or circumstances has been identified, notified to, and discussed with the lead agency at the earliest opportunity. The lead agency is required to consider, in conjunction with those other agencies involved, whether any change is required to the on-going assessment and management of that individual and/or whether a referral to MAPPA Level 2 or 3 requires to be submitted for consideration by the MAPPA Co-ordinator.

4.26 The lead agency should have a process in place to ensure that the decision regarding Level 1 management is kept under review based on the risk posed by the individual.

Effective Information Sharing

4.27 Information sharing between agencies is a critical part of this process with reviews being aligned to risk level to ensure that any new information relating to risk assessment is captured and where required reflected in the risk assessment and management paperwork for a Level 1 case. This is particularly important with Third Sector providers and agencies where the risk has increased and they are supporting the victim(s), particularly where the offence involved domestic abuse, stalking or sexual offending. A trauma informed approach should be taken when considering how the victim should be informed and by whom.

4.28 For a new MAPPA Level 1 individual, the rationale and defensible decisions for either progressing or not progressing to a meeting should be recorded.

4.29 The means by which information is shared in relation to MAPPA Level 1 managed individuals can include: face to face contact; telephone or e-mail contact; ViSOR updates through to informal meetings and formalised and minuted Level 1 Review Meetings. An important factor in this information exchange is that both the provider and the recipient record what has been shared appropriately.

4.30 The method of seeking and sharing information should be determined by local arrangements and in accordance with national guidance, such arrangements being determined and kept under review by the SOG.

4.31 The lead agency is responsible for administration tasks such as sending out requests for information and collation of information.

4.32 Information to be included on ViSOR (including shared information, MAPPA minutes, recorded decisions, risk assessments and Level 1 case management plans) is the responsibility of the lead agency. However, the responsibility for ensuring that ViSOR reflects the most up-to-date information on an individual is shared by all agencies involved with that specific case in that whichever agency receives new pertinent information about an individual should update ViSOR accordingly.

Review Frequency

4.33 Based on the risk and any significant change in circumstances relating to the individual (where relevant), the lead agency should identify when a meeting/request for information sharing is required. They should co-ordinate this to inform their management and facilitate activity. The key outcome being that information is effectively shared commensurate with risk and significant change, to inform risk management.

4.34 The lead agency responsible for management of the case should have a process in place to ensure that the decision regarding Level 1 management is kept under review based on the risk posed by the individual.

4.35 The lead agency and partners should use appropriate risk assessment tools⁸ within the structured risk assessment process in order to evaluate the level of risk and relevant risk factors.

4.36 If the lead agency review, based on the risk of serious harm and the associated management to the mitigated risk posed, indicates that management at Level 2 or 3 is required to manage the risks or needs of the case, the case should be referred to the MAPPA Co-ordinator using the MAPPA Referral form and draft RMP.

⁸ For further information refer to the Risk Assessment Tools Evaluation Directory ([RATED](#)) – Risk Management Authority (RMA).

Management of Level 1 individuals should involve:

Practice Standard	Standard Statement
Partnership working and Information sharing	<ul style="list-style-type: none"> ➤ The appropriate agencies will work together in the assessment and management of risk. ➤ The degree of communication, co-ordination and collaboration will be commensurate to the risk and complexities of the case. ➤ Information will be shared responsibly, in a timely manner, and in a way that is meaningful to all involved, including Duty to Co-operate Agencies. ➤ All live ViSOR records will be actively and accurately maintained and updated by Record Managers and relevant partners. ➤ Information sharing will be at a level which is mindful of each individual's rights to privacy and confidentiality. ➤ The SOG shall establish an effective and continual information sharing process to consider and manage individual's risk. All individuals subject to MAPPA must be managed by an identified MAPPA Lead Authority.
Risk Assessment	<ul style="list-style-type: none"> ➤ Risk assessment will involve <u>identification</u> of key pieces of information, <u>analysis</u> of their meaning in the time and context of the assessment, and <u>evaluation</u> against the appropriate criteria with regular reviews commensurate with risk. ➤ Risk assessment will be conducted in an evidence-based, structured manner, incorporating appropriate tools and professional decision making, acknowledging any limitations of the assessment.
Risk Management	<ul style="list-style-type: none"> ➤ Risk management measures will be based upon and updated in response to current research evidence. ➤ Risk strategies, and the associated activities of monitoring, supervision, intervention and victim-safety planning, and, as appropriate, disclosure and contingency planning, which are used to manage the risk posed by offending behaviour will be tailored to the needs of the individual. ➤ Measures should be proportionate to the level of risk, defensible, and congruent to the remit of the responsible agencies.
Planning and responding to change	<ul style="list-style-type: none"> ➤ All management plans (case management or risk management) and decisions will be based on a risk assessment which is of the appropriate level to support such a decision or plan. ➤ The SOG (and Responsible Authority) has in place a process for ensuring that individuals are managed and reviewed at the appropriate level. ➤ The actions to be taken will be clearly documented and their rationale will link explicitly to risk assessment. The risk assessment and management processes will be dynamic, with the capacity to respond to changes in risk. ➤ Care will be taken to maintain the dynamic link between risk assessment and planning through on-going assessment and review. ➤ The level and immediacy of any response to change will be proportionate to the significance of the change and risk. Reductions and increases in restrictions or interventions will be justified and supported by a suitable reassessment of risk.
Quality Assurance	<ul style="list-style-type: none"> ➤ The SOG is satisfied that arrangements are in place for self- evaluation at practitioner, agency and multi-agency levels.

Individuals subject to MAPPA - assessed and managed at Level 2 Multi-Agency Risk Management

4.37 Level 2 risk management can be applied to any of the three MAPPA categories. It should be used where there are concerns that an individual presents with indicators of risk of serious harm and may require active and alert⁹ multi-agency risk management. This involves completion of the RMP. A fuller risk of serious harm assessment should be carried out (first half of RMP). The conclusion of this should offer whether the individual presents with a risk of serious harm and to what level (low, medium, high or very high). It should also offer a conclusion on whether there is a need for active and alert multi-agency risk management. If so, then the second half of the RMP is completed. This should determine the referral to Level 2 or 3.

4.38 An individual who is being managed at Level 2, may be referred for Level 1 following ratification of their RMP, where all partners agree that active and alert multi-agency risk management is no longer required. Alternatively, the likelihood and impact of an individual's risk has increased, and/or the management requirements of the case have increased requiring their risk management Level to be raised to Level 3.

4.39 It is vital to understand that risk can and will change, so the means of managing risk should be capable of reacting to and reflecting risk accordingly. It is possible for an individual subject to MAPPA to be referred to another risk management level, or exit MAPPA altogether.

4.40 Any decision regarding a change in risk Level should require agreement by all partners with the rationale for the decision being proportionate, necessary, evidence-based and recorded and highlighted in the RMP. Where an RMP is actively being used, this indicates that there is evidence that justifies active and alert multi-agency risk management.

4.41 The Responsible Authorities, through the MAPPA Co-ordinator, are responsible for convening and supporting the Level 2 arrangements. Depending upon the needs and the MAPPA category of individual, the following agencies/organisations should routinely play an active role in Level 2 management:

- Police Scotland;
- Local authority – Justice Social Work; children and families or youth justice social work teams; adult services; housing Sex Offender Liaison Officers (SOLOs) and, where appropriate, education;
- Scottish Prison Service (SPS)
- the relevant Health Board, including mental health services; and
- other agencies, e.g. Third sector providers and agencies supporting the victim(s), particularly where the offence involved domestic abuse, stalking or sexual offending.

⁹ 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](#).

4.42 Level 2 arrangements should involve permanent representatives from the relevant agencies, supplemented by representatives from other organisations as needed, in order to provide effective oversight of RMPs.

4.43 Multi-agency risk management may mean a significant caseload of individuals requiring active management and review by the Responsible Authorities. To achieve this, the Responsible Authorities should ensure that the meetings are effectively managed and supported. All decisions taken require to be proportionate, necessary, evidence-based and recorded and highlighted in the RMP.

4.44 The Responsible Authorities have a statutory role in ensuring the efficient and effective operation of MAPPA. For this reason, it is important that the Level 2 meetings are chaired by a suitably senior representative of either Police Scotland, the Local Authority, SPS or Health.

Review Frequency

4.45 The frequency of these meetings is a matter for the Lead Authority in liaison with the MAPPA Co-ordinator and partner agencies. Consideration of the frequency should be informed by the risks and any significant change relating to the individual (where relevant). This should be highlighted in the RMP. However, setting regular meetings based on risk should allow the opportunity for the systematic review of the Risk Management Plan, and in any case, Level 2 cases must be reviewed no less than once every 12 weeks. All decisions require to be recorded and evidence based.

Level 3: Multi-Agency Public Protection Panel (MAPPP)

4.46 The MAPPP is responsible for the management of individuals at Level 3. Level 3 can be applied to any of the three categories of individuals managed under MAPPA. It is recommended that each MAPPA Strategic Oversight Group (SOG) identifies at least one Level 3 Chair. The MAPPP members should possess the relevant experience and seniority to understand the requirements of Level 3 management and to commit the necessary resources to it.

4.47 The criteria for referring a case for any of the three categories to the MAPPP are where the individual:

- is assessed as presenting a high or very high risk of serious harm; **and/or**
- presents risks that can only be managed by a plan which requires close co-operation at a senior level. This would be due to the active and alert multi-agency involvement in the case and/or because of the unusual resource commitments required;

Or

- although not assessed as presenting a high or very high risk of serious harm, the case is exceptional because the likelihood of media scrutiny and/or public interest in the management of the case is very high and there is a need to ensure that public confidence in the criminal justice system is sustained.

4.48 With the exceptions as detailed at 4.47 individuals managed at Level 3 will have been assessed as high or very high risk of serious harm. For clarity very high and high risk of serious harm are defined in MAPPA as:

- **High:** there are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious; and
- **Very High:** there is an imminent risk of serious harm. The potential event is more likely than not to happen imminently and the impact would be serious.

4.49 While most are individuals being released from prison, or already being managed in the community, it may also include:

- an individual on discharge from detention under a hospital order (with the health board as the Responsible Authority);
- an individual arriving from overseas (whether immediately following their release from custody or not); and
- an individual in the community whose assessment of risk of serious harm was categorised as low or medium, comes to present a high or very high risk as the result of a significant change of circumstances.

4.50 Level 3 cases may be referred to Level 2 when for example, the likelihood and impact of risk has diminished or where the management requirements of the case have reduced. All decisions taken with regard to a change in Level require to be proportionate, necessary and evidence-based, recorded and highlighted in the RMP.

Representation at Level 2 and Level 3

4.51 The key to the effectiveness of Level 2 and Level 3 arrangements is identifying and ensuring the right multi-agency representation and involvement. In determining the level of the representation and the nature of that involvement the following should be considered:

- The representatives should have the necessary level of seniority and possess the authority to make decisions which commit their agency's involvement and resources, taking into account requirements to follow their own organisation's policies and guidance. This is of vital importance as deferring such decisions could impact negatively on the effectiveness of the multi-agency operation.
- The representatives require the relevant knowledge and experience in risk/needs assessment and management, as well as in partnership working.
- The effectiveness of Level 2 and Level 3 arrangements depends in large part upon establishing continuity. Multi-agency work is often complex and benefits greatly from the continuity of personnel and their professional engagement.

Review Frequency

4.52 The frequency of these meetings is a matter for the lead agency in liaison with the MAPPA Co-ordinator and partner agencies. Consideration of the frequency should be informed by the risks and any significant change in circumstances relating to the individual

(where relevant). This should be highlighted in the RMP. However, setting regular meetings provides the opportunity for a systematic review of risk and management levels identified in the Risk Management Plan.

4.53 The Responsible Authorities and DTC agencies have an on-going responsibility to inform the lead Responsible Authority and the MAPPa Co-ordinator of any information they receive that indicates a change in the risk of serious harm posed by an individual, in either a positive or negative manner. A meeting must be arranged to review the circumstances.

4.54 Consideration of the frequency of these meetings should be informed by the risks and any significant change in the circumstances of the individual, where relevant. The minimum standards in respect of review meetings are as follows:

- MAPPa Level 2 - to be reviewed no less than once every 12 weeks
- MAPPa Level 3 – to be reviewed no less than once every 6 weeks

Risk Assessment and Risk Management

4.55 The following information provides an initial reference point and a link to further sources of information either within this guidance or elsewhere.

4.56 [Standards & Guidelines for Risk Management](#) – Risk Management Authority (RMA) are for the **active and alert**¹⁰ risk management of those who pose a risk of serious harm.

Risk Assessment

4.57 Risk assessment should:

- involve identification of key pieces of information, analysis of their meaning in the time and context of the assessment, and evaluation against the appropriate criteria;
- be based on a wide range of available information, gathered from a variety of sources;
- be conducted in an evidence-based, structured manner, incorporating appropriate tools and professional decision-making, acknowledging any limitations of the assessment;
- be communicated responsibly to ensure that the findings of the assessment can be meaningfully understood and inform decision-making. Risk will be communicated in terms of the pattern, nature, seriousness and likelihood of offending; and
- be informed by research knowledge and grounded in the evidence base regarding effective practice.

4.58 To meet these standards an assessment underpinning a Risk Management Plan should evidence:

- a thorough review and evaluation of information gathered from interviews, file reading, chronologies, multi-agency discussion and collateral sources;

¹⁰ 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](#).

- the use of appropriate risk assessment tools to provide a sound empirical basis for the identification of risk and protective factors;
- detailed analysis of past and current offending in terms of its pattern, nature, seriousness and likelihood;
- an offence analysis that examines how, why and when offending occurs and begins to identify the relevance of risk and protective factors in episodes of offending;
- a formulation of risk that offers an understanding of the interaction and respective role of risk and protective factors in an episode of offending, and helps to identify triggers and early warning signs which may assist in recognising and responding to imminence;
- an evaluation of the current level of risk of serious harm; and
- recognition of the limitations of the risk assessment and identification of any case specific issues that may extend beyond the boundaries of professional training, qualification and expertise.

Risk Management

4.59 Risk management should ensure that:

- Risk strategies of monitoring, supervision, intervention and victim safety planning, and the associated activities which are used to manage the risk posed by offending behaviour, should be tailored to the needs of the individual;
- Measures should be proportionate to the level of risk, defensible, and consistent with the remit of the responsible agencies; and
- Risk management measures should be based upon and updated in response to current research evidence.

4.60 To meet these standards measures to manage risk of serious harm should:

- be tailored to the individual;
- comprise a balance of preventive, supportive and contingency measures;
- target the specific risks, needs and scenarios identified within the risk assessment and formulation;
- be delivered by means of the risk management strategies of monitoring, supervision, treatment or intervention and victim safety planning;
- be co-ordinated within a Risk Management Plan which is shared with key partners;
- be regularly reviewed to evaluate progress and ensure the on-going appropriateness of measures; and
- be informed by research knowledge and grounded in the evidence base regarding effective practice.

Defensible Decision Making

4.61 [The Framework for Risk Assessment, Management and Evaluation \(FRAME\)](#) published by the Risk Management Authority provides an outline of the agreed guiding principles of risk management. This includes a definition of defensible decision making.

4.62 In terms of FRAME a decision is deemed defensible if an objective group of professionals would consider that it meets the following criteria:

- Staff involved have appropriate levels of knowledge and skill and an investigative stance and proactive approach;
- The decision or action is based upon appropriate use of collected and thoroughly evaluated information and a risk assessment using reliable methods grounded in the evidence;
- Planning demonstrates risk management strategies matched to risks and risk level and all reasonable steps have been taken; and
- Throughout the process there is communication with relevant others, decisions are recorded, and policies and procedures followed.

5. MAPPA in Operation: Individuals Subject to the Sex Offender Notification Requirements (SONR)

5.1 There are five key stages to the MAPPA process for this category of individual:

Stage 1 – Identification and notification of individuals

Stage 2 – MAPPA risk management level/referral

Stage 3 – Pre-meeting information sharing

Stage 4 – MAPPA meeting

Stage 5 - Exit from MAPPA

Stage 1: Identification and Notification of Individuals

Statutory Basis

5.2 The identification of the individuals who fall within the MAPPA framework is the critical first stage of the MAPPA process.

5.3 Section 10(1) of the Management of Offenders etc. (Scotland) Act 2005 sets out the distinct categories of individual who can be subject to MAPPA. This includes individuals subject to the Sex Offender Notification Requirements (SONR) as described at section 10(1)(a). These individuals may also be more commonly known as registered sex offenders (RSOs). Individuals who are RSOs are automatically subject to MAPPA.

5.4 This MAPPA category relates to individuals who are required to comply with the SONR as set out in Part 2 of the Sexual Offences Act 2003 (the 2003 Act).

5.5 When a person is convicted of an offence listed in Schedule 3 of the 2003 Act, they automatically become subject to the SONR. Para 60 of Schedule 3 also gives further detail of when making someone subject to SONR can be applied.

5.6 Those made subject to certain preventative orders, and also those convicted of breaching certain preventative orders must also comply with the SONR. Further information detailing these types of preventative orders can be found at [Annex 6](#) of this guidance.

5.7 Section 82 of the 2003 Act sets out the period of time an individual is required to comply with the notification requirements.

Identification and the role of the Scottish Courts and Tribunals Service (SCTS)

5.8 When an individual is subject to the SONR, the Court is required to issue the individual with a certificate of conviction or finding and a notice of requirement to register.

5.9 A copy of both the certificate of conviction and the notice of requirement to register must be copied to the police and also the relevant local authority, and must be attached to any extract warrant for imprisonment or detention in hospital.

Notification of Individuals required to comply with the SONR.

5.10 Once an individual has been identified as someone who is required to comply with the SONR, their details should be provided to the MAPPA Co-ordinator by the lead Responsible Authority.

5.11 The MAPPA process for an individual made subject to the SONR will commence for Police Scotland when the individual is convicted. This covers all those post-conviction (and subject to SONR) to pre-sentencing stage. Individuals remanded in custody may also be subject to the SONR.

5.12 The MAPPA Co-ordinator for the relevant Local Authority is the Single Point of Contact (SPoC) for all notifications (and referrals). The MAPPA Co-ordinator should maintain an accurate record of the number of individuals being managed by the Responsible Authorities in their area.

5.13 The MAPPA notification should be recorded on the Violent and Sex Offender Register (ViSOR) within an activity log.

Post-conviction up to pre-sentencing

5.14 Within 3 days of being made aware of a newly convicted RSO, Police Scotland should advise the MAPPA Co-ordinator. Please note that an RSO may be actively managed in the community by police for a considerable amount of time prior to being sentenced.

5.15 During this initial stage (post-conviction to pre-sentencing), Police Scotland as lead Responsible Authority (at this point) should issue a request for information to all relevant agencies which should be completed and returned within 3 months. This 3 month period facilitates information sharing and the building up of relevant information and evidence held by all agencies to better inform future risk assessment and management and forms part of the MAPPA notification and (if appropriate) referral process at the point of sentencing. Where the process is unable to be completed within the 3 month timescale, this should be recorded, and the reasons outlined.

Notification of individuals who receive custodial sentences

5.16 The Scottish Prison Service (SPS) should notify the MAPPA Co-ordinator of all individuals who will be subject to the SONR with a custodial sentence, within 10 working days of the individual's custodial sentence commencing. This should be done using the [MAPPA Notification form](#) found within the [MAPPA document set](#) of this guidance.

5.17 In addition, where the individual is subject to the SONR but not subject to statutory supervision upon release by Justice Social Work services (JSW), SPS should notify the police of the parole consideration/release date copying in the MAPPA Co-ordinator **no later than five working days** prior to the person's impending release. The [MAPPA Notification form](#) found within the [MAPPA document set](#) can be used for this purpose.

5.18 During the person's custodial journey, SPS should also use the MAPPA Notification form to notify the MAPPA Co-ordinator at the following points of progression:

- Following any Risk Management Team (RMT) meeting on progression and ahead of any transfer to less secure conditions and parole consideration.
- Parole Board for Scotland's decision on release.
 - where the decision is to release, SPS should advise the MAPPA Co-ordinator without undue delay but as a minimum no later than 24 hours prior to the agreed release date.
 - – where the decision is no release, deferred, or adjourned, SPS should notify the MAPPA Co-ordinator no later than within ten working days of the Parole Board's decision being communicated to SPS.

5.19 Further information on the Parole Board for Scotland can be found on their website: [Parole Board for Scotland](#).

Notification of individuals who receive community sentences

5.20 To ensure all individuals subject to the SONR are included within the MAPPA framework, the lead Responsible Authority should notify the MAPPA Co-ordinator (irrespective of the proposed management level of 1, 2 or 3), no later than **three working days** from the date of the community disposal being determined by the Court.

5.21 Where the community disposal has been made by the Court with no statutory supervision and the person is to be routinely managed at Level 1, it is Police Scotland as the lead Responsible Authority who should complete the [MAPPA Notification form](#) found within the [MAPPA document set](#) of this guidance.

5.22 Where the person is also subject to statutory supervision and to be routinely managed at Level 1, it is JSW as the lead Responsible Authority who should complete the MAPPA Notification form.

Stage 2: MAPPA risk management level/Referral

Key points where the individual is being routinely managed - Level 1 (post sentence)

5.23 It should be noted that those individuals who are subject to both the SONR and statutory supervision may not necessarily require management at MAPPA Level 2 or 3. However Level 1 effective practice requires that Police Scotland and JSW co-ordinate their respective activities via an agreed plan to manage the person and the risk(s) posed in the community.

5.24 Where any significant change in risk or circumstances is identified, this should always be notified to and discussed with the lead Responsible Authority at the earliest opportunity. The lead Responsible Authority is required to consider, in conjunction with other agencies involved, whether any change is required to the proposed Risk Management Plan of that individual and/or whether a referral to MAPPA at Level 2 or 3 is required to be submitted for consideration by the MAPPA Co-ordinator. Further information on assessment and management of risk can be found in [Chapter 4](#).

5.25 The lead Responsible Authority must have a process in place to ensure that the decision regarding Level 1 management is kept under review based on the risk posed by the individual.

Level 1 from custody

5.26 Where the individual is assessed in custody as requiring routine management at Level 1, SPS as lead Responsible Authority should inform the MAPPA Co-ordinator no later than 12 weeks prior to release or parole consideration, using the [MAPPA Notification form](#) found within the [MAPPA document set](#). The latest Integrated Case Management (ICM) and/or SPS RMT agreed risk assessment and risk management paperwork should be included with the form. This allows sufficient time for the MAPPA Co-ordinator to consider the Level 1 notification and seek any further necessary information/paperwork if required, in particular where there is concern based on the risks presented and evidence provided that, upon release, the person should be managed at a higher Level.

5.27 As detailed at 5.17, SPS will inform Police Scotland and copy in the MAPPA Co-ordinator for all those individuals subject to the SONR with a short term custodial sentence (12 months or less) and no statutory supervision upon release.

Level 1 from the community (post sentence)

5.28 As detailed at 5.21 and 5.22, the lead Responsible Authority for any person subject to the SONR with a community disposal (which is Police Scotland if no statutory supervision and JSW where there is), and who is to be routinely managed at Level 1 should complete the [MAPPA Notification form](#) found within the [MAPPA document set](#).

Key points for any referral to Multi-Agency Risk Management - Level 2 or Level 3

5.29 Multi-agency risk management should only be used where this level of collaboration and co-ordination is necessary and proportionate to the management of the specific risk of serious harm posed to the public by the individual. Any decision to refer an individual for Level 2 or Level 3 should be on the basis that a co-ordinated multi-agency response is required, and is proportionate to protect the public.

5.30 All referrals to MAPPA Levels 2 or 3 should be informed by the current risk assessment and the proposed Risk Management Plan (RMP).

Process

5.31 The lead Responsible Authority should complete the [MAPPA Referral form](#) (found within the [MAPPA document set](#) of this guidance), providing all relevant information including the current risk assessment and proposed RMP.

5.32 On receipt of the MAPPA Referral form, the MAPPA Co-ordinator will review the referral on behalf of the SOG. A referral should only be accepted where the evidence provided clearly meets the multi-agency management required at MAPPA Level 2 or Level 3.

5.33 Where the referral is accepted, the MAPPA Co-ordinator should inform the lead Responsible Authority **no later than five working days** of receipt. This should allow the MAPPA Co-ordinator sufficient time to make arrangements to progress the case to the initial Level 2/Level 3 Multi-Agency Public Protection Panel (MAPPP) meetings.

5.34 Where the referral is not accepted, the MAPPA Co-ordinator should notify the referring Responsible Authority (if initially by phone this must be followed up in writing) **no later than three working days of their decision**, clearly outlining the reasons for the non-acceptance of management of the individual under MAPPA at Level 2 or Level 3.

5.35 Where there is disagreement as to the MAPPA level and this cannot be resolved, the final decision should be made at a meeting of the local MAPPP designated leads from the relevant Local Authority, Health Board and Police Scotland. Their rationale should be evidenced and accurately reflected in the minutes. The decision maker should record the outcome of their decision on ViSOR. This ensures clarity regarding the decision and that the rationale is suitably recorded and accessible to the Responsible Authorities (if required at any future point). Where the decision maker does not have access to ViSOR, the rationale for the decision should be recorded on ViSOR by the MAPPA Co-ordinator.

5.36 In the absence of the MAPPA Co-ordinator (e.g. on annual leave/sick leave), the MAPPA Strategic Oversight Group (SOG) will ensure that there are mechanisms in place for such decisions to be made.

Referral at Level 2 or 3 from custody

5.37 The decision to refer the individual for MAPPA management at Level 2 or Level 3 will be discussed at SPS Integrated Case Management (ICM) meetings and Risk Management Team (RMT) meetings where progression is being considered. It is essential that community partners (including Responsible Authorities) are invited to these meetings. Further detail on individuals within prison custody can be found in [Chapter 15](#) of this guidance.

5.38 SPS should send the MAPPA Co-ordinator the MAPPA Level 2/Level 3 referral with the current risk assessment and proposed RMP **no later than 12 weeks prior to the release or parole consideration** of relevant individual.

Referral at Level 2 or 3 from community

5.39 All community referrals should be made either by Police Scotland (if no statutory supervision) or JSW.

5.40 The referral should be made at the time of the first risk assessment and development of their RMP where it is clear that multi-agency management at either Level 2 or 3 is required.

5.41 A referral can also be made at any time during the person's SONR period, preventative order duration and/or statutory supervision period, when it becomes evident that the person's level of risk has increased and that has, along with other factors, determined that their management level requires to be increased.

5.42 Full details on assessing and managing risk at MAPPA Level 2 and 3 can be found in [Chapter 4](#). The [MAPPA Referral form](#) can be found within the [MAPPA document set](#) of this guidance.

Stage 3: Pre-MAPPA meeting - Information Sharing

5.43 Prior to Level 2 and 3 MAPPA meetings the agencies will share information held about the individual. The critical document is the individual's RMP. This will either have been developed by Police Scotland or community based JSW if the individual is subject to a community order, or by prison based social work and the wider SPS RMT (which includes community partners and Responsible Authorities) if the individual is in custody. Further information around assessment of risk is detailed at [Chapter 4](#).

5.44 The method of seeking and sharing information will be determined by local arrangements. The MAPPA Strategic Oversight Group (SOG) will determine such arrangements and keep these under review. The information sharing process is managed by the MAPPA Co-ordinator.

5.45 By sharing this information in advance of the MAPPA meeting, it makes certain that all Responsible Authorities and relevant Duty to Co-operate (DTC) agencies are aware of the circumstances of the case, and:

- for all new Level 1 cases, the rationale and defensible decisions for progressing (or not) to a meeting are recorded;
- all agencies have an opportunity to identify and share relevant and current information that they hold in advance of the meeting and review the RMP;
- the amount of time spent exchanging information at Level 2/Level 3 (MAPPP) meetings is reduced, allowing the focus to be on the issues of risk assessment and risk management; and
- there is clarification of the threshold for Level 3 (MAPPP).

Information sharing - General

5.46 The information included in the MAPPA Referral should be passed to identified contacts within the Responsible Authorities and relevant DTC agencies directly by the MAPPA Co-ordinator. This requires the receiving agencies to have a single point of contact through which this information can be securely passed. To support the statutory requirement of having a Memorandum of Understanding (MoU), each MAPPA Strategic Oversight Group (SOG) should consider developing a set of agreed information sharing principles and/or an Information Sharing Agreement (ISA).

5.47 Information sharing needs to be considered on a case by case basis and must meet legislative requirements including, but not limited to, the Data Protection Act 2018 ([DPA 2018](#)). For detailed information on the legislative requirements including processing data for law enforcement purposes, please visit the Information Commissioner's Office website ([ICO - DPA](#)). Further detail on the MoU, information sharing principles and an ISA can also be found at [Chapter 3](#) (Duty-to Co-operate) of this guidance. Further general detail on information sharing can be found at [Chapter 12](#) of this guidance. Please note the process detailed below is separate to that of a subject access request (SAR).

5.48 The receiving agency should search their agency records for all relevant information about the individual, victim(s) or potential victims.

5.49 The receiving agencies' searches should be undertaken and the response completed as a priority task. Following the search, a response should be completed and returned to the MAPPA Co-ordinator no later than **five working days** prior to the scheduled meeting. Responses should be set out in the following terms:

- If nothing found - no trace/negative reply.
- If material found but not relevant - positive trace/negative reply.
- If material found and relevant - positive trace/positive reply and share the relevant information with either the managing agency or the MAPPA Co-ordinator (as directed) for the sole purpose of public protection and reducing the likelihood of reoffending.
- If material found and relevance not clear - positive trace/further consideration required.

5.50 The lead Responsible Authority for managing the individual must liaise with the local authority Sex Offender Liaison Officer (SOLO) in relation to accommodation and environmental scanning arrangements as set out in the [National Accommodation Strategy for Sex Offenders](#) (NASSO).

Stage 4: MAPPA Meeting

5.51 A MAPPA meeting should be scheduled to review the RMP. The timing of this review should reflect the specific circumstances of the case and should be agreed at the initial meeting.

5.52 The frequency of these meetings is a matter for the lead Responsible Authority in liaison with the MAPPA Co-ordinator and partner agencies. Consideration of the frequency should be informed by the risks and any significant change in circumstances relating to the individual (where relevant). This should be highlighted in the RMP. However, setting regular meetings provides the opportunity for a systematic review of risk and management levels identified in the RMP.

5.53 The Responsible Authorities and DTC agencies have an on-going responsibility to inform the lead Responsible Authority and the MAPPA Co-ordinator of any information they receive that indicates a change in the risk of serious harm posed by an individual, in either a positive or negative manner. A meeting must be arranged to review the circumstances.

5.54 Consideration of the frequency of these meetings should be informed by risk and any significant change in circumstances of the individual, where relevant. A statement of the minimum practice standards for the management of Level 1 individuals can be found at [page 31](#). The minimum standards in respect of review meetings for Levels 2 and 3 are as follows:

- MAPPA Level 2 – to be reviewed no less than once every 12 weeks
- MAPPA Level 3 – to be reviewed no less than once every 6 weeks

Initial/Routine Level 1 Meetings (community based)

5.55 The lead Responsible Authority should identify when a meeting/request for information sharing is necessary and should co-ordinate and inform the local Sex Offender Policing Unit (where the lead Responsible Authority is not Police Scotland) and facilitate

activity. This is so that information is effectively shared commensurate with risk and significant change to inform risk management.

5.56 The lead Responsible Authority should have a process in place to ensure that the decision regarding Level 1 management is kept under review, based on the risk posed by the individual.

5.57 The lead Responsible Authority and partners should use appropriate risk assessment tools within the structured risk assessment process in order to evaluate the level of risk and relevant risk factors. For further information about appropriate risk assessment tools, please refer to the Risk Assessment Tools Evaluation Directory ([RATED](#)) – Risk Management Authority (RMA).

5.58 If the lead Responsible Authority's review, based on the risk of serious harm, indicates that management at Level 2 or 3 is required to manage the risks or needs of the individual, then it should be referred to the MAPPa Co-ordinator using the [MAPPa Referral form](#) found within the [MAPPa document set](#).

Initial Level 2 and Level 3 Meetings

5.59 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 the Risk Management Plan (RMP) including ensuring:
 - the assessment and analysis of the risk of serious harm has identified the risks; and
 - that the identified risk management strategies and activities are implemented in line with professional role and competence; and
 - that decisions are taken to address any obstacles to the delivery of the RMP and uninterrupted service provision; and
 - where an individual is leaving custody, agreement is reached in respect of the implementation of the RMP developed and endorsed by the SPS Risk Management Team (to which community partners should have contributed).
There must only be one Risk Management Plan for each individual.
- consider whether the MAPPa level requires to be amended; and
- set a formal review date for the Risk Management Plan.

5.60 Where the individual is subject to an Order for Lifelong Restriction (OLR), the RMP must be reviewed at least once a year¹¹ and the updated RMP and Annual Implementation

¹¹ The Lead Responsible Authority must report to the RMA within 12 months of the date on which the current RMP was approved by the RMA. The RMA [Standards and Guidelines for Risk Management](#) provides detailed information on the risk management planning process for OLRs, including where an amended RMP requires to be submitted to the RMA as a result of an actual or potential significant change.

Report (AIR) submitted to the Risk Management Authority (RMA) by the lead Responsible Authority.

5.61 Compilation of relevant and current pre-read materials should be provided by the MAPPA Co-ordinator in advance of the meeting to all agencies attending an initial Level 2 or Level 3 meeting to allow sufficient time for suitable preparation. The individual's RMP is a critical document in this process.

5.62 The Chair should make sure that the meeting is focused on systematic assessment based on identified risk factors. The Chair should summarise the risk factors and provide direction on the actions and resources required to appropriately manage the case. Further information on the role of the Chair can be found in [Chapter 11](#) of this guidance.

Initial MAPPA meeting – individual is in community

5.63 For individuals with a community referral at Level 2, an initial Level 2 meeting should be held no later than **twenty working days** from receipt of referral and the RMP being accepted by the MAPPA Co-ordinator. Where the Level 2 meeting determines the person should be managed at Level 3, a meeting should be scheduled thereafter as soon as practically possible.

5.64 For individuals with a community referral at Level 3, an initial Level 3 meeting should be held no later than **five working days** of receipt of referral and the RMP being accepted.

Initial MAPPA meeting – individual is in custody

5.65 The initial Level 2 or Level 3 meeting should take place as **a minimum, no later than four weeks** prior to the individual's release into the community. However, it is recognised that timings for these initial meetings may vary case by case given the need to take into account the ability to undertake certain actions such as an Environmental Risk Assessment (ERA) prior to the person's release/parole consideration date.

5.66 These lead in times are afford all Responsible Authorities and DTC agencies sufficient opportunity to put the necessary arrangements in place for the management of the individual's risk in the community.

Attendance

5.67 The MAPPA Co-ordinator, in consultation with the lead Responsible Authority, should identify which agencies/individuals are central to the delivery of the RMP and arrange for their attendance.

5.68 The MAPPA Co-ordinator can maximise agency involvement by organised scheduling of meetings, including use of video and tele-conferencing facilities such as Microsoft (MS) Teams. All agencies should be represented by senior personnel (ideally the same person per agency per case for consistency) who understand the strategies for minimising or reducing risk of serious harm, and who have the authority to implement appropriate strategies agreed at the meeting on behalf of their agency.

5.69 As well as senior representatives from the Responsible Authorities, representatives at local level should also be included. Community partners including housing, and children and families should also be invited to attend where appropriate.

Stage 5: Exit from MAPPA

5.70 It is recognised that the notification period under the SONR has no bearing on the risk presented and the need to manage that risk. However, the exit of an individual from MAPPA is determined by the length of the SONR. More information on individuals who are subject to an indefinite period and how that is reviewed can found at [Chapter 6](#) of this guidance.

5.71 The lead Responsible Authority should notify the MAPPA Co-ordinator when an individual is nearing the end of their SONR and is about to exit the arrangements. This notice should be provided with sufficient time to allow for a review of the circumstances and consideration of whether there is criminal or on-going concerning behaviour which evidences that the risk they pose is so high that further law enforcement powers are justified and necessary.

5.72 Where an individual exits the arrangements the lead Responsible Authority should update the relevant ViSOR record accordingly.

6. Review Procedure for Individuals Subject to the SONR for an Indefinite Period

6.1 [The Sexual Offences Act 2003 \(Remedial\) \(Scotland\) Order 2011](#) provides for a review process for those individuals subject to the Sex Offender Notification Requirements (SONR) indefinitely.

6.2 A review mechanism is now in place which means individuals who are convicted of an offence as adults (over the age of 18) and become subject to indefinite notification will be eligible for review after notifying for 15 years. For individuals who were convicted of an offence when they were under 18, this period will be 8 years from the relevant date as set out in [section 82\(6\) of the Sexual Offences Act 2003](#).

6.3 The legislation requires the Chief Constable to make a decision as to whether a person subject to the SONR indefinitely should be required to continue to notify (a notification continuation order), or alternatively, for the notification requirement to cease.

6.4 Should the Chief Constable be satisfied on the balance of probabilities, that the individual continues to pose a risk of sexual harm to the public, or any specific members of the public, then the Chief Constable will issue a notification continuation order, which has the effect of continuing the requirements to notify up to a period of 15 years. The individual has the right to appeal the Chief Constable's decision to the Sheriff Court and thereafter to the Sheriff Principal whose decision is final.

6.5 Prior to making the decision, it is best practice for the Chief Constable to engage the other Responsible Authorities to ascertain whether there is any relevant information available which can inform the decision whether to impose a notification continuation order or not. This is reflected within [Section 88C \(4\)\(k\) of the Sexual Offences Act 2003](#) as inserted by Article 3 of the Sexual Offences Act 2003 (Remedial) (Scotland) Order 2011.

6.6 To facilitate this sharing of information it is accepted that should the initial information trawl reveal matters of concern, a MAPPA meeting should be held where all relevant information can be shared.

7. National Accommodation Strategy for Sex Offenders (NASSO)

7.1 The [National Accommodation Strategy for Sex Offenders in Scotland](#) (NASSO) sets out how housing contributes to the MAPPA arrangements for Registered Sex Offenders (RSOs) – those subject to the Sex Offender Notification Requirements (SONR). It explains the roles and responsibilities of local authorities, social housing providers and other statutory agencies involved in the accommodation and management of RSOs. It also sets out the requirements for information sharing between Responsible Authorities and housing providers.

Housing agencies

7.2 Housing agencies include both local authority housing services and Registered Social Landlords (RSL).

Local authority housing services

7.3 Local authority housing services are included as a Responsible Authority (included within in the wider local authority remit).

7.4 Local authorities (including those who have transferred their housing stock) are responsible for ensuring the development of a strategic response to the housing of individuals subject to the SONR. To do so they must involve and talk to RSLs in their area. This should include an assessment of local need and provision for the range of housing for individuals subject to the SONR and should clarify the contribution by RSLs in their area.

7.5 The key housing contact in each local authority is the Sex Offender Liaison Officer (SOLO). The main aim of the SOLO role is to be the initial point of contact for housing enquiries for individuals subject to the SONR and to be the link between the Responsible Authorities and social housing providers under a DTC. In this role, the SOLO will:

- Identify housing providers who could potentially assist with rehousing using information about the individual from the Responsible Authorities;
- Make sure that the liaison arrangements for identifying suitable housing and supporting the management of risk by the Responsible Authorities includes the housing provider; and
- Liaise pro-actively with Responsible Authorities and housing providers on on-going risk management and community safety issues.

Disclosure

7.6 While it is for each local authority to determine the level of disclosure required when recruiting a SOLO in accordance with their organisation's security clearance procedures, it is advised that as a minimum, an enhanced disclosure check should be undertaken. This should be reviewed on a regular basis.

Registered Social Landlords

7.7 RSLs are DTC agencies and as such they have to co-operate with the Responsible Authorities. RSLs do not themselves have responsibility for assessing and managing risk. The key housing contacts in each RSL is the Link Officer. The role of each RSL is to contribute to the Responsible Authorities management of risk by:

- exchanging information on housing with the Responsible Authorities;
- identifying and allocating housing that has been assessed as suitable by the Responsible Authorities;
- liaising with the Responsible Authorities on their on-going management and monitoring of the risks the individual may pose; and
- having in place arrangements with the SOLO and the other Responsible Authorities to deal with situations where a property is no longer suitable and/or the individual's safety is at risk, or if there are behaviour changes that suggest that the individual poses a risk to the community.

7.8 Housing providers depend on effective information sharing protocols and a co-ordinated approach by Responsible Authorities. Responsible Authorities must therefore ensure that:

- they have effective liaison arrangements in place with the SOLO;
- housing providers receive (through the protocols for information sharing) sufficient information to manage tenancies occupied by individuals subject to the SONR;
- they consider the size and stock profile of landlords when making decisions about housing; and
- they respond effectively to on-going issues of community safety (including issues for specific victims) identified by housing providers.

Environmental risk assessment

7.9 An environmental risk assessment (ERA) is used to identify housing-related risk and informs decisions on the most suitable housing for each individual subject to the SONR that will minimise the risks to the community. The assessment brings together information on the individual, proposed property and location and nearby households to enable a decision on housing an individual to be made that will minimise the risks to the community.

7.10 An ERA must be carried out for every new RSO on initial registration and any subsequent change of address. Thereafter, as a minimum an annual review will be carried out for:

- all RSOs being managed at MAPPA levels 2 and 3;
- all RSOs level 1 high / very high risk individuals;

- all individuals subject of a Sexual Offences Prevention Order (SOPO) or a Risk of Sexual Harm Order;
- all individuals who have committed contact offences against children or adults at risk of harm; and
- any other individual who is subject to notification and it is deemed necessary to do an ERA. For example, home leave addresses and additional registered addresses.

7.11 Where an annual review has not been done, the Responsible Authorities should record their reasons for not completing one.

7.12 An ERA is accurate at the time it is undertaken, but the changing nature of communities mean that the Responsible Authorities must keep risk management arrangements under constant review. Social housing providers should make sure that the Responsible Authorities routinely receive, on a case by case basis, relevant information on changing household composition in the area. Updates should be supplied within the timescales agreed with the Responsible Authorities.

7.13 When information is received that the risk to the RSO or the community has increased significantly, Responsible Authorities should discuss and consider the suitability of the address. If measures cannot be put in place to mitigate the risk, then where appropriate the RSO should be moved from the address. This can be considered outside of the usual MAPPAs meeting process. Where information suggests for example that a RSO has communicated with a family who has young children in same block of flats where the RSO resides then it may be necessary to discuss with agencies involved in Child Protection and consideration given to next steps. Further information on child protection can be found in the [National Guidance for Child Protection in Scotland 2021](#).

7.14 Housing circumstances must be discussed and considered at MAPPAs review meetings. Where appropriate, information is shared at MAPPAs Level 2 and 3 review meetings and decisions recorded as to the suitability or otherwise of environmental risk assessed properties being allocated to RSOs. All agencies involved with the management of the individual including the local authority, SOLO and RSL Link Officer should be involved in these meetings.

7.15 Please note that whilst the [NASSO](#) only covers individuals subject to the SONR, if the person concerned is a Restricted Patient or an Other Risk of Serious Harm individual (MAPPAs Category 3), in practice the Responsible Authorities should be agreeing a local approach to using the same principles and arrangements for the housing of these MAPPAs individuals.

8. Missing and/or Wanted Individuals Subject to MAPPA

8.1. For individuals subject to MAPPA who are missing or wanted, consideration should always be given to advising the relevant MAPPA Co-ordinator. As well as ensuring they have the most up-to-date information on the individual concerned, it will enable further thought to be given (where timing allows) as to whether there is a requirement to convene a formal MAPPA meeting as a result of the individual being missing/wanted. Regardless of whether a MAPPA meeting is held or not, expectation is that the Responsible Authorities would consult, share and record appropriate information with each other.

MAPPA Category 1: Individuals subject to the Sex Offender Notification Requirements (SONR)

8.2. The primary purpose of the Sex Offender Notification Requirements (SONR) is to enable the police to know the location of individuals subject to SONR and to manage them and minimise the risk of further offending.

8.3. Police Scotland treat all missing and wanted individuals subject to SONR with the utmost seriousness and will carry out thorough enquiries to trace their whereabouts and to re-establish the management required to protect the public. On all occasions a Senior Investigating Officer (SIO) of a rank no less than Inspector will be appointed to lead these investigations.

8.4. Where an individual subject to the SONR is identified as missing or wanted, senior managers of the Responsible Authorities should be made aware at the earliest opportunity. This will allow for the appropriate level of management and for the deployment of suitable resources to trace them. If the individual is subject to statutory throughcare licence conditions set by the Parole Board for Scotland or Scottish Prison Service (acting on behalf of Scottish Ministers) and it is considered (along with any other relevant information) that the individual has now breached those conditions then the matter should also be referred by the relevant Justice Social Work Supervising Officer to the Scottish Government's Community Licence Team, Justice Directorate - Email: communitylicence@gov.scot.

8.5. For the purposes of MAPPA the definitions of 'missing' and 'wanted' individuals subject to MAPPA are as follows:

Missing: - Individuals subject to the SONR

8.6. A Missing individual is defined as someone whose whereabouts are unknown and:

- where the circumstances are out of character; or
- the context suggests the individual may be subject to crime; or
- the individual is at risk of harm to themselves or another.

Wanted: - Individuals subject to the SONR

8.7. A Wanted individual subject to the SONR is defined as someone who is subject to the notification requirements of the Sexual Offences Act 2003 and who has a live warrant in force.

Restricted Patients

8.8. For information on Restricted Patients who escape or abscond, please refer to the [Memorandum of Procedure on Restricted Patients](#), page 69 and Annex B. [Chapter 10](#) of this guidance provides further details on Restricted Patients.

MAPPA Category 3: Other Risk of Serious Harm individuals

Missing: – Other Risk of Serious Harm

8.9. A Missing individual is defined as someone whose whereabouts are unknown and:

- where the circumstances are out of character; or
- the context suggests the individual may be subject to crime; or
- the individual is at risk of harm to themselves or another.

Wanted: – Other Risk of Serious Harm

8.10. A Wanted Other Risk of Serious Harm individual is one who has a live warrant in force.

8.11. Where a MAPPA Category 3 (Other Risk of Serious Harm) individual is discovered to be missing or wanted, senior managers of the Responsible Authorities should be made aware at the earliest opportunity. This will allow for the appropriate level of management and for the deployment of suitable resources to trace them. If the individual is subject to statutory throughcare licence conditions, set by the Parole Board for Scotland or Scottish Prison Service (acting on behalf of Scottish Ministers) and it is considered (along with any other relevant information) that the individual has now breached those conditions then the matter should also be referred by the relevant Justice Social Work Supervising Officer to the Scottish Government's Community Licence Team, Justice Directorate - Email: communitylicence@gov.scot

9. MAPPA in Operation: Other Risk of Serious Harm Individuals

9.1 There are five key stages to the MAPPA process:

- Stage 1 Identification of individual
- Stage 2 MAPPA referral
- Stage 3 Pre-meeting information sharing
- Stage 4 MAPPA meeting
- Stage 5 Exit from MAPPA

Stage 1: Identification of Other Risk of Serious Harm Individuals

9.2 The identification of the individuals who fall within the MAPPA framework is the critical first stage of the MAPPA process. This chapter sets out the statutory basis and model to assist the Responsible Authorities to identify relevant Other Risk of Serious Harm individuals.

Statutory basis

9.3 [Section 10 \(1\) of the Management of Offenders etc. \(Scotland\) Act 2005](#) sets out the categories of individual who can be subject to MAPPA. Other Risk of Serious Harm individuals are detailed under section 10(1)(e) as those who have been convicted of an offence and if, by reason of that conviction, are considered by the Responsible Authorities to be persons who may pose a risk of serious harm to the public at large. These MAPPA individuals may also be referred to informally as MAPPA Category 3 individuals.

Identification

9.4 This category may include:

- individuals who are not required to comply with the SONR or those who are not restricted patients.
- individuals who have been convicted of an offence, and by reason of that conviction are required to be subject to supervision in the community by any enactment, order or licence.
- individuals who are assessed by the Responsible Authorities as posing a high or very high risk of **serious harm** to the public at large¹².
- individuals whose risk is assessed as requiring active multi-agency management at MAPPA Level 2 or 3¹³.

¹² Please refer to [Chapter 4](#) of this guidance for the definition of risk of serious harm and information about the exceptional circumstances when medium risk may be sufficient for consideration of referral at Level 2 or 3.

¹³ Full details of assessment at these levels can be found in [Chapter 4](#) of this guidance.

Pre-referral

9.5 Other Risk of Serious Harm individuals are only managed at either Level 2 or Level 3. Any consideration for referral into the MAPPA framework as a Category 3 (Other Risk of Serious Harm) individual must clearly support that active multi-agency risk management is required and that this level of collaboration and co-ordination is necessary and proportionate to the management of the risk of serious harm posed by the individual in order to protect the public.

9.6 As one of the key criteria for a MAPPA Category 3 is that active multi-agency management is required then prior to any referral (whether from custody or the community) discussions should be held by the lead Responsible Authority with the agencies.

9.7 The lead Responsible Authority should ensure information relevant to the risk posed by the individual is shared with these agencies to ascertain whether a referral should proceed, on what basis and what information (including the proposed Risk Management Plan) should be included in the referral.

9.8 Where discussion has taken place in advance of any formal referral and agencies are in agreement that the individual merits consideration of being brought under the MAPPA framework as a Category 3, the lead Responsible Authority should advise the MAPPA Co-ordinator as soon as possible that a formal referral is forthcoming.

9.9 Pre-referral information sharing by the lead Responsible ensures that all Responsible Authorities and relevant Duty to Co-operate agencies are aware of the proposal to refer the person as a MAPPA Category 3. It also ensures that all agencies have the opportunity to identify and share relevant information which may further evidence the merits of a referral including a review of the Risk Management Plan (RMP).

9.10 Further detail on assessment and management of risk for consideration at Level 2 or Level 3 can be found at [Chapter 4](#) of this guidance.

Stage 2: MAPPA Referral for Category 3 (must involve multi-agency management at Level 2 or Level 3)

Key points and process for all MAPPA Category 3 referrals

9.11 All referrals seeking individuals to be considered for management under the MAPPA framework as a MAPPA Category 3 (Other Risk of Serious Harm) individual at either MAPPA Level 2 or 3 must be supported and informed by evidence. This should be reflected in the current risk of serious harm assessment and RMP. The RMP is a critical document in this process.

9.12 As detailed at 9.6 it is recommended that all referrals have been discussed in advance by the lead Responsible Authority and relevant agencies.

9.13 The MAPPA Co-ordinator for the relevant local authority is the Single Point of Contact for all Category 3 referrals. The MAPPA Co-ordinator will maintain a record of the numbers of individuals referred (accepted/not accepted) and managed by the Responsible Authorities in their area as MAPPA Category 3s.

9.14 In the absence of the MAPPA Co-ordinator (e.g. on annual leave/sick leave), the MAPPA Strategic Oversight Group (SOG) will ensure that there are mechanisms in place for such decisions to be made.

9.15 A copy of the [MAPPA Referral form](#) which should be used for all MAPPA Level 2 and Level 3 cases can be found within the [MAPPA document set](#) of this guidance.

Process

9.16 The lead Responsible Authority should complete the referral form providing all relevant information including the risk assessment and proposed RMP and submit to the MAPPA Co-ordinator within the agreed timescales.

9.17 On receipt the MAPPA Co-ordinator will review the referral on behalf of the SOG. A referral should only be accepted where the evidence provided clearly meets the criteria for inclusion in MAPPA at Level 2 or Level 3 as a MAPPA Category 3 individual.

9.18 Where the referral is accepted, the MAPPA Co-ordinator should confirm this to the referring Responsible Authority **no later than five working days of receipt**. This will allow the MAPPA Co-ordinator sufficient time to make arrangements to progress the case to the initial Level 2 meeting/Level 3 Multi-Agency Public Protection Panel (MAPPP).

9.19 Where the referral is not accepted, the MAPPA Co-ordinator should notify the referring Responsible Authority (if initially by phone this must be followed up in writing) **no later than three working days of their decision**, clearly outlining the reasons, for the non-acceptance into MAPPA as Category 3.

9.20 The leads for each Responsible Authority should always be sighted on the decision communicated back by the MAPPA coordinator as to whether a case is or is not being accepted.

9.21 Where there is disagreement as to the acceptance of a referral which cannot be resolved, the final decision will be made at a meeting of the local MAPPP designated leads from the local authority, police and health. Their rationale should be evidenced and accurately documented in the meeting minutes.

9.22 Where, after resolution, it is decided that the circumstances of the case do not meet the Category 3 criteria, the rationale and evidence for the decision will be recorded locally by the MAPPA Co-ordinator and notified to the referring Responsible Authority.

Community Referral

9.23 The lead Responsible Authority for a MAPPA Category 3 individual in the community is JSW. However, it should be noted that there will be cases that when the individual's statutory supervision by the local authority comes to an end, the role of lead Responsible Authority will transfer to Police Scotland. This may be where, for example the individual has been convicted of terrorism or terrorism related offences and the supervision element of their sentence has ceased but the person remains subject to terrorist registration requirements. These registration requirements are Police led.

9.24 For those individuals subject to a community disposal, or under supervision in the community, a referral can be made by JSW by completing the [MAPPA Referral form](#) found within the [MAPPA document set](#), at either:

- the time of the first risk assessment and development/completion of the RMP where it is clear that the criteria for this MAPPA category is met; or
- at any point during the period of the community disposal or supervision where the level of risk appears to have significantly increased to require multi-agency management at Level 2 or Level 3 and meets criteria for this MAPPA category.

Custody Referral

9.25 SPS is the lead Responsible Authority for all prisoners who are subject to, or likely to be subject to MAPPA up until the point of release. This includes during periods of community access including escorted, unescorted and home leave up to the point of liberation. At this point the role of lead Responsible Authority for a MAPPA Category 3 individual will transfer to JSW.

9.26 The decision to refer an individual for consideration as a MAPPA Category 3 will be discussed at SPS Integrated Case Management (ICM) meetings and Risk Management Team (RMT) meetings where progression is being considered. It is essential that community partners (including Responsible Authorities) are invited to these meetings. Further detail on individuals within prison custody can be found at [Chapter 15](#) of this guidance.

9.27 SPS will make the formal referral by completing the [MAPPA Referral form](#) found within the [MAPPA document set](#) no later than 12 weeks prior to the individual's release date or parole consideration. As indicated at 9.8 the MAPPA Co-ordinator should be advised early on that there is the likelihood of a formal referral. Community partners (including Responsible Authorities) will already have been invited to attend key meetings at the relevant SPS establishment where progression is being considered in order to contribute to the development of the person's RMP.

Counter Terrorism

9.28 Anyone in custody who will be subject to terrorist registration requirements upon release will be discussed at SPS counter-terrorism (CT) case management meetings. SPS will invite all Responsible Authorities to these meetings. Any indicators and evidence which demonstrate that the individual also meets the criteria for referral to be managed as a MAPPA Category 3 upon release should also be discussed at these meetings. SPS CT case management meetings will link in with SPS ICM and RMT processes. At the time of publication of this guidance, work continues between SPS and justice partners on how to enhance, align and streamline existing processes for these types of individuals whilst in custody.

9.29 Further information regarding counter terrorism processes can be found at

- [Counter Terrorism Policing \(UK\)](#) – this explains the four strands – Prevent, Pursue, Protect and Prepare.
- [Counter terrorism - Police Scotland](#)
- [Revised Prevent duty guidance: for Scotland](#)

Stage 3: Pre-MAPPA meeting - Information Sharing

9.30 Prior to Level 2 and 3 MAPPA meetings the agencies will share information held about the individual. The critical document is the individual's RMP. This will either have been developed by community based JSW if the individual is subject to a community order, or by prison based social work and the wider SPS RMT (which includes community partners and Responsible Authorities) if the individual is in custody. Further information around assessment of risk is detailed at [Chapter 4](#).

9.31 The method of seeking and sharing information will be determined by local arrangements. The MAPPA Strategic Oversight Group (SOG) will determine such arrangements and keep these under review. The information sharing process is managed by the MAPPA Co-ordinator.

9.32 By sharing information in advance of the MAPPA meeting, it makes certain that all Responsible Authorities and relevant Duty to Co-operate (DTC) agencies are aware, and;

- all agencies have an opportunity to identify and share relevant and current information that they hold in advance of the meeting and review the RMP;
- the amount of time spent exchanging information at Level 2/Level 3 (MAPPP) meetings is reduced, allowing the focus to be on the issues of risk assessment and risk management; and
- there is clarification of the threshold for Level 3 (MAPPP).

Information sharing - General

9.33 The information included in the MAPPA Referral will be passed to identified contacts within the Responsible Authorities and relevant DTC agencies directly by the MAPPA Co-ordinator. This requires the receiving agencies to have a single point of contact through which this information can be securely passed. To support the statutory requirement for a Memorandum of Understanding (MoU), each MAPPA Strategic Oversight Group (SOG) should consider developing a set of agreed information sharing principles and/or an Information Sharing Agreement (ISA).

9.34 Information sharing needs to be considered on a case by case basis and must meet legislative requirements including, but not limited to, the Data Protection Act 2018 ([DPA 2018](#)). For detailed information on the legislative requirements including processing data for law enforcement purposes, please visit the Information Commissioner's Office website ([ICO - DPA](#)). Further detail on the MoU, information sharing principles and an ISA can be found at [Chapter 3](#) (Duty to Co-operate) of this guidance. Further general detail on information sharing can be found at [Chapter 12](#). Please note that the process detailed below is separate to that of a subject access request (SAR).

9.35 The receiving agency should search their agency records for all relevant information about the individual, or victim(s), or potential victims of the offence(s).

9.36 The receiving agencies' searches should be undertaken and the response completed as a priority task. Following the search, a response should be completed and returned to the

MAPPA Co-ordinator no later than **five working days** prior to the scheduled meeting. Responses should be set out in the following terms:

- If nothing found – no trace/negative reply.
- If material found but not relevant - positive trace/negative reply.
- If material found and relevant - positive trace/positive reply and share the relevant information with either the managing agency or the MAPPA Co-ordinator (as directed) for the sole purpose of public protection and reducing the likelihood of reoffending.
- If material found and relevance not clear - positive trace/further consideration required.

Stage 4: MAPPA Meeting

9.37 A MAPPA meeting should be scheduled to review the RMP. The timing of this review should reflect the specific circumstances of the case and should be agreed at the initial meeting.

9.38 The frequency of these meetings is a matter for the lead Responsible Authority. Consideration of the frequency should be informed by the risks and any significant change in circumstances relating to the individual (where relevant). This should be highlighted in the RMP. However, setting regular meetings provides the opportunity for a systematic review of the risks and management levels identified in the RMP. All decisions require to be recorded and evidenced.

9.39 The Responsible Authorities and DTC agencies have an on-going responsibility to inform the lead Responsible Authority and the MAPPA Co-ordinator of any information they receive that indicates a change in the risk of serious harm posed by an individual, in either a positive or negative manner. A meeting must be arranged to review the circumstances.

9.40 Consideration of the frequency of these meetings should be informed by risk and any significant change in circumstances of the individual, where relevant. The minimum standards in respect of review meetings are as follows:

- MAPPA Level 2 – to be reviewed no less than once every 12 weeks
- MAPPA Level 3 – to be reviewed no less than once every 6 weeks

Initial Level 2 and Level 3 Meetings

9.41 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 the Risk Management Plan (RMP) including ensuring;
 - the assessment and analysis of the risk of serious harm has identified the risks and;

- that the identified risk management strategies and activities are implemented in line with professional role and competence and;
- that decisions are taken to address any obstacles to the delivery of the RMP and uninterrupted service provision; and
- where an individual is leaving custody, agreement is reached in the respect of the implementation of the RMP developed and endorsed by the SPS Risk Management Team (to which community partners should have contributed).

There must only be one Risk Management Plan for each individual.

- consider whether the MAPPA level requires to be amended (this may include discussing whether the person continues to meet the criteria for a MAPPA Category 3); and
- set a formal review date for the Risk Management Plan.

9.42 Where the individual is subject to an Order for Lifelong Restriction (OLR), the RMP must be reviewed at least once a year¹⁴ and the updated RMP and Annual Implementation Report (AIR) submitted to the Risk Management Authority (RMA) by the lead Responsible Authority.

9.43 Compilation of relevant and current pre-read materials should be provided by the MAPPA Co-ordinator in advance of the meeting to all agencies attending an initial Level 2 or Level 3 meeting to allow sufficient time for suitable preparation. The individual's RMP is a critical document in this process.

9.44 The Chair should make sure that the meeting is focused on systematic assessment based on identified risk factors. The Chair should summarise the risk factors and provide direction on the actions and resources required to appropriately manage the case.

Individual already in community

9.45 For individuals with a community referral at Level 2, an initial Level 2 meeting must be held no later than **twenty working days** from receipt of referral and the RMP being accepted by the MAPPA Co-ordinator. Where the initial Level 2 meeting determines the person should be managed at Level 3, a meeting should be scheduled thereafter as soon as practically possible.

9.46 For those individuals with a community referral at Level 3, an initial Level 3 must be held no later than **five working days** of receipt of referral.

Individual currently in custody – pre-release date/parole consideration

9.47 The initial community MAPPA meeting to discuss an individual referred and accepted as a MAPPA Category 3 should take place as a minimum, **no later than four weeks** prior to the individual's release into the community. However, it is recognised that timings for these

¹⁴ The Lead Responsible Authority must report to the RMA within 12 months of the date on which the current RMP was approved by the RMA. The RMA [Standards and Guidelines for Risk Management](#) provides detailed information on the risk management planning process for OLRs, including where an amended RMP requires to be submitted to the RMA as a result of an actual or potential significant change.

initial meetings may vary case by case given the need to take into account the ability to undertake certain actions such as finding a suitable release address prior to the person's release/parole consideration.

9.48 These lead in times are to afford all Responsible Authorities and DTC agencies sufficient opportunity to put the necessary arrangements in place for the management of the individual's risk in the community.

Attendance

9.49 The MAPPA Co-ordinator in consultation with the lead Responsible Authority will identify which agencies/individuals are central to the delivery of the RMP and arrange for their attendance.

9.50 The MAPPA Co-ordinator can maximise agency involvement by organised scheduling of meetings, including use of video and tele-conferencing such as Microsoft (MS) Teams. All agencies should be represented by senior personnel (ideally the same person per agency per case for consistency) who understand the strategies for minimising or reducing risk of serious harm, and who have the authority to implement appropriate strategies agreed at the meeting on behalf of their agency.

9.51 As well as senior representatives from the Responsible Authorities, representatives at local level should also be included. Community partners including housing and children and families should also be invited to attend where appropriate.

Stage 5: Exit from MAPPA

9.52 An individual managed within Category 3 (Other Risk of Serious Harm) should only exit from MAPPA when a change in circumstances, including risk results in the criteria for this MAPPA category no longer being met.

9.53 When a MAPPA Category 3 individual is nearing the end of their supervision or order and about to exit the arrangements, a review of their circumstances to consider whether continued management through local arrangements (outwith this formal MAPPA Category 3 process) is required.

10. Restricted Patients (Managed within the Health System)

Statutory Basis

10.1 [Section 10 \(1\)](#) of the Management of Offenders etc. (Scotland) Act 2005 sets out the distinct categories of individuals who can be subject to MAPPA. In April 2008, relevant parts to that section in relation to Restricted Patients were enacted by virtue of a [Scottish Statutory Instrument](#) (SSI).

Identification

10.2 Restricted Patients mean patients subject to a compulsion order with restriction order, a hospital direction or a transfer for treatment direction; that is patients who are subject to special restrictions under the [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#). All such patients are subject to MAPPA. These are:

- Patients who are detained following conviction under [section 57A](#) and [section 59](#) of the [Criminal Procedure \(Scotland\) Act 1995](#);
- Patients who are detained under section 57(2)(a) and (b) of the Criminal Procedure (Scotland) Act 1995 Compulsion order with a Restriction Order following a finding of unfitness for trial or acquittal by reason of mental disorder; and
- Prisoners detained in hospital on a Hospital Direction under [section 59A of the Criminal Procedure \(Scotland\) Act 1995](#) or a transferred prisoner on a Transfer for Treatment Direction under [section 136 of the Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#).

10.3 The legislative provisions requiring the use of MAPPA procedures in relation to these patients can be found at [sections 10 and 11 of the Management Offenders etc. \(Scotland\) Act 2005](#).

10.4 Scottish Ministers also have a statutory role in relation to certain patients subject to other types of mental health orders, such as interim compulsion orders, assessment orders and treatment orders. They are not 'restricted patients' and are not subject to MAPPA.

MAPPA and the Care Programme Approach

10.5 Although the same underlying principles of gathering and sharing of relevant information in relation to risk apply, the [Care Programme Approach](#) (CPA) focuses on a patient's care and treatment including that likely to minimise the risk posed to other persons, whilst MAPPA focuses on multi-agency review and scrutiny of the risk management plan produced through the CPA process. Within the MAPPA framework, the CPA process will remain the vehicle for planning a person's care and treatment and for risk assessment and management planning.

10.6 The underlying concept of MAPPA is to provide systems and processes for relevant agencies to share information about individuals who represent a risk to the community. Where appropriate, the agencies will co-operate to put together plans to assess and manage these risks. It is important to emphasise that the MAPPA meeting's remit is scrutiny of risk

assessment, information sharing and risk management plans and not direct case management or an opportunity to have a case conference.

NHS Boards and State Hospital Board

10.7 All regional NHS Boards and the State Hospital Board for Scotland should identify a senior manager responsible for providing the assurances on the quality of the operation of the CPA and to provide the statistical information for contributing to the MAPPAs Annual Report. As detailed in the [Memorandum of Procedure for Restricted Patients](#) (MOP) it is recommended that an audit be carried out on the quality of the operation of CPA on an annual basis. Further information on data required for the MAPPAs Annual Report can be found at [Annex 3](#) of this guidance.

Liaison with Police Scotland

10.8 The local MAPPAs Co-ordinator should help identify police link staff to be invited to a pre-CPA meeting and for liaison about any police issues of relevance to the case including when a MAPPAs Level 2 or 3 referral is appropriate. The aim is that the police link should be in place from the start of the CPA process and not simply introduced when the patient is moving towards the community. The police role should include invitation to CPA meetings in the following circumstances:

- On the admission of the patient to hospital an appropriate police liaison officer is identified who will assist with the gathering and sharing of information to assist the risk assessment process. This person should be invited to the pre-CPA meeting which takes place shortly after admission and does not normally involve the patient;
- When unescorted leave within hospital grounds is being considered;
- If the patient is high risk or high profile and escorted leave is being considered;
- Prior to accommodation being identified for a patient progressing towards conditional discharge;
- When a breach of condition occurs or if a patient is recalled; or
- Any other occasion when it can be demonstrated that a police representative at the meeting is essential.

Notification to MAPPAs Co-ordinator

10.9 A notification should be completed and sent to the MAPPAs Co-ordinator in the area where the patient is located when a restricted patient is admitted to hospital; any transfer between hospitals or hospital units or back to prison. A [MAPPAs Restricted Patient Notification Form](#) can be found within the [MAPPAs document set](#) of this guidance. Further detail on the notification process for Restricted Patients can be found in [CEL 19 \(2008\)](#).

Referral to MAPPAs Co-ordinator

10.10 There are three key stages at which a MAPPAs referral should take place, using the MAPPAs Restricted Patients Referral Form:

- when the patient is being considered for unescorted hospital grounds access or unescorted suspension of detention for the first time - following scrutiny of the risk

assessment and management plans, MAPPA partners will indicate whether or not they are content with the plans. Once agreement is reached the Responsible Medical Officer (RMO) should submit the request for suspension of detention to the Scottish Ministers in the usual way;

- when suitable accommodation has been identified in the community as part of the planning for conditional discharge - suspension of detention may continue as usual whilst this process is underway; and
- when the RMO is considering recommending the revocation of the compulsion order or the revocation of the restriction order.

10.11 There may be other circumstances when a MAPPA level 2/3 referral is appropriate.

These include:

- the restricted patient is also subject to the Sex Offender Notification Requirements (SONR) and an environmental scan requires to be carried out on the new address;
- involving transfer or escorted suspension of detention from the State Hospital when the risk is considered to be high or there are significant victim sensitivities;
- first occasion of escorted suspension of detention, where risk is high or patient is high profile;
- if a patient is approaching their Earliest Date of Liberation (EDL) and the care team consider the risks presented by the patient are significant enough to be managed through a risk management plan managed at MAPPA level 2 or 3;
- if a patient is already on unescorted suspension of detention or unescorted ground leave and the care team considers the risk presented by the patient might be best managed at MAPPA Level 2 or 3; or
- if a patient is on conditional discharge and the clinical team and others involved through the CPA process consider the risk presented by the patient might be best managed at MAPPA Level 2 or 3.

10.12 All referrals should be completed and sent to the MAPPA Co-ordinator in the area of hospital sending the referral. A copy of a [MAPPA Restricted Patient Referral Form](#) found within the [MAPPA document set](#) of this guidance.

MAPPA Meeting

10.13 A request for a Health case (Restricted Patients) to be discussed at a MAPPA Level 2/3 meeting may be arranged upon referral to Level 2 or 3, or when a 'significant change' is likely. It is the responsibility of the RMO to request a Health case to be added to the MAPPA meeting agenda when a significant change is being considered.

10.14 To assist and help clarify about what may constitute as a significant change in circumstances and avoid confusion over whether a MAPPA meeting for a Health case is necessary, this is a decision left to the discretion of the clinical team around the Restricted Patient. The aim is to allow the clinical team to make decisions on a case-by-case basis, subject to following the guidance given in this document and relevant consultation with risk management partners.

10.15 Paras 10.10 and 10.11 detail at what points a referral to the MAPPA Co-ordinator should be made. In those instances, or where a significant change is being considered and the clinical team has decided that it requires a MAPPA referral, no changes should be made to an existing care/risk management plan until it has been explored at a CPA meeting and the Scottish Government (Restricted Patient Team) has approved the subsequent recommendation.

10.16 The MAPPA Chair should clearly establish what action NHS staff will take in the event a patient absconds and how Police Scotland will respond in the event they are called. The relevant Health Board(s) should be aware of what action they expect Police Scotland to take in such situations and Police Scotland should explain the legal boundaries that define their ability to respond. This should be clearly recorded in the MAPPA minute.

MAPPA information relayed to the Mental Health Tribunal (MHT) for Scotland

10.17 In the event of a request for disclosure of MAPPA minutes for submission to the Mental Health Tribunal, the following information will be shared by the Health Directorate: A MAPPA meeting was held on [date]. MAPPA level is [state level]. The MAPPA group support the recommendation by the RMO for unescorted suspension of detention. When considering unescorted suspension of detention, the RMO should share with MAPPA the plan for the proposed Suspension of Detention (SUS) including where appropriate victim sensitivities. This information will be reflected in the Position Statement when relevant.

10.18 For those Tribunals considering conditional discharge, revocation of the compulsion order or revocation of the restriction order the Scottish Government's Restricted Patient Team will e-mail the relevant MAPPA Co-ordinator to request that a Minutes Executive Summary be prepared by the Chair of the MAPPA meeting for lodging at the MHT (which in turn will be copied to the patient and other parties). The Restricted Patient Team should be advised of all MAPPA meetings and will consider whether or not they should be represented.

The wider role of the NHS in MAPPA

10.19 The NHS has a duty to co-operate for all individuals subject to MAPPA (not just Restricted Patients). Further information on duty to co-operate can be found at [Chapter 3](#) of this guidance. The role and remit of the NHS as a Responsible Authority can be found at [Chapter 2](#) of this guidance.

Further information and supplementary guidance -Restricted Patients within the MAPPA Framework

10.20 [Scottish Government Circular - CEL 19 \(2008\)](#) provides guidance on the immediate actions to be taken by health boards in relation to restricted patients, and explained both how restricted patients would be assessed and managed within the MAPPA framework as well as the on-going responsibilities of health boards and patient care teams under the 2005 Act.

10.21 CEL 19 (2008) also provides guidance on:

- Health responsibilities for restricted patients under MAPPA (paras 15-19)
- Application to restricted patients (paras 20-27)

- CPA for restricted patients (paras 28-33)
- Risk assessment and management of restricted patients (paras 34-38)
- NHS Boards and Clinical Governance (paras 29-41)
- Role of the Responsible Medical Officer (paras 42-44)
- Role of the Mental Health Officer (para 45)
- Procedures for MAPPA Stage 1 (paras 50-56)
- Transfer to conditions of lower security or otherwise (paras 57-60)
- Planning for Suspension of Detention (SUS) (paras 61-67)
- Planning for Conditional Discharge (CD) (paras 68-75)
- Procedures for referral to MAPPA stage 2 and 3 (paras 76-81)
- Transferred prisoners (paras 82-85)
- Absconding by patient on leave (paras 86-88)
- Breaches of conditions of discharge (paras 89-92)
- Revocation of Compulsion Order (Absolute Discharge) or Revocation of Restriction Order (paras 93-99)
- Early Discharge Protocol (para 100)
- Transfer out of Scotland (para 101)
- ViSOR (paras 102-104)

NHSHDL (2007)19

http://www.sehd.scot.nhs.uk/mels/HDL2007_19.pdf

NHSCEL (2007) 7

http://www.sehd.scot.nhs.uk/mels/CEL2007_07.pdf

NHSCEL (2007) 13

http://www.sehd.scot.nhs.uk/mels/CEL2007_13.pdf

NHSHDL (2002)85

http://www.sehd.scot.nhs.uk/mels/HDL2002_85.pdf

Memorandum of Procedure for restricted patients

<http://www.scotland.gov.uk/Publications/2010/06/04095331/0>

11. MAPPA Co-ordination

11.1 Co-ordination is a crucial element of the MAPPA and ensures that the relevant functions of the framework operate effectively.

MAPPA Co-ordinator Responsibility

11.2 The Co-ordinator's role is a dedicated function undertaken on behalf of the Responsible Authorities. The Co-ordinator is accountable to those operating the arrangements through the local MAPPA Strategic Oversight Group (SOG).

11.3 The post is designed to ensure that multi-agency risk management processes are quickly and efficiently applied to the right people.

11.4 The nationally agreed role and responsibilities of a MAPPA Co-ordinator can be found at [Annex 5](#).

11.5 The Co-ordinator facilitates the Responsible Authorities in their statutory responsibility to do the following:

- Receive and consider notifications and referrals to MAPPA in line with this national guidance;
- Share information relevant to the management of the risk of serious harm with other agencies within MAPPA on the basis that the information will be held securely and used by appropriate personnel within those agencies for public protection purposes only;
- Help determine if their agency is a core partner in terms of the delivery of risk assessment and Risk Management Plans (RMPs);
- Receive the RMPs and Minutes from all relevant Level 2 and Level 3 meetings, showing clearly the status of each individual, the agencies which are delivering components of the plan, timescales, review arrangements and the point at which the individual is due to exit the multi-agency risk management process;
- Co-ordinate the setting of, and attendance at MAPPA review meetings by relevant agencies at an appropriate level of seniority;
- Actively encouraging the effective and appropriate sharing of information prior to, during and following MAPPA review meetings; and
- Provide a single point of contact for advice on all aspects of MAPPA.

MAPPA Meetings

11.6 The broad aims of a MAPPA Level 2 or 3 meeting are to:

- bring additional information or assist agencies to assess the relevance of existing information;

- review and establish agreement regarding the development and implementation of an RMP including;
 - ensuring the analysis of the risk of serious harm has identified the risks.
 - ensuring that the identified risk management strategies and activities are implemented in line with professional role and competence;
 - ensuring that decisions/next steps are taken to address any obstacles to the delivery of the RMP and uninterrupted service provision;
- consideration of victim(s) and wider community safety planning;
- ensure that, where appropriate, information is shared at MAPPA Level 2 and Level 3 meetings and decisions recorded as to the suitability or otherwise environmentally risk assessed properties being allocated to Registered Sex Offenders (RSOs);
- consider whether the MAPPA level should increase or decrease; and
- set a formal review date for the RMP.

11.7 Where the individual is subject to an Order for Lifelong Restriction (OLR), the RMP must be reviewed at least once a year¹⁵ and the updated RMP and Annual Implementation Report (AIR) submitted to the Risk Management Authority (RMA) by the lead Responsible Authority.

11.8 For these individuals, the meeting should have regard to the requirements as detailed in the [Standards and Guidelines for Risk Management \(RMA\)](#).

11.9 All of the pre-read documentation relevant to the MAPPA Level 2 or 3 meeting (a critical document being the RMP) should be collated and distributed in advance of the meeting to allow the attendees suitable preparation time. This should allow the discussion at the meeting to focus on risk assessment and formulation of the risk management plan and contingency measures.

11.10 It is important that MAPPA meetings are well organised and that accurate records of them are made and retained. To support this a standard [MAPPA Minute Template](#) and [RMP](#) can be found within the [MAPPA document set](#) of this guidance.

11.11 The completed Minute template and RMP should be added to ViSOR to provide a consistency of approach to this critical part of MAPPA practice.

¹⁵ The Lead Responsible Authority must report to the RMA within 12 months of the date on which the current RMP was approved by the RMA. The RMA [Standards and Guidelines for Risk Management](#) provides detailed information on the risk management planning process for OLRs, including where an amended RMP requires to be submitted to the RMA as a result of an actual or potential significant change.

MAPPA Minutes

11.12 The sufficient provision of Minute takers is a matter for the responsible authorities and the MAPPA SOG, in consultation with the MAPPA Co-ordinator. It is important that an accurate record of the discussion and the decisions taken at the meeting are made and retained. It is important to record the debate and to evidence the reasoning for or against a particular course of action. The Minute should be sufficiently detailed to allow any subsequent inquiry to gauge whether, “everything that could reasonably have been done to prevent individuals from reoffending was actually done”.

11.13 Whilst [minute completion notes](#) (found within the [MAPPA document set](#) of this guidance) accompany the Minute, it is also advisable to clarify:

- that the Minute is a record of a meeting held under the auspices of MAPPA and therefore that those attending understand the basis upon which the meeting is held - including the confidential nature of the proceedings and the Minutes;
- who attends the meeting and in what capacity;
- the identity of the individual and whether the meeting is the initial, or further review of the individual;
- that discussions relevant to the assessment and the management of risk, including disclosure are captured in the relevant section of the Minute and RMP; and
- that the rationale for the strategy to manage each identified risk is recorded. Where a particular course of action is considered but not taken, for example third party disclosure, the reasons for not taking that action should also be recorded.

11.14 The identified risks and the strategy for managing the risks should be laid out in the risk management section of the Minute and RMP.

11.15 The draft Minute and RMP should be produced within **five working days** and following clearance from the MAPPA Chair and sent securely to relevant representatives. Any comments should be returned without delay to allow production of the final Minute and RMP within a further **five working days**. This will ensure production of the documents within **ten working days**.

11.16 The MAPPA Minute and RMP is always ‘OFFICIAL’ and may be ‘OFFICIAL-SENSITIVE’ under the terms of the Government Security Classifications (see [Annex 2](#)). If agencies do not have access to ViSOR, they should determine how they will store the Minutes and RMP securely and in line with the classification requirements. They should outline how other agency personnel can access them in the event of an emergency.

11.17 The MAPPA meeting Minute and RMP, should be stored on ViSOR. An agency cannot share these documents widely with its personnel unless this has been agreed by the Chair of the MAPPA meeting and/or the MAPPA Co-ordinator.

11.18 To support the production of an accurate Minute and RMP in the highest level meetings, the proceedings might be audio recorded. Reference should be made to local

procedures in respect of the secure storage of the audio recording which should be regarded as confidential. The audio recordings must be destroyed once the final Minute and RMP has been agreed and produced.

Disclosure of MAPPA Minutes

11.19 The MAPPA meeting Minute and RMP must not be shared or copied without the prior approval of the Chair of the meeting. Where there is a request for a copy of the Minute and RMP from a third party this should be referred to the MAPPA meeting Chair and the MAPPA Co-ordinator.

11.20 Where a request has been received for a submission to a Mental Health Tribunal the following information may be shared: A MAPPA meeting was held on [date]. MAPPA Level is []. The MAPPA group support the recommendation by the RMO for [unescorted SUS/conditional discharge/revocation of the restriction order].

11.21 For those Mental Health Tribunals considering conditional discharge (CD), revocation of the compulsion order (CO), or revocation of the restriction order (RO), the Scottish Government Restricted Patient Team will email the relevant MAPPA Co-ordinator to request that a Minute Executive Summary be prepared by the Chair of the MAPPA meeting for lodging at the Mental Health Tribunal (which in turn should be copied to the patient and other parties). A [Minute Executive Summary form](#) can be found within the [MAPPA document set](#).

11.22 Requests for disclosure of the MAPPA Minute and RMP by an individual or their legal representative should be treated as a Subject Access Request (SAR) authorised under the [Data Protection Act 2018](#). The Co-ordinator and the Chair of the meeting should consult with the other agencies that attended the meeting and consider whether the information can be released on the grounds provided by the Data Protection Act. The lead Responsible Authority should always seek advice from their information security officer/data protection officer before responding to such requests.

11.23 There should rarely be a need to disclose the Minute or RMP in its entirety to anyone not party to the meeting. All formal requests for the disclosure of the Minute should be responded to. All requests and decisions relating to disclosure of the Minute or RMP should be recorded on case management records including ViSOR.

11.24 Where the Minute or RMP is to be provided, the MAPPA meeting Chair should complete a Minute Executive Summary along with a covering letter. A template for both the [Minute Executive Summary](#) and the [covering letter](#) can be found within the [MAPPA document set](#).

11.25 The Minute and RMP are records made and kept for a specific purpose. They should not be used for any other purpose unless there is a clear and compelling reason to do so and which does not compromise the integrity of professional practice and the law. The Minute and RMP may contain personal information about third parties as well as the individual, including information about members of staff of the agencies involved. There is a requirement for that information to be restricted and not disclosed to third parties.

Involvement of individuals subject to MAPPA

11.26 While the individual will not be involved in the MAPPA meeting there should be a clearly stated mechanism for communicating with the individual both before and after the meeting. This should fall to the lead Responsible Authority, i.e. the supervising officer or police officer with responsibility for the case. Engaging the individual in the reality of risk management reflects the critical contribution an individual can make to changing their offending behaviour and for taking responsibility for their actions. The individual must be aware that they are being managed through the MAPPA and what the implications of that are.

Frequency of review meetings

11.27 A MAPPA meeting/Level 1 call for information should be scheduled to assess progress against the RMP. The timing of this should reflect the specific circumstances of the case and should be agreed at the initial meeting. Details on RSOs and initial meetings can be found at [Chapter 5](#). Details on Other Risk of Serious Harm (Category 3) individuals and initial meetings can be found at [Chapter 9](#).

11.28 The frequency of these meetings is a matter for the lead agency in liaison with the MAPPA Co-ordinator and partner agencies. Consideration of the frequency should be informed by the risks and any significant change in circumstances to the individual (where relevant). This should be highlighted in the RMP. However, setting regular meetings provides the opportunity for a systematic review of the risk and management levels identified in the RMP. All decisions require to be recorded and evidenced based.

11.29 The Responsible Authorities and DTC agencies have an on-going responsibility to inform the lead Responsible Authority and the MAPPA Co-ordinator of any information they receive that indicates a change in the risk of serious harm posed by an individual, in either a positive or negative manner. A meeting must be arranged to review the circumstances.

11.30 Consideration of the frequency should be informed by risk and any significant change in circumstances of the individual (where relevant). A statement of the minimum practice standards for the management of Level 1 individuals can be found at [page 31](#). The minimum standards in respect of Level 2 and 3 review meetings are as follows:

- MAPPA Level 2 – to be reviewed no less than once every 12 weeks
- MAPPA Level 3 – to be reviewed no less than once every 6 weeks

Chairing of MAPPA Meetings

11.31 The Chair of a MAPPA meeting should possess the necessary skill, knowledge and experience required for the role. All Chairs should receive the requisite training and undertake an induction period alongside an experienced Chair.

11.32 The expectation is that any MAPPA Level 1 meetings should be chaired at a minimum level of Police Sergeant or Justice Social Work Team Leader.

11.33 The expectation is that Level 2 meetings will be chaired at a minimum level of Police Inspector or Justice Social Work (JSW) Service Manager or equivalent. Level 3 meetings

should be chaired at a minimum level of Chief Social Work Officer, or Detective Superintendent. For meetings in relation to Restricted Patients these are likely to be chaired by suitably qualified health representatives experienced in the operation of MAPPA.

11.34 The MAPPA Chair is the facilitator and will direct the meeting, ensuring that the identification of the risks, and the production and appropriate review of the MAPPA Risk Management Plan is conducted in an effective and efficient manner. The role of the Chair is to ensure:

- The agenda is followed and all items are fully discussed;
- The meeting is properly recorded and the Minute circulated within the specified timescales;
- The meeting considers a full analysis of the risk of serious harm and then reviews the RMP;
- The meeting runs to the time allocated and the time allowed is sufficient to address the issues;
- The regulations and rules are adhered to;
- Where an agency fails to attend a meeting this should be followed up with the respective agency locally. A record of non-attendance should be maintained; and
- Where non-attendance affects the ability of the meeting to fulfil its function, any resultant limitations to the risk assessment and RMP are identified and acknowledged.

11.35 To achieve the above the Chair should:

- Enable appropriate contributions from all participants;
- Summarise key points;
- Test for consensus;
- Note and record areas of disagreement;
- Decide options for moving forward; and
- Agree an RMP.

Licence conditions amendments

11.36 Where there are changes proposed to the RMP which require an alteration to the individuals existing licence conditions, a Licence Amendment (LA) template should be completed and submitted **by the JSW Supervising Officer** to the Scottish Government Community Licence Team, Community Justice Division – contact details:

Scottish Government
Community Licence Team

GW:07, St. Andrew's House
Edinburgh
EH1 3DG
Email: communitylicence@gov.scot

11.37 The completed LA template **should not be submitted directly to the Parole Board by the Supervising Officer**. Similarly, if a preventative order is in place (for example in relation to sexual offending), representation should be made to the police for them to consider seeking to have the Order's conditions amended.

11.38 It should be noted that requests for termination of supervision for those individuals on a life licence, should also be submitted to the SG Community Licence Team by completing the same LA template. The Supervising Officer should submit the request along with the Assessment Report which should be dated within the last 12 months. If the termination is agreed by the Parole Board a new licence is issued retaining the following two conditions:

- That the licensee is of good behaviour and keeps the peace.
- That they inform their local authority if they are arrested or questioned by the police.

Supervised Release Order (SRO) - amendments

11.39 Where the individual subject to MAPPA is on an SRO and it has been determined by MAPPA partners that there are changes required to be made to their RMP which will also require an amendment to the SRO conditions then the JSW Supervising Officer should write to the court setting out the current conditions and indicating the change which is being sought, the reasons for the application, and the suitability of the proposed variation. If the individual subject to the SRO agrees with the application, this should be clearly stated, and they should be asked to sign a statement to that effect.

12. Information Sharing

Introduction

12.1 This chapter provides general guidance and relevant links on the sharing of information between agencies under the MAPPA framework. These are the [Responsible Authorities](#), [Duty to Co-operate \(DTC\)](#) agencies, and other bodies with an interest in the management of these cases.

12.2 MAPPA as such is not an organisation, but a set of statutory arrangements for managing the risks posed by certain individuals. It therefore cannot be the owning agency for any information on individuals subject to MAPPA.

12.3 The purpose of sharing information about individuals (“data subjects”) managed under MAPPA is to enable the relevant agencies to work more effectively together in assessing risks and considering how to manage them. This points towards sharing all the available relevant information, so that nothing is overlooked and public protection is not compromised.

12.4 However, agencies must respect the rights of data subjects, which will tend to limit what can be shared. In order to strike the right balance, agencies need a clear understanding of the law in this area. Information sharing needs to be considered on a case by case basis and must meet legislative requirements including the Data Protection Act 2018 ([DPA 2018](#)) and the [Human Rights Act 1998](#) (“HRA 1998”). Responsible Authorities should seek their own independent legal advice on the application of data protection law where necessary.

12.5 The processing of data for law enforcement purposes is covered under [Part 3](#) of the DPA 2018. For detailed information on the legislative requirements including processing data for law enforcement purposes, please visit the Information Commissioner’s Office website ([ICO - DPA](#)). The Information Commissioner’s Office also published a [Data Sharing Code of Practice](#) which should be observed by all agencies.

12.6 The UK General Data Protection Regulation (UK GDPR) does not apply to the processing of data by competent authorities for the purposes of the execution of criminal penalties including the safeguarding against, and the prevention of, threats to public security.

Principles of Information Sharing

12.7 Information sharing must comply with the general principles of data protection as set out in the UK GDPR which are:

- **Lawfulness, fairness and transparency**
The processing of data must be lawful, fair and transparent.
- **Purpose limitation**
The purposes for processing of data must be specified, explicit and legitimate.
- **Data minimisation**
Personal data must be adequate, relevant and not excessive.
- **Accuracy**
Personal data must be accurate and kept up to date.
- **Storage limitation**
Personal data to be kept no longer than is necessary.

- **Integrity and confidentiality (security)**
Personal data to be processed in a secure manner.
- **Accountability**
The data controller takes responsibility for what is done with the personal data and how that complies with the other principles.

12.8 Each agency should follow its own data protection policies in sharing information with other agencies under MAPPA. There may be differences on points of detail. Co-operation between agencies will be easier if there is a shared understanding of each other's policies. For this reason, it is advised that each MAPPA Strategic Oversight Group (SOG) should develop a set of Information Sharing Principles (ISP) and/or where necessary an Information Sharing Agreement (ISA) setting out how they will share information with each other, so that they are following a common set of rules and security standards as far as possible. Further information on ISA/ISP can be found in [Chapter 3](#) – Duty to Co-operate.

12.9 Information shared must be accurate, up-to-date and proportionate to the purpose for which it is being shared. It must be stored and transferred securely; and it must not be retained any longer than necessary.

12.10 Although the exchange of information with non-MAPPA agencies has to be considered on a case-by-case basis, formal protocols or agreements should be in place in advance if possible. These agreements should pay particular attention to ensuring the lawfulness, safety and security of the personal information shared.

Information Sharing must be Lawful, Necessary and Proportionate

12.11 The sharing of information must be in accordance with the law. As far as the MAPPA agencies are concerned, there must be a statutory basis for sharing information. This exists for the agencies who make up the Responsible Authority or who have a duty to co-operate with it. [Section 1\(2\)\(a\) of the Management of Offenders etc. Scotland Act 2005](#) expressly permits the sharing of information between these agencies for MAPPA purposes.

12.12 Whilst the Responsible Authorities and the Duty to Co-operate agencies are routinely and regularly involved in the management of individuals subject to MAPPA, from time to time, other agencies can contribute significantly to the person's Risk Management Plan. Information sharing between the MAPPA agencies and these third parties does not benefit from section 1(2)(a) of the 2005 Act. In general, non-statutory bodies are able to share information provided this does not breach the law. They are bound by the common law duty of confidence.

12.13 The key principle of the duty of confidence is that information provided should not be used or disclosed further in an identifiable form, except as originally understood by the provider, or with their subsequent permission. However, case law has established a defence to breach of confidence where an individual breaches the confidence in the public interest.

12.14 The prevention, detection, investigation and punishment of serious crime and the prevention of abuse or serious harm will usually be sufficiently strong public interests to override the duty of confidence.

12.15 Information sharing must be necessary. [Article 8 of the European Convention on Human Rights](#), given domestic effect by the HRA, provides a right to respect for private and family life, home and correspondence. Article 8(2) states that:

“There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.”

12.16 The sharing of information by MAPPAs for MAPPAs purposes satisfies these conditions in that it is clearly aimed at preventing disorder or crime or administering justice. Provided the information shared is only used for MAPPAs purposes the necessity test will be met, as information-sharing by way of MAPPAs is not an excessive or unreasonable way of assessing and managing these risks.

12.17 Information sharing must be proportionate. In human rights law, the concept of proportionality means doing no more than is necessary to achieve a lawful and reasonable result.

12.18 The personal data shared must be relevant, and not excessive in relation to the purpose for which it is being shared. For MAPPAs agencies, this essentially means ensuring that information about the data subject is relevant to assessing and managing risk and that no more information is shared than is needed to manage that risk. For example, if what is actually needed is the names and addresses of individuals, sharing their race and religion as well would be disproportionate.

12.19 The Information Commissioner's Office ([ICO](#)) website provides full details and helpful advice on Data Protection including the processing of data for law enforcement purposes – [Guide to Law Enforcement Processing](#).

Information Sharing - Health Considerations

12.20 If MAPPAs documents are marked appropriately in terms of the Government Security Classification then @nhs.scot can be used to transmit documents between the NHS and other agencies. Within the NHS, MAPPAs documents must be stored in accordance with the classification, either physically or electronically. Within the hospital environment, MAPPAs records are held separately from the patient's records, however, if considered appropriate, a summary, containing relevant information, may be included within the patient's records.

12.21 This is recognised as good practice and should be reflected in the processes employed by General Practitioners. Documents or letters outlining key points may be useful ways to ensure that relevant information is made available to appropriate health service staff where this is necessary without transmitting full MAPPAs documents.

12.22 If MAPPAs documents are shared with staff that do not have access to a method of storing documents in keeping with the security classifications, then after the documents have been read they should be destroyed.

Social Security Scotland

12.23 On 8th January 2021, Social Security Scotland became a statutory Duty-to Co-operate agency by virtue of the Management of Offenders etc. (Scotland) Act 2005 (Specification of Persons) Amendment Order 2020. This Order provides for the exchange of certain prescribed information for those individuals subject to MAPPA without the individuals consent. At the time of publication, there are information sharing agreements in place between Social Security Scotland and:

- Scottish Prison Service
- Police Scotland

Department for Work and Pensions (DWP)

12.24 [The Management of Offenders etc. \(Scotland\) Act 2005 \(Disclosure of Information\) Order 2010](#) sets out the conditions under which information may be disclosed between the Secretary of State for Work and Pensions (Department for Work and Pensions), the Responsible Authorities and Duty to Co-operate agencies within the MAPPA framework - albeit that the DWP is not itself a DTC agency.

12.25 In practice, there are three ways by which the Responsible Authorities can obtain information from DWP, namely:

- Part 3 of the DPA 2018 This is the means by which Police Scotland routinely access DWP information for the prevention and detection of crime;
- The DWP/Police Scotland Memorandum of Understanding in relation to tracing missing sex offenders; and
- Notifications under the terms of The Management of Offenders etc. (Scotland) Act 2005 (Disclosure of Information) Order 2010. This piece of legislation is intended to restrict the placing of certain individuals in inappropriate employment or training and to provide a legislative mechanism by which the DWP can make the Responsible Authorities aware of employment and training information which may affect the risk assessment of an individual subject to MAPPA.

12.26 Each piece of legislation has its own defined uses and the appropriate legislation should be used when circumstances dictate.

13. Disclosure

13.1 For the purposes of this guidance, information sharing is the sharing of information between all agencies involved in MAPPA. Disclosure, on the other hand, is the sharing of specific data about a person subject to MAPPA, with a third party (not involved in MAPPA), for the purposes of protecting the public.

13.2 Instances of disclosure can include:

- Where there are child protection concerns;
- Where an individual is employed in work in which affords them inappropriate access to children or vulnerable people; and
- Where an individual is a partner or potential partner and they may be subject to an abusive relationship.

13.3 In Scotland, there are lawful routes to disclosure, including:

- The individual can self-disclose;
- A Public Interest Disclosure can be made by police; or
- A disclosure can be made by social workers, in relation to protection of children and vulnerable adults.

13.4 The legal context within which disclosure decisions are taken is continually evolving and it is for the courts to give an authoritative statement of the law. A balance needs to be struck between on the one hand protecting the public, particularly children and adults at risk, and the maintenance of law and order, and on the other hand the protection of individuals legal rights and any duty of care to them and their families.

13.5 There are various areas of law which are relevant to disclosure decisions, including:

- The common law duty of care on the way in which agencies exercise their functions;
- The law relating to confidentiality of information;
- The law on data protection;
- The European Convention on Human Rights (ECHR), especially the right to the protection of private and family life; and
- The law on defamation.

13.6 Discussions and decisions to disclose information should be taken on a case-by-case basis, taking into account:

- The nature and pattern of previous offending behaviour;
- The individual's compliance with previous sentences or Court Orders;
- Any behaviour which may indicate a likelihood that the individual will reoffend;
- The risk that further offences will be committed;
- The harm such offences would cause;

- The potential adverse consequence of disclosure to the individual and their family and the need to consider whether they are vulnerable;
- The effect of further disclosure on the level of risk posed by the individual and the potential consequences;
- Licence, civil or criminal preventative order or Community Payback Order conditions to which the individual is subject;
- The possibility of the individual absconding as a result of disclosure;
- A plan to manage the risk posed by the individual following disclosure; and
- The extent of the information which needs to be disclosed must be proportionate and necessary in the circumstances.

13.7 It is the role of MAPPAs to bring together the Responsible Authorities to discuss the risks posed by the individual, the immediacy of the risk and the best methods to minimise that risk. Normally the decision to disclose information should be discussed and next steps agreed under the MAPPAs framework and this will form part of the Risk Management Plan with Police Scotland and Justice Social Work Services working collaboratively for the safety of a child or any other member of the public considered to be at risk.

13.8 Please note that in all cases, practitioners should refer to their own organisations policies and guidance in respect of disclosure matters.

Self- Disclosure by Individual

13.9 It is preferable that an individual volunteers information about their behaviour to an affected person or their employer and they should be given the opportunity to do so. However, it is recognised that this may not be feasible or likely in every case, and so each case should be considered on its own merit. This disclosure requires to be voluntarily made by the individual to a specified individual(s) within a pre-agreed time scale and confirmation of the disclosure carried out to ensure the recipient understands the risk that the individual's behaviour poses and the need to take action.

13.10 If the individual has provided inaccurate or insufficient information and the risk remains, a Public Interest Disclosure by Police Scotland should be undertaken or in cases of child or vulnerable adult protection Justice Social Work services may determine further disclosure is necessary in terms of the public interest.

13.11 If circumstances allow, and without compromising public safety, public protection or the prevention of crime, the individual can be given the opportunity instead to disclose further information to the affected person or employer.

Disclosure by Police Scotland (Public Interest Disclosure)

13.12 The process for disclosing sensitive personal information about an identifiable individual when disclosure is deemed necessary in the public interest, and there is a degree of urgency because no other options are applicable or there are no specific statutory powers available is known as "Public Interest Disclosure".

13.13 This procedure is designed for disclosing sensitive personal information about an individual to a body, agency, employer or person in a position to mitigate the risks arising from that person's behaviour. Sensitive personal information covered is not restricted to details of an individual's offending behaviour, it can also include information about an individual's health, sexual life, family life or employment.

13.14 It is anticipated that in accordance with existing Information Sharing Agreements (ISA), disclosure will have been discussed with MAPPA partners (see para 13.7) in order to consider other statutory options, and the impact on risk management planning. However, in time critical circumstances where this is not possible, Police Scotland will update MAPPA partners at the earliest opportunity.

13.15 Please note that whilst Police disclosure tools support MAPPA they do not require MAPPA partners' agreement to be carried out. For the most part MAPPA partners will agree on disclosures but on the rare occasions where there is disagreement the ultimate decision maker will be Police where it is a Public Interest Disclosure or if it is disclosure in relation to domestic abuse.

Disclosure by Social Work Services

13.16 Section 4 of the Adult Support and Protection (Scotland) Act 2007 states that a local authority must make inquiries about a person's wellbeing, property or financial affairs if it knows or believes that the person is an adult at risk and that it might need to take action to protect that person from that risk.

13.17 Section 5 of the Adult Support and Protection (Scotland) Act 2007 provides that organisations including Police Scotland, other local authorities and Health Boards must co-operate with the local authority making such enquiries. A local authority (and other organisations) must also report a case where it knows an adult is at risk of harm and in need of action to prevent that harm to the local authority for the area in which it considers that adult to be. This allows Social Work Services to make a disclosure in accordance with legislation.

13.18 Scenarios where this legislation is not applicable should be discussed with MAPPA partners to identify the most appropriate course of action.

Community Disclosure Schemes

Keeping Children Safe

13.19 The Keeping Children Safe scheme was introduced across Scotland in 2011 and is managed by Police Scotland. The scheme encourages members of the public to apply for information about an individual who has access to a child if they are concerned that the individual poses a risk to a child's safety and wellbeing.

13.20 Concerned members of the public will in many cases be reassured that the person is not known to the authorities, but even so they are provided with essential child protection advice and information. In cases where the police believe that an individual poses a risk to the child concerned, steps will be taken to ensure the child's safety and relevant information may be provided to the parent, carer, or guardian.

13.21 A review was carried out in 2017 following which an online application form was developed to make the process more accessible. Police Scotland provides governance and co-ordination for the scheme to ensure it is publicised widely and embedded in national police training. [The Sex Offender Community Disclosure - Police Scotland](#)

13.22 Further detailed information on child protection can found in the [Child Protection: National Guidance 2021](#).

Disclosure Scheme for Domestic Abuse Scotland

13.23 The [Disclosure Scheme for Domestic Abuse Scotland - Police Scotland](#) (DSDAS) aims to provide a way of sharing information by making disclosures about a person's abusive past with a potential victim. It also allows concerned members of the public, such as relatives and friends, the right to ask about someone's partner if they are concerned that person has been abusive in the past. At all times the power to both share and/or disclose information must be considered on a case by case basis. Each decision must be justifiable as being lawful, necessary and proportionate.

13.24 The scheme also creates a formal mechanism for Police Scotland to tell a person who is potentially at risk of abuse from their partner, about that partner's past. DSDAS enables people at risk of domestic abuse from their partner to make an informed choice on whether to continue the relationship. Police Scotland and partners can then provide further help and support to assist them with their decision.

13.25 At the end of the process and in consultation with partners, a decision to disclose information is made where it is deemed lawful, necessary and proportionate. The person potentially at risk, or the person best placed to safeguard that individual, will receive the information.

14. Impact on Victims

Introduction

14.1 The primary focus of the MAPPA framework is the risk posed by, and the behaviour of, the offender. In assessing that risk, account needs to be taken of the possible impact of an offender's behaviour on victims of the original offence or offences, as well as steps to reduce the risk of further offending. [Chapter 4](#) relates to the assessment and management of risk which in a MAPPA context should always consider victim safety issues as part of the development of a Risk Management Plan (RMP). This chapter gives a more general description of consideration of victims within the MAPPA processes.

Trauma Informed Practice

14.2 The Scottish Government's [Mental Health Strategy](#) (2017-2027) acknowledges the need to ensure that interventions for people involved in the justice system are informed by an understanding of the impact of trauma.

14.3 The Scottish Government have produced the [Trauma-informed practice: toolkit](#) (2021) as part of the National Trauma Training Programme, to support all sectors of the workforce (including justice agencies) in planning, developing, and delivering trauma-informed services. This helps ensure that services are delivered in ways that reduce barriers and prevent further harm or re-traumatisation for those who have experienced psychological trauma or adversity at any stage in their lives (both in relation to the needs of individuals accused or convicted of offences, and victims). This toolkit, along with NHS Education Scotland's [Transforming Psychological Trauma framework](#), should be taken into account when working with individuals in the justice system.

Impact on victims

14.4 The potential risks posed to an individual who has been the victim of an offence committed by an individual managed under MAPPA will depend on a range of factors, including the nature of the original offence, the relationship between the offender and the victim and the current location of the victim. It should be noted that offences, and certainly serious offences, can have wide-ranging impacts, not only on the individual who was offended against but also on family members etc. This should be taken into account in any relevant assessments.

14.5 Where there is, or was, an established relationship between the victim and the offender, great care has to be taken to assess the likelihood of the offender attempting to contact the victim. Any assessment needs to consider, amongst other things, the proximity of the victim and offender and the chances of them meeting, inadvertently or otherwise.

14.6 Even when an offence was apparently random and it is deemed unlikely that an offender may seek to contact a particular victim, the possibility of meeting the individual can be extremely distressing. Consequently, as part of the MAPPA process, consideration should be given to minimising victims' anxiety and, where appropriate, providing reassurance.

14.7 The focus of MAPPA is on reducing the risks posed by the offenders being managed under these arrangements, this includes specific focus on reducing the risk of further offending. Therefore, risk assessments should seek to identify anyone who is at risk from the offender. In some cases, these may not be known individual(s) but people who are vulnerable by virtue of their location, age, gender, race, religion, sexuality or other distinguishing characteristic.

Rights of Victims

Victim Notification Scheme – Offenders Within the Prison System (includes but is not limited to, offenders managed under MAPPA)

14.8 If the offender has been sentenced to 18 months or more in prison, the victim can choose whether or not to register with the Victim Notification Scheme which is administered by the Scottish Prison Service. The scheme has two parts and victims can opt into one or both parts.

14.9 **Part 1** entitles victims to receive information about the offender's:

- Release.
- Date of death, if they die before being released.
- If they are transferred to a place outwith Scotland.
- Eligibility for temporary release (for example, for training and rehabilitation programmes or home leave in preparation for release).
- Escape or absconding from prison, young offenders institution.
- Return to prison or young offenders institution for any reason.

14.10 **Part 2** of the scheme entitles victims to make representations about the release of an offender including Temporary Release:

- When the Parole Board for Scotland is due to consider an offender for release, the victim will be given the opportunity to send written representations to the Board.
- Victims of life sentence prisoners are able to give oral representations by meeting with a member of the Parole Board before the case is considered.
- When the Scottish Prison Service (SPS) is considering an offender's release on Home Detention Curfew (HDC), the victim will be given the chance to send written representations to SPS.
- When SPS is considering an offender for Temporary Release the victim will be given the opportunity to send written representations to SPS on the first occasion only. For victims of offenders given a life sentence, the victims will be given the opportunity to make representations in writing, orally or in person.

- Where the offender has been transferred from prison to hospital for mental health care and treatment, the victim will be given the opportunity to send written representations to the offender's Responsible Medical Officer before they suspend the offender's detention in hospital for the first time without supervision.

14.11 The victim will be told whether the Parole Board recommends or directs the release of the offender from prison or hospital and they will notify the victim of any licence conditions attached to the licence that relate to them or their family. In the same way, SPS will notify the victim of a decision to grant HDC or temporary release and inform them of any licence conditions attached to the HDC or temporary release licence that relate to them or their family.

14.12 In cases where the victim has died, the VNS allows information to be shared with up to four of the victim's nearest relatives. The list of eligible relatives and the hierarchy of priority is set out in section 14(10) of the Criminal Justice (Scotland) Act 2003. This legislation provides a lawful basis for the disclosure of information to victims (within the limits set out in the Act).

14.13 If the offender has been sentenced to less than 18 months in prison, the victim cannot join the VNS as described above – but they are still entitled to be informed, on request, when the offender is released, or in the event that the offender escapes. To request such information, the victim should contact SPS.

Victim Notification Scheme
 Scottish Prison Service Headquarters
 Legal Services
 Room G14
 Calton House
 5 Redheughs Rigg
 Edinburgh
 EH12 9HW
 Tel: 0131 330 3664
 Email: SPSVictimNotificationScheme@sps.pnn.gov.uk

Victim Notification Scheme - Mentally Disordered Offenders (administered by the Scottish Government)

14.14 This Victim Notification Scheme for mentally disordered offenders was introduced in September 2017 as a result of the Mental Health (Scotland) Act 2015. In terms of MAPPA this scheme relates to mentally disordered offenders who are subject to a compulsion order with a restriction order. This means that they will be detained in a secure hospital for treatment 'without limit of time'.

14.15 Those who have been a victim of an offence committed by a mentally disordered offender can, if they wish, register for this scheme to receive information about these offenders and to have the opportunity to make representations before certain decisions are made about them.

14.16 There are two parts to the scheme and victims can opt into either part 1 or part 2, or both parts.

14.17 If they choose to join **Part 1**, they can be told:

- that the compulsion order to which the offender is subject has been revoked;
- that the restriction order to which the offender is subject has been revoked;
- where the compulsion order or the restriction order has been revoked, that the decision to revoke it—
 - is under appeal, or
 - cannot competently be appealed against and is therefore final.
- the date of the offender's death;
- that the measures specified in the compulsion order have been varied;
- that the offender has been transferred to a place out with Scotland;
- that the Mental Health Tribunal has made an order conditionally discharging the offender;
- the terms of any conditions that are relevant to the victim that the Tribunal impose on the offender on conditional discharge; and
- that the Scottish Ministers have recalled the offender to hospital.

14.18 Where the compulsion order authorises the offender's detention in hospital, victims can also be told:

- that the offender is unlawfully at large from hospital;
- that the offender has returned to hospital having been unlawfully at large;
- that a certificate has been granted, for the first time, under the Mental Health Act which suspends the offender's detention and does not impose a supervision requirement; and
- that the certificate mentioned in bullet point above has been revoked.

14.19 If they choose to join **Part 2**, they will be given the opportunity to make representations before a decision is made:

- by the offender's Responsible Medical Officer about granting for the first time a certificate which suspends the individual's detention in hospital and does not impose a supervision requirement;
- by the Tribunal when considering an application or reference in respect of an offender subject to a compulsion order and restriction order, to:
 - make no order (maintaining the status quo);
 - revoke the compulsion order;
 - revoke the restriction order;
 - vary the measures given in the compulsion order;
 - grant conditional discharge imposing certain conditions; and
- by the Scottish Ministers to impose, alter or remove a condition imposed by the Tribunal on conditional discharge which is (or would be) relevant to the victim.

14.20 Victims may not receive all of the above information or be able to make representations if:

- decisions were taken about an offender before the scheme began; or
- exceptional circumstances make it inappropriate to provide information; or
- an offender returns to Scotland after having been transferred outwith Scotland.

14.21 The persons eligible to take part in the scheme are:

- victims aged 12 years and over against whom the offence was perpetrated;
- a parent or carer of a victim where the victim is a child under 12 years;
- the highest listed near relative of the victim if the victim is incapacitated;
- any or all of the four highest listed near relatives of a victim where the victim has died; and
- if the victim died before reaching 16 years, any other person who cared for the victim immediately before the offence.

14.22 The list of eligible relatives and the hierarchy of priority is set out in section 14(10) of the Criminal Justice (Scotland) Act 2003. Victims can withdraw from the scheme any time they wish by contacting:

The Scottish Government
(Victim Notification Scheme Administration Team)
Adult Mental Health Division
Room 3-ER
St Andrew's House
Regent Road
Edinburgh
EH1 3DG
Tel. 0131 244 0160
Email: vns@gov.scot

14.23 More information about the Victim Notification Scheme for mentally disordered offenders is available on the [Scottish Government Website](#).

Support and Information for Victims

14.24 Even in cases that date back many years, victims may be supported by a support organisation, and may find it helpful to have that organisation involved if agencies are in contact with them about the MAPPA process. Even if victims are not being currently supported, it may be helpful to consider suggesting the involvement of a support agency when victims are being approached, particularly if the victim is vulnerable. For example, [Victim Support Scotland](#), [Scottish Women's Aid](#) and [Rape Crisis Scotland](#) services offer support to victims, but there are a range of other agencies that might be involved in providing practical and emotional support to victims.

14.25 More information about victims' rights and available support can be found in the Victims' Code for Scotland, which is published under the Victims and Witnesses (Scotland) Act 2014 and is available at: [Victims' Code for Scotland](#). There is also an easy read leaflet version of the Victims' Code available for people with learning difficulties and is available at: [Victim's Rights - Easy Read Leaflet](#).

14.26 In addition, victims and witnesses are entitled to a certain level of support and information from the organisations they deal with in the criminal justice system. This is set out in the [Standards of Service for Victims & Witnesses](#). These Standards explain what victims and witnesses can expect to happen at each stage of the criminal justice process, the standards of service they can expect, and who they can contact for help or advice.

14.27 These standards are based on the main principles of the [Victims and Witnesses Act \(Scotland\) 2014](#), and the [EU Victims' Directive. Sections 2 and 3 of Victims and Witnesses Act \(Scotland\) 2014](#) requires Police Scotland, the Parole Board for Scotland, the Crown Office and Procurator Fiscal Service, the Scottish Courts and Tribunals Service and SPS to set and publish annually these Standards of Service for Victims and Witnesses.

14.28 In addition to voluntary agencies, the [Victim Information & Advice \(VIA\)](#) service within the Crown Office and Procurator Fiscal Service (COPFS) provide a specific support and information service to victims and witnesses of crimes reported to the Procurator Fiscal (PF) which involve:

- All victims in Solemn cases;
- All victims in Domestic Abuse cases;
- All victims in Stalking cases;
- All victims in all Sexual Offences cases;
- All victims in trafficking cases;
- Victims in cases where a crime has been committed because the offender thinks that the victim is of a particular race, religion, sexual orientation, transgender identity or is disabled;
- All child victims;
- All victims who are considered vulnerable in terms of the Criminal Procedure (Scotland) Act 1995; and
- Any victim where a member of staff believes the victim would benefit from VIA involvement.

14.29 They can also assist the nearest relatives in cases of deaths which may involve criminal proceedings, or where there is to be a Fatal Accident Inquiry (FAI) or significant further inquiries, or where vulnerable witnesses or victims may need additional support (because of, for example, language, circumstances or disabilities).

14.30 To increase transparency and openness in parole procedures and decisions the [Parole Board \(Scotland\) Amendment Rules 2021](#) brought into force on 1 March 2021 amendments to the Parole Board (Scotland) Rules 2001. The amendments provide for:

- The safety and security of victims and victim's families to be taken into consideration by the Parole Board when considering the release of an offender;
- A specific procedure for victims to observe parole hearings; and
- The publication of redacted and anonymised summaries of the Parole Board's decisions to release an offender with a copy of the summary being sent to any registered victims in relation to the case, before the summary is published.

Conclusion

14.31 The role for MAPPA is to ensure that the risk assessment and risk management plan developed by the Responsible Authorities for the offender takes full account of the known concerns of any specified victim(s). The Responsible Authorities must satisfy themselves that they have thoroughly considered the potential risks to which any victim may be exposed, and

put in place appropriate plans to minimise the likelihood of the offender causing further serious harm.

14.32 The sharing of information relating to the victim(s) by the Responsible Authorities plays a central role in making this aspect of the MAPPA process successful. Such an approach should, for example, minimise the likelihood of an offender being accommodated within the same neighbourhood locality as a victim. Where appropriate, reassurance should be provided, especially to victims of the original offence. Clearly, contacting victims in any circumstances, particularly those most vulnerable, will be a sensitive matter which requires careful handling and a trauma informed approach should always be taken.

15. Individuals Subject to MAPPA within the Prison System

Introduction

15.1 The Scottish Prison Service (SPS) is the lead [Responsible Authority](#) for all prisoners while in custody who are subject to or likely to be subject to multi-agency public protection arrangements (MAPPA) on release. This includes during periods of community access including, escorted, unescorted and home leave up to the point of liberation.

15.2 All individuals convicted and sentenced to a period of imprisonment are managed via the Integrated Case Management (ICM) process which operates on two levels, Standard and Enhanced. The Enhanced ICM process applies to all MAPPA individuals, that is individuals who are subject to post-release supervision which includes:

- individuals who are convicted of a sexual offence and receive a custodial sentence of six months or more;
- individuals who receive a custodial sentence of four years or more; and
- individuals who receive a custodial sentence of less than four years but whose conviction includes an element of post-release supervision.

15.3 The Enhanced ICM process represents a joint approach to the assessment and management of risk. Full details of the ICM process can be found here: [ICM Practice Guidance Manual](#).

Individuals Subject to (or likely to be subject to) MAPPA

15.4 Where an individual has been convicted of a sexual offence and is subject to the Sex Offender Notification Requirements (SONR) on release, they will automatically be managed under MAPPA. More detailed information on individuals subject to the SONR can be found at [Chapter 5](#).

15.5 The decision on whether someone is likely to require management under the MAPPA framework as an Other Risk of Serious Harm (Category 3) individual on release is informed initially by whether they meet the following criteria:

- they are not required to comply with the SONR; and
- they are not a restricted patient; and
- they have been convicted of an offence, and by reason of that conviction are required to be subject to supervision in the community by any enactment, order or licence; and
- they are assessed by the Responsible Authorities as posing a high or very high risk of **serious harm** to the public at large¹⁶; and
- their risk is assessed as requiring active multi-agency management at MAPPA Level 2 or 3.

¹⁶ Refer to [Chapter 4](#) of this guidance for full details on assessment at MAPPA Levels 2 and 3 and for further information about the exceptional circumstances when medium risk may be sufficient for consideration of referral at MAPPA Level 2 or 3.

15.6 More detailed information on Other Risk of Serious Harm individuals can be found in [Chapter 9](#).

Progression Through the Prison System and Community Access

Progression Pathway

15.7 The risk assessments carried out as part of ICM and Risk Management processes inform decisions on how the individual will be managed both during the custodial period and upon transition to the community. An important element of this transition is Progression Pathway through the prison system. Individuals may, as they approach their release date, progress to less secure conditions such as a “National Top-End” (NTE) facility or the Open Estate (OE), where gradual integration into the community is allowed to help prepare individuals for their release. Increased access to the community may take the form of special escorted leave, unescorted day release, temporary release for work (community work placements) and home leave.

15.8 The decision on whether an individual is suitable for progression to less secure conditions is made by a multi-disciplinary Risk Management Team (RMT) in accordance with the [Risk Management, Progression & Temporary Release Guidance](#)¹⁷. The RMT remains the decision making forum throughout the time an individual is in custody and SPS remain the lead Responsible Authority for individuals managed, or likely to be managed under MAPPA until the point of their liberation. However, it is essential that community partners are involved in the decision making process for the progression of these individuals and so they must be invited to the RMT meetings where their progression is being discussed. This process starts from when an individual is in closed conditions and is being considered for progression to the “National Top End” (NTE) and/or OE.

Progression to National Top End (NTE) and Community Access

15.9 The purpose of NTE is primarily to provide individuals (where appropriate) the opportunity to start preparing for release by having increased self-responsibility and for their response to gradually increasing freedoms in the community to be monitored. It also assists them in being better prepared for transfer and success within open conditions. The ultimate aim of NTE is to allow gradual reintegration into the community and/or allow the individual to evidence reduction in their risk. Individuals in NTE may participate in special escorted leave¹⁸ (SEL) and unescorted temporary release which may take the form of “unescorted day release” and “temporary release for work”¹⁹ (known as Community Work Placements).

15.10 In making decisions about the progression of individuals managed or likely to be managed under MAPPA on release, the RMT must seek the views of community partners. The RMT must therefore ensure that community partners are represented at RMT meetings

¹⁷ Section 10 sets out the roles and responsibilities within the RMT.

¹⁸ [Rule 100 of the Prisons and Young Offenders Institutions \(Scotland\) Rules 2011](#) states that “special escorted leave” means leave of absence from the prison of an eligible prisoner for the purposes of being escorted to his or her home or other approved place for a period not exceeding 2 hours, excluding travelling time. [The Direction to Rule 100](#) provides details of the availability, considerations and criteria for Special Escorted Leave.

¹⁹ [Rule 136 of the Prisons and Young Offenders Institutions \(Scotland\) Rules 2011](#) provides for the forms of temporary release. [The Direction to Rule 136](#) provides further information in relation to criteria for each type of temporary release and the availability of temporary release from which prisons or parts of prisons.

where progression is being discussed and should liaise with the relevant MAPPA Co-ordinator if they are unsure of whom to invite to these meetings. Community partners must have the opportunity to inform risk assessments and the Risk Management Plan (RMP).

15.11 The RMP must be up to date and reflect the agreed monitoring and supervision arrangements during any period of temporary release. It must be shared with all relevant community partners, including the relevant MAPPA Co-ordinator in advance of the first period of temporary release commencing. Thereafter it is expected that the RMP would only be shared where there has been or is likely to be a significant change such as where there have been adverse circumstances resulting in a return to closed conditions. SPS should advise the MAPPA Co-ordinator of the temporary release decision for all individuals subject to, or likely to be subject to MAPPA by using the [MAPPA Notification form](#) within the [MAPPA document set](#) of this guidance.

Progression to the Open Estate (OE) and Community Access

15.12 The purpose of the (OE) is to provide an opportunity where suitable, for individuals subject to long-term, life sentences, Orders for Lifelong Restriction (OLR) or Indeterminate Sentences for Public Protection (IPP) to have exposure to additional responsibilities associated with increased freedoms in the community. This allows the individual to further evidence reduction in their risk and demonstrate to the [Parole Board for Scotland](#) that they are suitable for release. For suitable Short Term individuals, it also provides the opportunity to serve a proportion of their sentence in conditions with less restrictive security arrangements, giving access to improved development opportunities and the capacity to build and maintain family and community relationships prior to release.

15.13 The OE therefore plays a vital role in preparing individuals for release, provided it is in the public interest in individual cases. When transferred to the OE, individuals may participate in unescorted temporary release, in the form of “temporary release for work”²⁰ (“Work Placements”), “unescorted day release”, and “Home Leave” provided a Home Background Report (HBR) is submitted by community-based JSW confirming that the required community supports are in place and suitable victim safety planning has been undertaken). Home leave allows an individual to remain at an address which has been approved by JSW for a period of up to 7 nights, as part of their preparation for release.

15.14 In cases where an RMT has been arranged to consider progression to the OE (where the individual may be granted unescorted temporary release), the RMT should also review whether the individual is likely to require management under MAPPA as a Category 3 individual on release. Further detailed information about MAPPA Category 3 can be found in [Chapter 9](#).

15.15 In making these decisions for all individuals subject to, or likely to be subject to MAPPA, the RMT must seek the views of community partners prior to progression to the OE. The RMT must therefore ensure that community partners are represented at RMT meetings

²⁰ Section 8.6 (page 16) [Risk Management, Progression & Temporary Release Guidance gives further detail on “temporary release for work” “unescorted day release” and “Home Leave”](#)

where progression is being discussed and should liaise with the relevant MAPPA Co-ordinator if they are unsure of whom to invite to these meetings.

15.16 The OE RMT is responsible for decisions relating to granting community access (i.e. home leave) and the frequency of such leave. However, community partners must have the opportunity to inform risk assessments and the RMP. The RMP should reflect the agreed monitoring and supervision arrangements during the period of home leave and an updated RMP must be shared with all relevant community partners. This includes the MAPPA Co-ordinator for the area where the home leave will take place in addition to the MAPPA Co-ordinator for the OE (if different), in advance of home leave commencing. SPS should advise the MAPPA Co-ordinator of the home leave decision for all individuals subject to, or likely to be subject to MAPPA by using the [MAPPA Notification form](#) within the [MAPPA document set](#) of this guidance.

15.17 It is expected that no parallel MAPPA meetings would take place in the community for Category 3 individuals until they have been accepted into MAPPA. SPS should complete the [MAPPA Referral form](#) (within the [MAPPA document set](#) of this guidance) and submit to the MAPPA Co-ordinator who will consider the referral on behalf of the MAPPA Strategic Oversight Group. The referral should be made by SPS no later than 12 weeks prior to the individual's earliest date of liberation(EDL)/ parole consideration. Community partners will have attended the relevant RMT meetings and so been involved in the development of the RMP prior to this point.

15.18 Decisions about whether to grant community access and to what extent are informed by the RMP²¹. While the individual is in custody, the development of the RMP is led by the RMT but it should be developed with input from all partners, including community partners. This is particularly important for discussions around progression to less secure conditions (where unescorted community access may be granted) and temporary release.

15.19 **There must only be one Risk Management Plan²² for each individual**, which will transfer with the individual to the lead Responsible Authority in the community at the point of liberation. SPS should ensure that the MAPPA Co-ordinator (for the area where the person is being released to and the MAPPA Co-ordinator for the prison location if different) is kept informed of decisions relating to community access (including unescorted leave) for individuals subject to or likely to be subject to MAPPA. They should do this by completing the [MAPPA Notification form](#) within the [MAPPA document set](#) of this guidance.

15.20 The minutes of the RMT should contain a clear record of the discussion and management recommendations. As such, it is important that they are agreed as a true record by all attendees.

Pre-release/Release

15.21 As noted at 15.4, any individual convicted of a sexual offence and subject to the SONR is, upon release automatically included within MAPPA. SPS should ensure that the

²¹ Following LSCMI assessment – [RMP template](#)

²² Refer to [Standards and Guidelines for Risk Management for further information about the development of RMPs](#). The Case Manager appointed by the lead Responsible Authority has a core role in ensuring that members of the RMT work collaboratively to prepare and deliver the RMP appropriately.

relevant MAPPA Co-ordinator is kept informed of the individual's progression towards liberation. A formal [Notification](#) or a [MAPPA Referral](#) (found within the [MAPPA document set](#) of this guidance) should be made to the relevant MAPPA Co-ordinator by SPS no later than 12 weeks in advance of the individual's EDL/parole consideration.

15.22 Where the RMT is of the view that an individual should be managed under the MAPPA framework as an Other Risk of Serious Harm (Category 3) individual on release, the relevant MAPPA Co-ordinator should be advised of the likelihood of a referral. SPS should make a formal referral (using the [MAPPA Referral form](#) within the [MAPPA document set](#) of this guidance) to the MAPPA Co-ordinator no later than 12 weeks in advance of the EDL/parole consideration. The referral will include the up to date RMP. If the individual has progressed to less secure conditions community partners will have attended relevant RMT meetings and been involved in the development of the RMP prior to this point.

15.23 The MAPPA flag on the Prisoner Records system should be activated when the decision to refer is made. This should be removed if any decision is made not to release by the Parole Board, therefore eliminating the requirement for MAPPA consideration and/or management until no later than 12 weeks ahead of their next parole consideration/release date. JSW will create the ViSOR nominal (for a Category 3 individual) on receipt of confirmation of the referral being accepted from the community MAPPA Co-ordinator.

15.24 On receipt, the MAPPA Co-ordinator will review the referral on behalf of the MAPPA Strategic Oversight Group (SOG). Where an individual is accepted, the MAPPA Co-ordinator should confirm this to the lead Responsible Authority **no later than five working days** of receipt. This should allow the MAPPA Co-ordinator sufficient time to make arrangements to progress the case to the initial Level 2/Level 3 Multi-Agency Public Protection Panel (MAPPP) meetings.

15.25 Where the referral is not accepted, the MAPPA Co-ordinator should notify SPS (if initially by phone this must be followed up in writing) **no later than three working days** of the decision) clearly outlining the reasons for the non-acceptance into MAPPA at the proposed Level of 2 or 3.

15.26 The leads for all the Responsible Authorities should always be sighted on the decision communicated back by the MAPPA Co-ordinator as to whether a case is or is not being accepted.

15.27 Where there is disagreement as to the acceptance of a referral or the MAPPA Level and this cannot be resolved, the final decision should be made by the local MAPPP designated leads from the relevant Local Authority, Health Board and Police Scotland. The rationale should be evidenced and accurately reflected in the minutes. The decision maker should record the outcome of their decision on ViSOR. This ensures clarity regarding the decision and that the rationale is suitably recorded and accessible to the Responsible Authorities (if required at any future point). Where the decision maker does not have access to ViSOR, the rationale for the decision should be recorded on ViSOR by the MAPPA Co-ordinator.

15.28 Where an individual has been accepted into MAPPA as a Category 3 and they are nearing liberation, a pre-release MAPPA meeting should take place in the community. This meeting should consider the RMP and how to implement this plan in the community.

15.29 At the point of liberation, responsibility for the management of the individual and the RMP transfers to the lead Responsible Authority in the community.

Further Information

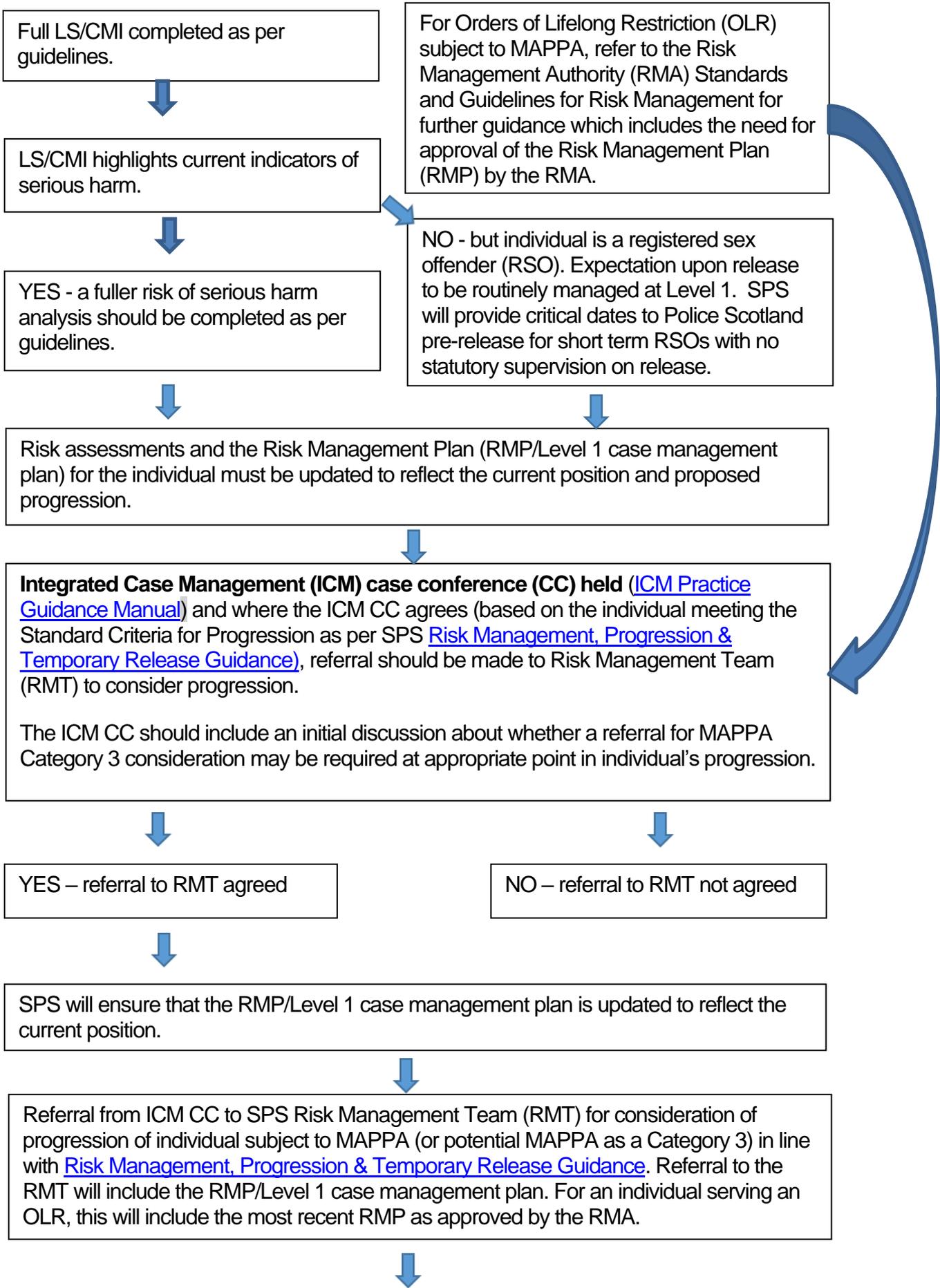
15.30 Queries in relation to this chapter of the guidance should be directed to:

Head of Risk

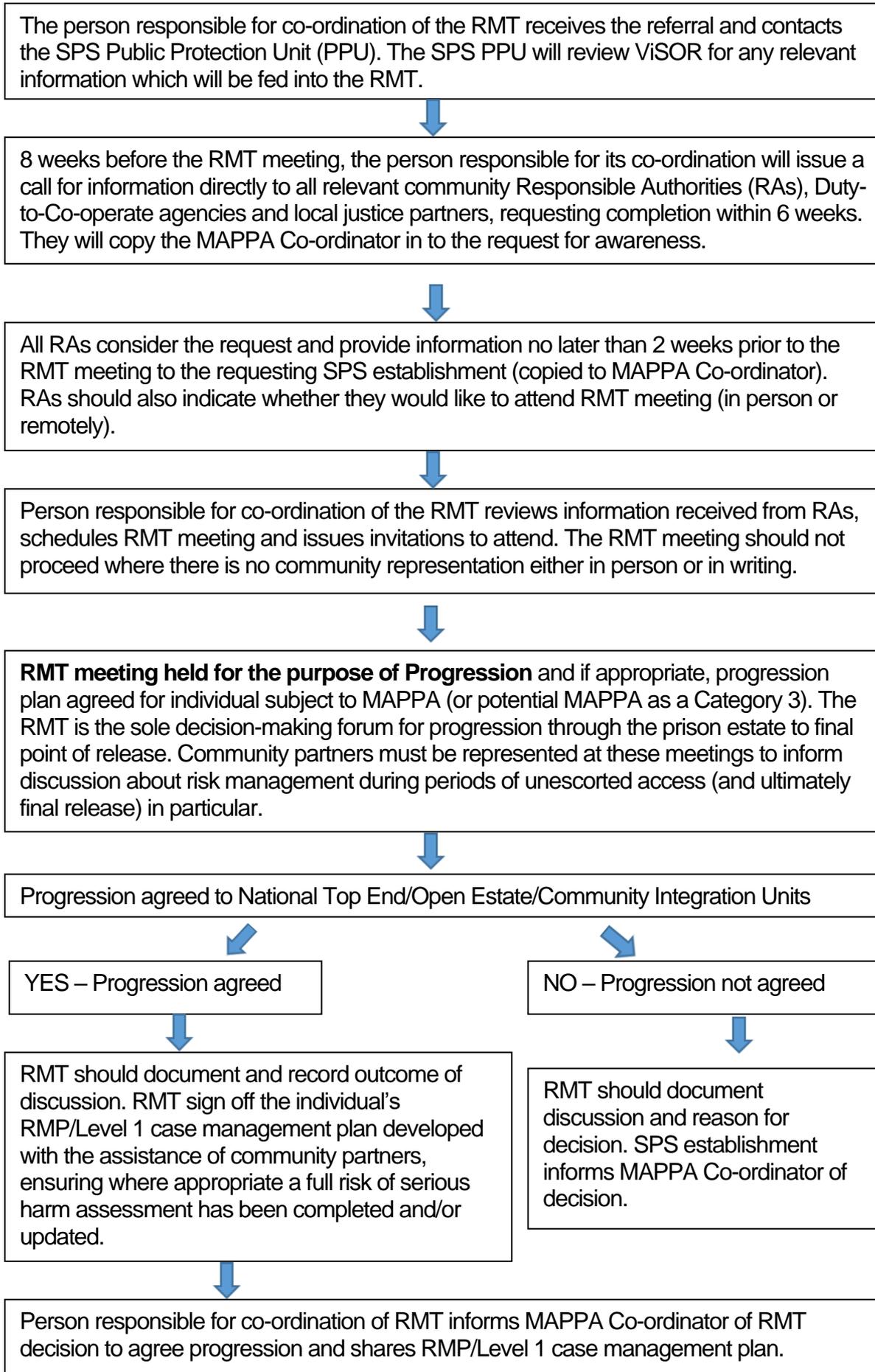
Strategy & Innovation Directorate
Scottish Prison Service Headquarters
5 Redheughs Rigg, Edinburgh EH12 9HW
Greig.Knox@sps.pnn.gov.uk

MAPPA prisoners – progression to liberation process map

Assessment for Progression

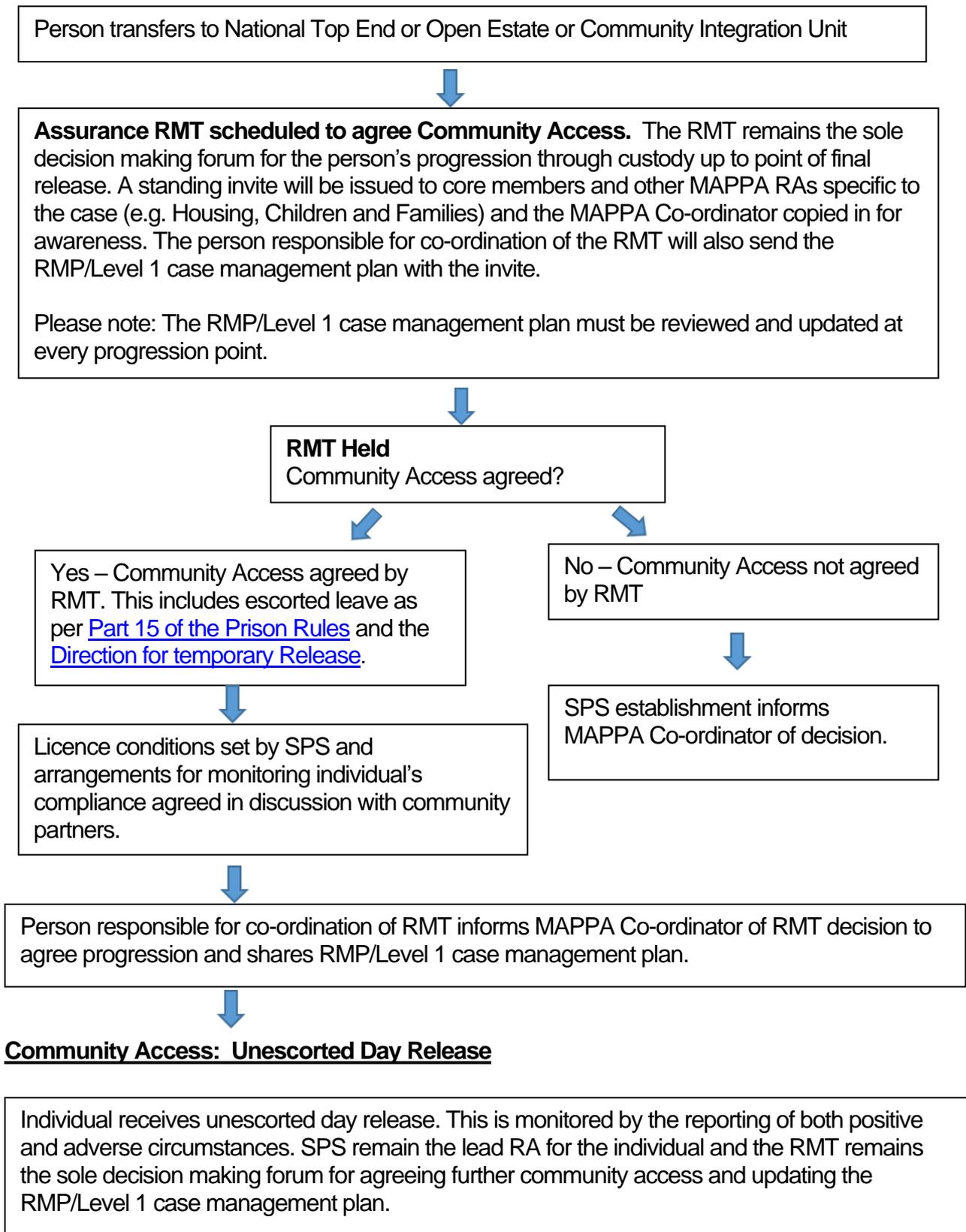


MAPPA prisoners – progression to liberation process map



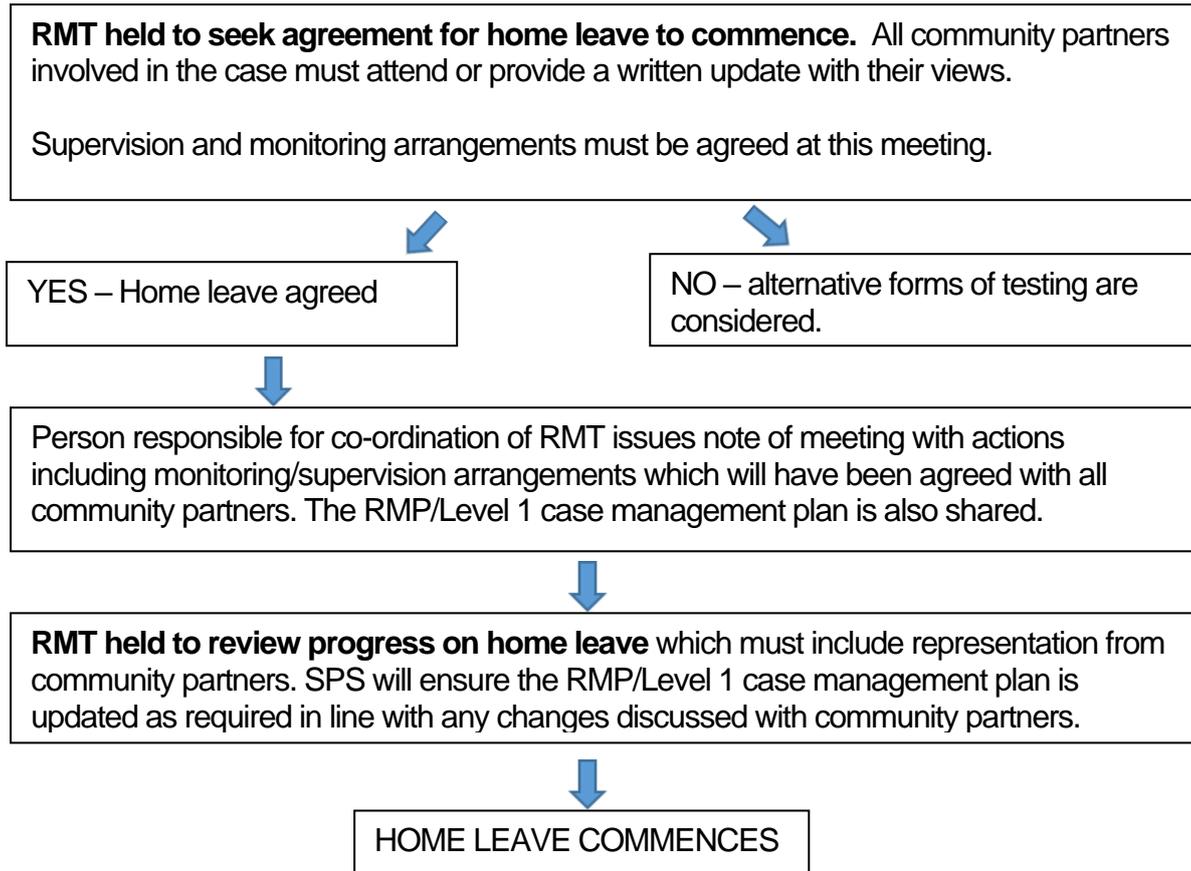
MAPPA prisoners – progression to liberation process map

Progression to National Top End (NTE) or Open Estate (OE) or Community Integration Unit (CIU)

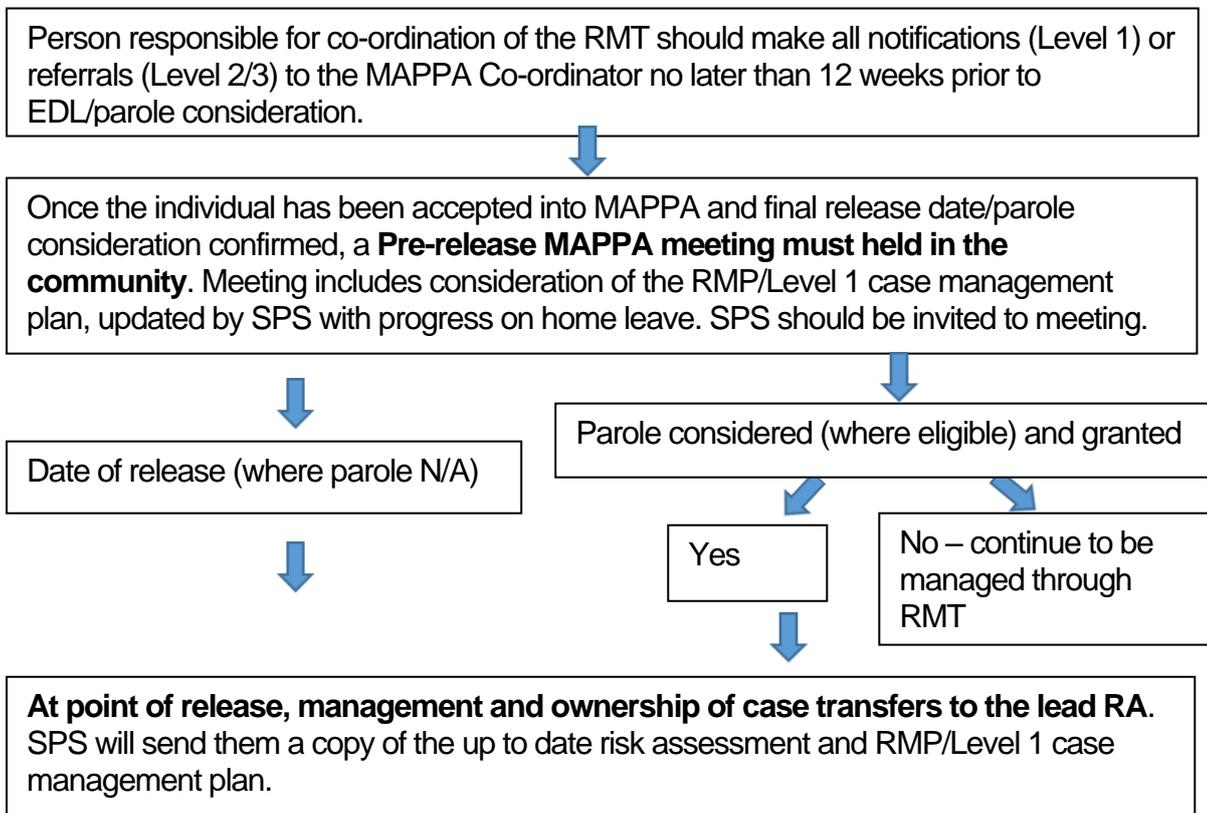


MAPPA prisoners – progression to liberation process map

Community Access: Home Leave – Open Estate



Pre-release/Pre-parole



16. Parole Board for Scotland

Background

16.1 The relevant legislation in relation to the release of prisoners is the [Prisoners and Criminal Proceedings \(Scotland\) Act 1993](#) and applies to prisoners sentenced on or after 1 October 1993. The detailed procedures for parole consideration in relation to these prisoners are governed by [The Parole Board Rules \(Scotland\) 2001](#) as amended.

16.2 [The Parole Board \(Scotland\) Rules 2001](#) as amended set out the matters which may be taken into account by the Parole Board in considering references by the Scottish Ministers.

Parole Board for Scotland

16.3 The Parole Board for Scotland is a Tribunal non-departmental public body. It is recognised by the Supreme Court as a judicial body and a court for the purposes of Articles 5(4) and 6(1) of the European Convention on Human Rights. It is independent of the Scottish Government and impartial in its duties.

16.4 The Parole Board's main aim is to ensure that those prisoners who are no longer regarded as presenting a risk to public safety may serve the remainder of their sentence in the community on licence under the supervision of a supervising officer. It is not the responsibility of the Parole Board to consider questions of punishment and general deterrence.

16.5 The Parole Board only grants release in determinate sentences and extended sentences where the individual has never been recalled to custody and where it is satisfied that the risk posed by them can be safely managed in the community. In indeterminate sentences it will grant release where it is satisfied that it is no longer necessary for the protection of the public that the individual should remain in prison. In the case of an individual who is subject to an extended sentence and has been recalled to custody, will grant release where it is satisfied that it is no longer necessary for the protection of the public from serious harm that the individual should be confined.

16.6 The type of sentence imposed will determine at which point in the sentence the Parole Board will consider release and under what procedures the review will take place.

16.7 The Parole Board has powers to:

- make a binding recommendation for the release of individuals subject to a determinate sentence of four years or more, and the conditions to be attached to their licences.
- make a binding recommendation for the release of individuals serving extended sentences serving a combined custodial term and extension period of four years or more, and the conditions to be attached to their licences.
- direct the release on life licence of individuals serving an indeterminate sentence.
- make a binding recommendation for the recall to custody of those serving a sentence of four years or more who have been released on licence in circumstances where such action is considered to be in the public interest.

- request information from any person and in any form and in some cases to require such information or face a criminal sanction.
- cite witnesses to attend hearings and to give evidence, or in some cases face a criminal sanction.

16.8 The Parole Board may direct the Scottish Ministers to re-release any individual who has been recalled to custody. The re-release of individuals subject to life sentences and those subject to extended sentences and recalled during the extension period must be considered by a Tribunal of the Board.

16.9 The Parole Board also makes binding recommendations to the Scottish Ministers on any additional conditions to be attached to release licences.

16.10 The Parole Board operates as the appellate body in the case of alleged breaches of Home Detention Curfew (HDC) conditions.

Parole Scotland

16.11 Parole Scotland is responsible for providing day-to-day administrative support to the Parole Board for Scotland. On receipt of cases from the Scottish Prison Service or the Scottish Government, Parole Scotland schedules the case for a Casework Meeting or a Tribunal based on the type of case and informs all parties of the Parole Board's decision following consideration of the case.

Contact Details:

Parole Scotland
Room X5
Saughton House
Broomhouse Drive
Edinburgh
EH11 3XD

casework@paroleboard.scot

Parole Board - MAPPAs Considerations

Information to the Parole Board

16.12 Six months prior to a prisoner's review date, SPS will write to the MAPPAs Co-ordinator advising that the review has commenced and that the decision of the Parole Board should be known approximately 10 weeks before the review date. This notification will also advise the MAPPAs Co-ordinator to liaise with community based Justice Social Work (JSW), who have the statutory responsibility for the reporting on the recommendation of licence conditions to the Parole Board. If the [Responsible Authorities](#) wish to send information to the Parole Board, this information should be passed to the relevant Justice Social Worker who should ensure that the content is sufficient to support any request.

16.13 JSW preparing reports for the Parole Board must not quote a MAPPAs meeting as a source of information, except with the MAPPAs Chair's permission or where required to do so by the Board. If the report writer wishes to use a specific piece of information that has been shared at a MAPPAs meeting, they must first consult the agency which provided it to seek

approval to use the information in the report. The information must be attributed to the agency and the content agreed with the agency representative who attended the meeting. However, where the Board requires further or more detailed information, this must be provided.

16.14 If the individual has been released on licence, is in custody and serving between six months and four years for a sexual offence, or is being considered by a Tribunal of the Parole Board (life sentence prisoners and extended sentence prisoners recalled in the extension period of their sentence), then the information will be processed on behalf of the Scottish Ministers through the Scottish Prison Service Parole Unit.

16.15 Members of MAPPA meetings should not contact the Parole Board directly unless required to do so by the Board.

Requests and requirements for MAPPA Minutes or other information

16.16 When dealing with a case under part III of the 2001 Rules, the Board has power to request and consider “information from any person and in any form”.

16.17 When dealing with a case under Part IV of the 2001 Rules, a Tribunal of the Board has power to “require any person to attend a hearing and to give evidence at a hearing, or to produce documents which relate to any matter in question at a hearing”. In terms of Rule 24, the Chairman of the Tribunal may by notice in writing require any person to attend, at a time and place stated in the notice, to give evidence or to produce any books or other documents in his custody or under his control which relate to any matter in question at the hearing, and may take evidence on oath.

16.18 Any person who fails to comply with such a notice shall be liable on summary conviction to a fine not exceeding level 1 on the standard scale (£200) or to imprisonment for a term not exceeding three months, or to both.

16.19 There is, therefore, a legal requirement to attend a Tribunal hearing and give evidence or to produce documents or face a criminal sanction.

16.20 There will be occasions where, what is referred to in the 2001 Rules as “damaging information”, should not be disclosed to the individual or their representative. Examples of this might include police intelligence in relation to an on-going investigation, information which might lead individuals to be vulnerable to retaliation or where it would not be in the public interest to disclose such information. SPS can decide that information contained in the dossier is “damaging information”. The Parole Board can also make a decision on what should not be disclosed. When deciding if any written information or document is “damaging information”, consideration should be given to the following:

- any likely adverse effect to the health, welfare or safety of a person,
- if it would be likely to result in the commission of an offence,
- if it would be likely to facilitate an escape from legal custody or the doing of any act prejudicial to the safe keeping of persons in legal custody,
- it would be likely to impede the prevention or detection of offences or the apprehension or prosecution of suspected offenders, or
- it would be likely otherwise to damage the public interest.

16.21 Rule 6 of the 2001 Rules requires that “the damaging information” be disclosed to the Tribunal or panel in its entirety. Where such “damaging information” is present, the individual requires to be notified of this fact and provided with the “substance” of the information (i.e. as much information as can be safely disclosed) unless disclosing the substance would prejudice the purposes for which the information is not being provided.

16.22 Where any agency fails to disclose information which has a substantial bearing on risk, they may be in breach of the 2001 Rules. Where a Tribunal or panel directs release in ignorance of that information, the agency could be subject to civil action including where appropriate a Judicial Review.

16.23 If the Parole Board requires or requests a copy of relevant MAPPA minutes or other information or cites witnesses to attend hearing and give evidence in respect of an individual, the matter should be referred to the Chair of the MAPPA meeting concerned and the MAPPA Co-ordinator.

16.24 All requirements, requests and decisions relating to the disclosure of the MAPPA meeting minutes or other information must be recorded on case management records including ViSOR. Provision of information should be recorded by the MAPPA meeting Chair in a Minutes Executive Summary and covering letter.

16.25 Communication in reply to the Parole Board should be through the JSW unless otherwise directed by the Board.

Parole Board – Critical dates

16.26 Information about Parole Qualifying Dates (PQDs) and the Earliest Dates of Liberation (EDLs) are held by SPS. These dates must be passed to the MAPPA Co-ordinator and the community based relevant Responsible Authorities as soon as they are known. This will allow forward planning in respect of housing and potential risks to public protection. This should be done, even if SPS consider that there is little likelihood of release. The dates should also be recorded on ViSOR.

Throughcare Licence Breach Report

16.27 Revised guidance and a template for providing Throughcare licence breach reports issued to all Local Authorities in October 2018. The completed breach report should be sent to the Community Licence Team for onward referral to the Parole Board. The Board will then consider the recommendation made by the community based justice supervising officer and will reach a decision based upon the full facts of the case. This will include, for example, the nature of the reported breach, the individual's criminal record, history of substance abuse and, current risk assessments.

16.28 [Section 17 of the Prisoners and Criminal Proceedings \(Scotland\) Act 1993](#) sets out the different recall conditions for short term and long term prisoners. Where the JSW supervising officer makes a recommendation for an immediate recall to custody (Scottish Ministers' recall), a decision can only be made where it is expedient in the public interest to do so. Where a Scottish Minister's recall has not been made the case will be referred to the Parole Board to consider.

16.29 In an emergency situation, where it is deemed that there has been a serious breach of licence, contact arrangements are available for out of hours emergencies. Justice Social Work (JSW) or Police Scotland should contact the Scottish Government Security Staff Control Room (0131 244 4000) who will contact a designated member of the Community Licence Team. A discussion can then take place between the supervising officer/emergency duty social worker, Police Scotland and Community Licence Team staff. Any emails regarding possible breaches should be sent to Community Licence Team communitylicence@gov.scot.

17. ViSOR (The Violent and Sex Offender Database)

17.1 ViSOR is one of the systems used by MAPPA partners to facilitate the secure exchange and storage of information in accordance with this guidance and under the duty to co-operate, both of which are underpinned by section 10 of the Management of Offenders etc. (Scotland) Act 2005 (the 2005 Act).

Overview

17.2 ViSOR provides a central store for up-to-date information about individuals managed under MAPPA in the UK that can be accessed and updated by the Responsible Authorities.

17.3 ViSOR is a Home Office system that operates in other UK jurisdictions and is potentially a vital component for any cross-border transfer discussions. In addition to the responsible authorities in Scotland, it is used in England and Wales by police, Probation Trusts and HM Prison Service. ViSOR is also used in Northern Ireland, and by the British Transport Police and the Royal Military Police.

17.4 The benefits of using ViSOR are:

- Provision of a secure database enabling the safe retention and prompt sharing of sensitive risk management information on all individuals managed under MAPPA. These are Registered Sex Offenders, Restricted Patients and Other Risk of Serious Harm Individuals.
- Capacity to share intelligence, and facilitation of the safe transfer of key information when relevant individuals managed under MAPPA move between areas.
- It acts as a central store for the minutes of MAPPA meetings.
- Production of consistent management information to support the strategic oversight and management of the MAPPA arrangements in Scotland, informing consideration of effective performance and contributing to improved working practices.
- Provision of information for MAPPA annual reports.

17.5 The Scottish Government supports the use of ViSOR as one of the means of facilitating the sharing of information under section 10 of the 2005 Act. Effective ViSOR usage within MAPPA areas should be regularly reviewed at Strategic Oversight Group (SOG) meetings.

Handling ViSOR Data

17.6 The collective information held on ViSOR is classified under the Government Secure Classifications Scheme as OFFICIAL – SENSITIVE. This classification requires certain security measures to be implemented and adhered to by ViSOR users.

17.7 As ViSOR is an OFFICIAL – SENSITIVE application, requests under the [Data Protection Act 2018](#) for information contained within it, such as Subject Access Requests, are

unlikely to be granted. However, these must still be considered on a case-by-case basis in accordance with the legislation. Information stored on ViSOR may also be relevant for other purposes and sharing of such information should be based on legislative obligations and responsibilities and the [Data Protection Principles](#).

17.8 Similarly, requests to MAPPAs under Freedom of Information legislation should be carefully considered as ViSOR contains confidentially-graded information such as active police and prison intelligence. To disclose such information could adversely affect police and prison activity and potentially put the safety of the public (including victims) at risk.

Responsibilities

17.9 All individuals subject to MAPPAs should be entered on ViSOR, including those individuals currently serving custodial sentences.

17.10 All live ViSOR records will be actively and accurately maintained and updated by the lead agency, record managers and relevant partners.

17.11 Further information regarding the national standards for the management of individuals on ViSOR can be found in the Scottish and UK ViSOR Standards Documents.

Archiving Arrangements

17.12 When an individual ceases to be an active MAPPA case, their ViSOR record should be archived. This means that the information will remain within ViSOR and, if necessary, can be re-activated. The nominal record will be retained until the 100th anniversary of the individual's birth. At this point, it will be reviewed and, in most cases, will be removed from ViSOR.

17.13 The period for which an individual remains subject to the MAPPA framework varies. Some could be subject to MAPPA for life, others for less than 6 months. The period will depend on the individual case.

Support and Further Guidance

17.14 For further information on ViSOR use, guidance is available in the UK National Standards and Scottish the National Standards, copies of which can be obtained from Data Governance, Chief Data Office, Police Scotland.

17.15 Data Governance within Police Scotland are responsible for the overall management and administration of ViSOR within Scotland. Data Governance also provides key support and training to promote effective use of the system with partner agencies.

17.16 Data Governance can be contacted at:
Police Scotland
Clyde Gateway
2 French Street
Glasgow
G40 4EH
Email: ISB@scotland.police.uk

18. Strategic Management

Introduction

18.1 For the purposes of MAPPA, Scotland's 32 local authorities are divided up into 10 MAPPA regions. Further detail on the breakdown of the 10 MAPPA regions can be found at [Annex 1](#) of this guidance. A key function within each of these regions is to provide a co-ordinated approach to planning, monitoring and overseeing the delivery of services to individuals subject to MAPPA. This includes reporting on the performance by Responsible Authorities. Further detail on the Responsible Authorities and their roles can be found in [Chapter 2](#). A key aim is to target services to reduce reoffending and to ensure close co-operation between community and prison services to aid the rehabilitation of individuals who have committed offences.

MAPPA National Strategic Group (NSG)

18.2 Established in 2011, the MAPPA National Strategic Group (NSG) chaired by Scottish Government (SG) brings together the Chairs of the 10 Strategic Oversight Groups (SOGs), senior representatives from the Responsible Authorities, the Risk Management Authority and key SG policy areas.

18.3 The NSG remit includes:

- providing effective national oversight of MAPPA;
- identifying strategic priorities for MAPPA, ensuring clarity of purpose and vision;
- improving quality, consistency and effectiveness;
- supporting innovation, sharing good practice, improving communication and co-ordination across MAPPA;
- ensuring the development and strengthening of links between MAPPA and public protection related policies and processes,
- ensuring the development and strengthening of policies and procedures in relation to the wider management of individuals who have committed offences and MAPPA;
- supporting effective communication with the public on the management of individuals subject to MAPPA;
- considering and supporting the development of proposals for legislation, research and other measures to reduce reoffending; and
- supporting the development of a coherent Scottish response on reserved, cross-border and other issues relating to the management of individuals subject to MAPPA.

18.4 Scottish Ministers have overall responsibility for policy to reduce reoffending and will make final decisions on issues of national policy.

18.5 The NSG is responsible for the following in relation to MAPPA:

- Supporting the development of strategy (including horizon scanning) and planning, including the publication of an annual plan and report;
- Governance and accountability;

- Review and development of MAPPA procedures;
- Quality and performance: statistics, research, standards, quality assurance processes, workforce development and training;
- Effective and efficient use of resources;
- Identifying and disseminating effective practice across MAPPA areas;
- Making national changes to practice as a result of lessons learned from Significant Case Reviews and innovative practice;
- Oversight of MAPPA documentation; and
- Communications strategy – internal and external.

Strategic Oversight Group (SOG)

18.6 Each of the 10 regions has a MAPPA Strategic Oversight Group (SOG) whose membership includes senior representatives from the local Responsible Authorities.

18.7 Section 11 of the 2005 Act requires the Responsible Authorities to monitor the operation of MAPPA, making changes to improve effectiveness where required. As well as providing local leadership, the SOG is responsible for performance monitoring and quality assurance of MAPPA, and for the co-ordination and submission of the annual report for their respective area.

18.8 In terms of local leadership, the SOG is responsible for shaping MAPPA activity in its area. This involves agreeing the role and representation of the different agencies within the SOG and putting in place the necessary protocols and memorandum of understanding which formalise these in accordance with [section 10 \(5\) of the 2005 Act](#).

18.9 It is for the Responsible Authorities to determine between them how the strategic management arrangements for MAPPA will operate and the SOG provides the forum for these discussions.

18.10 The strategic management arrangements should reflect a strong understanding of the mechanisms for effective and efficient public services. This should include:

- Focusing on the SOGs/Responsible Authorities' purpose and outcomes for the public and service users;
- Performing effectively in clearly defined functions and roles;
- Promoting values for the SOGs/Responsible Authorities and demonstrating good governance through behaviour;
- Taking informed, transparent decisions and managing risks;
- Developing the capacity and capability of the SOGs/Responsible Authorities to be effective;
- Engaging with stakeholders and taking an active and planned approach in communications; and
- Accountability to the public.

SOG Role – National Consistency

18.11 It is important that the role of the SOG is consistent across Scotland. To help achieve this, it is expected that each SOG will:

- Provide a strategic structure with oversight of the MAPPA area and representation at Chief Officer level;
- Provide a clear vision for the delivery of services with the aim of reducing the risk to the public through prioritisation of community safety;
- Include key members from the local authority, Police Scotland, Scottish Prison Service (SPS) and Health Boards alongside representatives from other agencies, as agreed, to meet local needs;
- Make effective use of data and resources readily available to them including data on the nature and pattern of offending in order for longer term planning on delivery of services;
- Provide a forum where issues between and among Responsible Authorities and Duty To Co-operate (DTC) agencies can be discussed and resolved; and
- Provide the MAPPA National Strategic Group with a summary of lessons learned and areas of practice which may require further discussion including whether any aspects would benefit from adopting a national approach.

Funding

18.12 It is expected that SOG Chairs will have direct oversight of the spend of co-ordination funding, which in practice is paid through local authorities. Other MAPPA partners are funded as part of their core allocations for activity which will include MAPPA, and while budgets remain with each partner, there can be local discussion about how that resource is deployed as part of joint working arrangements.

SOG Role - Locally

18.13 The SOG should also develop a clear understanding of how their local MAPPA group (for example, the MAPPA Operational Group) communicates with other relevant local strategic multi-agency arrangements (such as Child Protection Committees).

18.14 The SOG should provide a forum for MAPPA partners to share details of activity and agree their contribution to the following areas as part of their MAPPA responsibilities:

- Business planning, management and resource allocation;
- The publication of an annual report on the operation of MAPPA in line with the obligations of Section 11 of the Management of Offenders etc. (Scotland) Act 2005;
- Raise public awareness of the management of individuals subject to MAPPA processes;
- Significant Case Review;
- Training;

- Liaison and communication, both within MAPPAs and with other local multi-agency structures designed to protect the public;
- Ensure adherence to this guidance and other relevant National Protocols and standards (including ViSOR and data protection);
- Identify, implement and share effective practice;
- Other Risk of Serious Harm individuals (MAPPAs Category 3);
- Address any issues around the concentration in particular locations of individuals subject to the Sex Offender Notification Requirements (SONR); and
- Liaise with the Scottish Government (SG) Public Protection Unit.

18.15 The SOG should meet quarterly and be supported by one or more operational or steering groups according to local requirements. The MAPPAs Co-ordinator is employed on behalf of all the Responsible Authorities and plays an essential role in the co-ordination, support and administration of the strategic functions on behalf of the SOG.

Performance management and quality assurance

18.16 The Responsible Authorities and the SOG need to be satisfied that the MAPPAs in their area are working well and that the risk management arrangements meet the defensibility test. The defensibility test is:

'Was everything* done that could reasonably have been done to prevent individuals from reoffending?'

18.17 *This includes:

- All reasonable steps have been taken;
- Reliable assessment methods have been used;
- All available information relevant to risk has been collated and thoroughly evaluated;
- Decisions are recorded, communicated and thoroughly evaluated;
- Appropriate policies and procedures have been followed; and
- Practitioners and their managers adopt an investigative approach and are proactive.

18.18 This applies to how each individual agency fulfils their obligations and how the agencies work together in achieving comprehensive risk management. The Responsible Authorities, through the SOG, need to be able to demonstrate this through monitoring and evaluation of performance.

18.19 The monitoring and evaluation activities of the SOG contribute to the MAPPAs annual report, drive business planning and provide the means for reviewing the effectiveness of MAPPAs.

18.20 This involves the collection and analysis of both quantitative and qualitative data. The MAPPAs Co-ordinator should collate and provide this information for the SOG.

Annual report

18.21 Under the terms of [section 11\(2\) of 2005 Act](#), each MAPPA area must publish an annual report as soon as practicable after the end of each period of 12 months beginning with the 1 April. The content of the report must recognise the terms of [section 11\(3\) of the 2005 Act](#). The SOG is responsible for the co-ordination and quality assurance of the report for its area, the preparation and publication of which is an important part of the strategic arrangements for the MAPPA. It is for each MAPPA area across Scotland to provide a report which raises public awareness and understanding of public protection issues.

18.22 The annual reports are published on the websites of each local authority. Scottish Ministers will also publish an overview report containing the relevant national level statistics on the Scottish Government website with web links to each of the regional reports.

Intensive Support Packages (ISP)

18.23 A very small number of individuals are managed in the community through the provision of a specifically tailored Intensive Support Packages (ISPs). These are an intensive set of monitoring arrangements put in place for high-risk individuals subject to statutory supervision in the community. The level of monitoring is determined on a risk and needs basis, informed as necessary by the MAPPA process and then notified to the Scottish Government by the relevant local authority.

18.24 The Justice Social Work (JSW) services managers are required to provide the Scottish Government with a provisional list of ISP cases for the forthcoming financial year for budget planning purposes. These should be cases being actively managed under MAPPA. Where possible, an assessment should be made of the likelihood of this funding being required.

18.25 In the majority of cases the monitoring is undertaken by third sector providers. Funding is approved in advance, usually on a six -month- basis by the Scottish Government, based on updated risk assessment, service package and financial assessment submitted on an application form and signed by the JSW manager. Local authorities have funds in place to cover a minimum of 10% of the costs through the [Section 27 Social Work \(Scotland\) Act 1968](#) budget.

18.26 It is expected that the risk management and monitoring arrangements should be kept under regular review by the JSW manager with a view to decreasing support over time as appropriate, and so aiding rehabilitation. Scottish Government will look for advice from the JSW manager on how the risk associated with a particular individual is changing over time when applications for continuation of packages are received. Where an individual subject to ISP is recalled to custody or removed from the approved ISP, the JSW manager must inform the Scottish Government.

19. Performance Management and Quality Assurance

19.1 For the MAPPA framework to work effectively each of the Responsible Authorities must fulfil their statutory duties (as detailed in [Sections 10 and 11 of The Management of Offenders etc. \(Scotland\) Act 2005](#)) and show that by working collaboratively they meet the requirements of comprehensive and defensible risk assessment and management of individuals subject to MAPPA.

19.2 The Responsible Authorities individually, and through the Strategic Oversight Group (SOG) need to be satisfied that the multi-agency arrangements in their area are working well to maintain effective public protection, monitoring and evaluating performance.

Objectives

19.3 The two key objectives that should be at the forefront of monitoring and evaluating MAPPA performance are:

- To provide evidence that the defensibility test is being met, i.e. was everything done that could reasonably have been done to prevent MAPPA individuals from re-offending?
- To provide evidence that the Responsible Authorities are fulfilling their statutory duties and MAPPA is being delivered effectively.

19.4 In order to meet these objectives, it will be necessary to collect, monitor and analyse a range of quantitative and qualitative data.

Collection and Analysis

19.5 Monitoring and evaluating the activities of the SOG will drive the business planning, contribute to the MAPPA Annual Report and provide the means for reviewing the effectiveness of MAPPA in each area against the national MAPPA Performance Indicators.

19.6 The collection and analysis of both quantitative and qualitative data will assist in measuring and identifying issues (such as good practice and areas for improvement). The MAPPA Co-ordinator will collate and provide this information to the SOG.

19.7 It is for the MAPPA Co-ordinator to analyse the data in the first instance and present to the SOG. This will assist the SOG in their review and validation of the effectiveness of MAPPA in their area.

19.8 Any issues that require urgent action should be raised with the SOG Chair and relevant agencies without delay.

19.9 As a minimum, the SOG should review quantitative and qualitative data every quarter. This enables the SOG to assess performance, provide an opportunity for bench marking and for timely interventions to be put in place where issues are identified.

Quantitative Data

19.10 The Responsible Authorities and the SOG should ensure that quantitative data is used to inform and improve performance.

19.11 Data that is required for the MAPPA Annual report can be reviewed on a regular basis to support the SOG in monitoring and improving the performance of MAPPA. Further information on the data required for the Annual Report can be found at [Annex 3](#) of this guidance.

19.12 The data, and changes in data over time, will indicate whether further questions need to be asked to identify and address any performance issues. For example, if the numbers of cases managed at a certain level (e.g. Level 2) decreases significantly, individual agencies may want to check that their own assessment of cases is still effective. Similarly, a marked increase in Level 2 cases might be because agencies are referring cases into MAPPA due to a lack of confidence in ability to manage a case, rather than through a genuine need for active inter-agency management.

19.13 ViSOR can produce management reports on a monthly, quarterly and annual basis in order to inform local performance measurement. These reports are not intended for the public domain with the exception of the data that is used for the MAPPA Annual Reports. If the data on ViSOR is accurate, it can provide a fast and efficient way of providing much of the data that is required for the MAPPA Annual Report. Further detail on the system can be found at [Chapter 17](#).

19.14 Advanced searches can be run on ViSOR to gather both numerical and individual-related information regarding relevant MAPPA cases. It can also report via pre-set functionality on a range of relevant measures. Each pre-set ViSOR statistical report has a number of variables that users can select including age, gender, ethnicity, occupation, MAPPA category, management level, and risk level. Reports which can be run include:

- The total number of individuals subject to MAPPA by category and at what Level (1, 2 or 3) for a specific time period; including those being managed in the community. This can be further broken down into:
 - The total number of individuals subject to the Sex Offender Notification Requirements (SONR) being managed at all levels in the community;
 - The total number of Other Risk of Serious Harm individuals being managed at Levels 2 or 3 in the community;
- New cases by category and Level being managed in the community for a specific time period;
- Cases which are archived by category and Level for a specific time period;
- The number of wanted or missing individuals (see [Chapter 8](#) for more detail and definitions of wanted and missing individuals) within a specific time period - including the length of time they have been wanted or missing and the number of wanted or missing individuals who have been located within a specific time period;
- The number of individuals subject to MAPPA by category and level who commit a further sexual or violent offence;

- The number of civil and criminal preventative orders which have been applied for, the number granted, the number refused and the number made by the court at point of criminal conviction;
- The number of breaches of preventative orders as required; and
- The number of breaches of licence or orders by category and level where the individual was recalled to prison.

Qualitative Data

19.15 The Responsible Authorities and the SOG should ensure that qualitative data is used to inform and improve performance.

19.16 Analysis of qualitative data gives a more detailed breakdown of how activities contribute to outcomes. It enables a judgement to be made about the quality of actions undertaken individually or collectively and an assessment of how this contributed to an outcome. Learning points and plans for improvement can then be identified.

19.17 Qualitative information can be obtained from:

- Audit of MAPPA Level 2 and Level 3 cases;
- Audit of MAPPA Level 2 and Level 3 meetings;
- MAPPA Significant Case Reviews; and
- Peer review.

Audit of MAPPA Level 2 and Level 3 Cases

19.18 The MAPPA Co-ordinator, on behalf of the SOG, should undertake or co-ordinate a random case audit of a selection of Level 2 and Level 3 cases. The purpose of the audit is not to inspect the work of individual agencies, although how they work will affect the overall quality, but to evaluate how MAPPA operated. The frequency of this should be agreed locally but must be at least once every reporting year. To assist with this, there are suggested case audit forms for [Level 1 case audits](#), [Level 2 and 3 case audits](#) and [completion notes for Level 2 and 3](#) (where required) found within [MAPPA document set](#) of this guidance.

19.19 As a minimum the Level 2 and Level 3 case audit should:

- Review the referral and minutes of the MAPPA meetings;
- Identify whether all agencies were present at all relevant meetings to allow the work of the MAPPA meeting to progress effectively;
- Review the quality of MAPPA Risk Management Plan(s);
- Identify if agencies completed the actions assigned to them in a timely manner;
- Identify areas of effective practice;
- Identify areas where practice, co-operation and quality of information between agencies could be improved; and
- Identify how feedback will be provided to the SOG and relevant agencies.

Audit of MAPPA Level 2 and 3 Meetings

19.20 To ensure that MAPPA meetings are effectively managed, the MAPPA Co-ordinator should put in place a process to support Level 2 and Level 3 MAPPA meeting Chairs through feedback and observation of their performance and the effective conduct of the MAPPA meetings. Ideally this should take place on a quarterly basis. To assist with this, there is a suggested [MAPPA meeting audit form](#) found within the [MAPPA document set](#) of this guidance.

Level 1 meetings

19.21 Local arrangements should be put in place for carrying out audits for Level 1 cases. It is recommended that as a minimum these audits should:

- Identify whether all agencies were present at all relevant meetings to allow the work of the MAPPA meeting to progress effectively;
- Identify effective processes and practices;
- Identify areas where practice and communication between agencies could be improved; and
- Ensure feedback and assurance to the SOG and relevant agencies.

MAPPA Significant Case Review

19.22 Where an individual subject to MAPPA has been the subject of a Significant Case Review (SCR), the SOG will, following the publication (in part or in full) of the SCR report;

- Establish a process for managing the delivery of the findings and recommendations of the report;
- Prepare action and implementation plans and establish a means of monitoring progress;
- Seek regular updates on the progress of actions for national agencies;
- Establish audit processes to ensure all findings and recommendations have been considered and an acceptable outcome and implementation process agreed; and
- Liaise with the Scottish Government and others as required.

19.23 When evaluating the performance of an SCR, it is expected that the effectiveness of each stage of the process would be considered:

- Development of the remit;
- Identifying and commissioning the Lead reviewer and the Review Team;
- Resources;
- Management of the process;
- Liaison with the victim and/or nearest relative/partner/family;

- Staffing;
- Production, handling and publication of the report (including communication strategy; and
- Identification of learning opportunities and good practice in order to promote continuous improvement and how these were communicated to interested parties.

19.24 Further detailed information about the SCR process can be found at [Chapter 20](#).

Peer Review

19.25 There are a variety of ways to obtain information to assist and provide a method of benchmarking the effectiveness of local MAPPA arrangements and confirming the appropriateness of decision making. This is particularly useful for MAPPA Chairs and regular peer reviews can be organised by the MAPPA Co-ordinator.

National MAPPA Performance Indicators

19.26 Although the national MAPPA Performance Indicators measure actions rather than outputs, they have been designed to ensure that the critical pre-conditions are in place for the effective operation of MAPPA (e.g. the right people, from the right agencies, meeting at the right frequency). If these are not in place, MAPPA is unlikely to operate effectively as it should.

19.27 By summarising the extent of performance against each of the National Performance Indicators, it can also assist when viewing the performance of other areas. An analysis of areas where performance may be below target will indicate what further information is required in order to undertake remedial action. For example, not meeting the performance indicator for reviewing Level 2 and Level 3 cases, may be as a result of an increase in the number of MAPPA individuals across all categories for that area, which has impacted on resources.

19.28 This notwithstanding, SOGs will be aware of the importance of evaluating the effective operation of active and alert multi-agency management of those individuals assessed as a high or very high risk and managed at Level 2 or Level 3.

19.29 Every SOG should evaluate its performance against the following National Performance Indicators:

- 95% of Level 3 MAPPP cases reviewed no less than once every six weeks. Where cases fall outwith, this the reasons must be clearly detailed so that any commonalities can be identified. For example, is it the same case repeatedly not being reviewed and if so is that due to a specific agency or lack of recurring information being received in time?
- 95% of MAPPA Level 2 cases reviewed no less than once every twelve weeks. Where cases fall outwith this, the reasons must be clearly detailed so that any commonalities can be identified. For example, is it the same case repeatedly not being reviewed and if so is that due to a specific agency or lack of recurring information being received in time?

- Where invited, 90% attendance by each Duty to Co-operate (DTC) agency at an appropriate level of seniority for Level 2 and 3 meetings in community and custody. This includes attendance via telephone/video conferencing or a written report.
- Where invited, 90% attendance by Police Scotland at the agreed level of seniority for Level 2 and 3 meetings in community and custody including Scottish Prison Service (SPS) Risk Management Team (RMT) meetings.
- Where invited, 90% attendance by Community Based Social Work at the agreed seniority level for Level 2 and 3 meetings in community and custody including SPS RMT meetings.
- 100% written contributions to be provided by Responsible Authorities in cases of non-attendance (where invited) at Level 2 and Level 3 meetings in the community or custody. Upon receipt these contributions will be recorded in the minute and Risk Management Plan.
- 100% written contributions to be provided by Duty-to-Co-operate agencies in cases of non-attendance (where invited) at Level 2 and Level 3 meetings in the community or custody. Upon receipt these contributions will be recorded in the minute and Risk Management Plan.
- 100% of MAPPP initial Level 3 meetings for those in custody to take place in the community no less than four weeks prior to the person being released. In circumstances where this has not happened, the reasons should be clearly detailed so any commonalities can be identified. For example, the referral was not received within agreed national timelines, or there was no risk of serious harm assessment carried out.
- 90% of Level 2 and Level 3 meeting minutes and updating of Risk Management Plans to be issued and ratified within 10 working days following the review meeting.
- Disclosure to be considered and the decision to be recorded in the minutes at 100% of Level 2 and 3 MAPPA meetings.

20. MAPPA Significant Case Review Process

Introduction

20.1 It is recognised that, on occasion, individuals managed under MAPPA may cause or be subject to serious harm. When either of these occur the MAPPA policies and processes should be examined and where it has been identified that these could be improved, plans are put in place promptly to do so. The Significant Case Review (SCR) process provides a consistent framework to enable MAPPA Strategic Oversight Groups (SOGs) to examine the quality of practice and adherence to legislation and guidance. The reviews should focus on learning and reflection around day-to-day practices and processes, and the systems within which they operate. They should identify strengths as well as areas for development and are intended to contribute to a culture of continuous learning to improve future practice.

20.2 This chapter sets out the 4 stage escalation process which may conclude in an SCR if the examination of the background to an incident is progressed to the final stage.

Identification of a Significant Case

20.3 For the purpose of this process, a significant case should meet one or more of the following 3 broad criteria:

- Where someone currently being managed under MAPPA has been charged with a further offence(s) which has resulted in the death or serious harm of another person.
- Where significant concern has been raised about professional and/or service involvement, or lack of involvement, in respect of an individual being managed under MAPPA.
- Where an individual being managed under MAPPA has been subject to serious harm or died as a direct result of their MAPPA status.
- Where an individual being managed under MAPPA has died or been subject to serious harm in circumstances likely to generate significant public concern.

20.4 When an incident which meets one or more of the above criteria occurs, the relevant SOG should examine the practices and processes employed by the Responsible Authorities and the Duty to Co-operate (DTC) agencies. Where improvements are identified, plans must be put in place promptly to implement these. All good practice and learning identified should be considered for sharing locally and nationally where appropriate.

20.5 The Responsible Authorities must have in place local mechanisms for identifying all cases which meet the criteria at 20.3 and must report every incident which falls within the criteria to their SOG Chair. Any agency (including those providing Third Sector services), profession, or individual can also report incidents which meet these criteria to the SOG Chair.

MAPPA SCR process

Objectives

20.6 The overarching objectives of the SCR process are:

- To identify learning and good practice in order to promote continuous improvement;
- Where appropriate, make recommendations for action (although any immediate actions required must not await the outcome of a formal review);
- To provide public reassurance on efficacy of MAPPA; and
- Ensure a proportionate approach is taken when deciding whether to progress to the next stage of the process. A case should not be escalated beyond what is proportionate, in the circumstances.

Other processes and linked investigations

20.7 There are a number of similar review processes in place across public protection which include (but are not limited to) Child Protection, Adult Protection, Health Clinical Incident Review (CIR), Serious Incident Review (SIR) carried out by the Care Inspectorate, criminal proceedings and the Scottish Children's Reporter Administration (SCRA) reports.

20.8 It is possible for more than one of these processes to be triggered as a result of the circumstances of an incident. In such cases agreement should be sought on the most appropriate way to proceed, taking account of the requirements of each process, the potential for cross-cutting, and the potential impact on the welfare of those involved, including staff and those providing evidence.

20.9 Other processes running concurrently with the SCR process raise a number of issues including:

- The relationship of the SCR with other processes, such as criminal proceedings, on-going criminal investigations or SCRA reports;
- Securing co-operation from all agencies in relation to the release and sharing of information;
- Minimising the potential for duplication; and
- Ensuring a sufficient degree of rigour, transparency and objectivity.

20.10 Where the individual concerned is subject to an Order of Lifelong Restriction, the Risk Management Authority will undertake an evaluation of the implementation of the Risk Management Plan (RMP) where there has been a death or serious harm caused.

20.11 There may be reasons why an SCR cannot be immediately initiated or concluded, such as where there is an on-going criminal investigation, or where there are links to a Fatal Accident Inquiry, or Children's Hearings Proceedings. Liaison with the appropriate body will establish how to proceed. In particular **criminal investigations always have primacy**.

20.12 To establish what status a case going through the SCR process should have in relation to a linked on-going criminal investigation, the SOG should seek advice from the Crown Office and Procurator Fiscal Service (COPFS) and/or Police Scotland.

Role of the SOG in the SCR process

20.13 The local SOG in the first instance has responsibility for the formal review of a significant case and for ensuring the processes set out in this guidance are followed, evidenced and recorded appropriately.

20.14 By following these processes, the SOG will be able to:

- Review the incident at a level which is necessary, reasonable and proportionate;
- Adopt a consistent, transparent and structured approach;
- Identify the skills, experience and knowledge required by those undertaking the SCR process, and the support they may find helpful during the four stages of the process;
- Address the needs of the individuals and agencies who may have a legitimate interest in the SCR;
- Take account of the evidence; and
- Ensure implementation of actions and learning are completed timeously.

Role of the Chief Officers Group (COG) in the SCR process

20.15 The governance for public protection sits with every COG for their respective area. It is expected that their level of involvement in the SCR process would be:

- Where the SOG has reviewed an Initial Notification Report (INR) or an Initial Case Review (ICR) and they wish to proceed to an SCR, the COG should be given the opportunity to consider the associated costs and funding of the SCR, including any contractual agreements;
- The COG should be sighted on the Terms of Reference (ToR)/remit for the SCR when drawn up at the start of the SCR process;
- Where the decision by the SOG following an INR or an ICR is not to proceed to further, the COG should be informed of the rationale for that decision; and
- Any disputes during the SCR process which cannot be resolved should be escalated to the COG for consideration.

The Key Stages

20.16 There are 4 key stages within the SCR process although Stage 2 may not be necessary depending on the circumstances:

- Stage 1: Initial Notification Report (INR)
- Stage 2: Initial Case Review (ICR)
- Stage 3: Decision on whether or not to proceed to an SCR

- Stage 4: The SCR process

20.17 At any point, the SOG can decide not to progress further, on the basis of the evidence provided. In these circumstances, the decision and the rationale for the decision should be clearly documented and recorded on the Violent and Sex Offender Register (ViSOR). To enable easy identification and to be readily searchable within that case, the ViSOR activity log entry should be clearly dated and headed.

Stage 1: Initial Notification

Initial Notification Criteria

20.18 The SCR process begins with an Initial Notification Report (INR) which is triggered by one or more of the incidents listed at 20.3.

20.19 Where the further offending has not resulted in serious harm or death, in order to promote learning the SOG should have mechanisms in place outwith the formal ICR/SCR process to carry out a review which is proportionate in the circumstances. This should include whether the defensibility test of “Was everything done which could reasonably have been done?” was met. It is recommended that the MAPPA Co-ordinator is advised of all offending irrespective of the level of seriousness.

20.20 Once a case has been identified as meeting one or more of the criteria at 20.3 (which may be through very early multi-agency discussion), the lead Responsible Authority will submit an INR to the SOG Chair and the MAPPA Co-ordinator **within five working days**. Where the Chair of the SOG also has a senior role within the lead Responsible Authority, the INR should be submitted to the SOG Vice-Chair and copied to the MAPPA Co-ordinator. An [INR form](#) can be found within the [MAPPA document set](#) of this guidance.

20.21 Where the lead Responsible Authority is unable to submit the INR within five working days, this must not preclude any actions being taken which are required to protect the public or the individual concerned. Where the five-day deadline is not met, the reasons for this should be provided to the SOG Chair in writing and a new date for submission agreed.

20.22 The sharing of personal data must only take place when it is justified, necessary and lawful to do so. When completing the INR, the lead Responsible Authority must ensure compliance with the [Data Protection Act 2018](#). Further information on the legislative requirements including processing data for law enforcement purposes can be found on the [Information Commissioner's Office \(ICO\) website](#).

20.23 As a minimum, the INR should include a brief summary of the points listed below:

- A clear and concise description of the circumstances and the basis for the INR being submitted;
- Key events timeline;
- A brief outline of agency/professional involvement role and responsibilities;
- What actions have been or will be taken on behalf of the victim(s);

- Any other on-going formal proceedings;
- Evidence of good practice (including how/if this has been disseminated as part of shared learning);
- Areas for improvement and how/if these have been addressed;
- Details of risk assessments;
- Latest MAPPA minutes (or relevant extracts thereof) and;
- Recommendations for any actions still outstanding including the rationale for progressing further (or not).

20.24 **Within five working days** of receipt of the INR, the SOG Chair will assess whether there is sufficient evidence to make a fully informed decision on whether or not to proceed to an SCR. A [Review of Initial Notification by SOG Chair form](#) can be found within the [MAPPA document set](#) of this guidance. The decision and the rationale for the decision should be recorded locally in the INR register.

20.25 Where it is considered that there is insufficient detail to enable this decision to be made, the SOG Chair will advise the lead Responsible Authority in writing **within 2 working days** that an ICR is to be undertaken and where necessary, specify what further information is required.

20.26 Where the individual is subject to statutory supervision and the criteria for a Serious Incident Review (SIR) under the Care Inspectorate SIR process is met, the SOG Chair should inform the local authority only if the outcome of their review of the INR is that it should not progress any further. (The local authority does not require to be informed where an ICR is to be undertaken). The local authority should submit a SIR notification to the Care Inspectorate within **five working days** of receipt of the SOG Chair's decision in accordance with the Serious Incident Review Guidance. This will ensure that the Care Inspectorate SIR process will commence in order to establish whether the circumstances meet the criteria for a SIR.

20.27 The completed INR and the SOG Chair's decision on whether or not to proceed further in the SCR process (recorded on the Review of Initial Notification by SOG Chair form) should be sent to all SOG members for their information.

Decision not to proceed further

20.28 The following may assist to inform the decision of the SOG Chair not to proceed further. Please note that this is not an exhaustive list:

- The information provided in the INR indicates that appropriate action has already been taken to identify and address all of the issues raised; and/or
- The information provided in the INR makes clear that the defensibility test was met and/or
- None of the criteria listed at 20.3 which would merit an SCR being triggered in the first instance were met. For example, there may have been further offending but it did not

result in serious harm or death. In this instance, local arrangements which would sit outwith this formal SCR process should be followed (see 20.19 above).

Decision to proceed to Stage 2 – ICR

20.29 The following may assist to inform the decision of the SOG Chair to proceed to Stage 2 – ICR (this is not an exhaustive list):

- Further consideration of the circumstances of the case is required, which may include adherence to policies and procedures and whether improvements could be made. For example, could greater clarity be provided by way of additional guidance?
- Concerns have been raised about the quality of the risk assessment(s) undertaken or the risk management plan;
- It appears that MAPPA processes and procedures were not followed. For example, this may include:
 - Attendance and representation of agencies at key meetings was not consistent or at the appropriate level of seniority.
 - Information was not shared at the appropriate point which may have impacted on the quality of the risk management plan (such as prior to the individual accessing the community from custody).
- Concerns have been raised and evidenced (and not yet addressed) about professional and/or service involvement, or lack of involvement in the management of the individual. (For example, may the circumstances have benefitted from further consideration of advice received or involved specialist services such as mental health).

Decision to proceed directly to Stage 3

20.30 Where the SOG Chair considers that the information provided in the INR is sufficient to merit proceeding directly to Stage 3 without an ICR, they should bypass Stage 2.

Recording an INR

20.31 Where it has been determined by the SOG Chair that the circumstances of the case do not merit proceeding further, the decision and the rationale for the decision must be clearly documented and recorded locally in an INR register.

20.32 This information should also be recorded on ViSOR. To enable easy identification and in order to be readily searchable within that case, the ViSOR activity log entry should be clearly dated and headed.

20.33 Any relevant learning identified should be shared with all Responsible Authorities and DTC agencies as appropriate. It is expected that key learning points would be anonymised and shared on the Scotland MAPPA Community Hub by the MAPPA Co-ordinator.

Stage 2: Initial Case Review (ICR)

20.34 Where the SOG Chair considers that an ICR is required, they will request that the lead Responsible Authority submits an ICR report within **eleven working days**.

20.35 If there are extenuating circumstances and the timescale for undertaking the ICR is not possible, the lead Responsible Authority must inform the SOG Chair at the earliest opportunity (in writing) and a new date for submission agreed.

Conducting an ICR

20.36 The sharing of personal data must only take place when it is justified, necessary and lawful to do so. As with an INR, the Responsible Authority must ensure compliance with the [Data Protection Act 2018](#) when completing an ICR report. Further information on the legislative requirements including processing data for law enforcement purposes can be found on the [Information Commissioner's Office \(ICO\) website](#).

20.37 As a minimum, the ICR report should include the information below:

- Level of MAPPA management and role of Responsible Authorities/DTC agencies in the day to day management of the individual;
- Details of the risk assessment(s) and risk management plan in place at the time of the incident. It is expected that for Level 2 and Level 3 cases, the risk management plan will be provided with the ICR;
- Detailed description of incident including details of relevant actions taken by Responsible Authorities immediately before, during and after the incident;
- Details of issues identified and actions already taken to address them. This can be added as an addendum to the ICR (for example as an action plan);
- Details of impact on the victim(s), the individual (where appropriate) and the wider community;
- Details of any other relevant review/criminal proceedings relating to the case, including status and timescales;
- Any responses to the incident by wider community or the media; and
- Recommendations for any actions still outstanding including the rationale for progressing (or not) to an SCR.

20.38 Where it is considered that there is insufficient detail to enable this decision to be made, a request for further information will be made by the SOG Chair **within two working days** to the lead Responsible Authority and where necessary, specify what information is required.

Recording an ICR

20.39 As with INRs, each SOG should maintain a register of all ICRs. The decision and the rationale for the decision on whether to proceed to Stage 3 should be clearly documented and recorded locally in the register and on ViSOR. To enable easy identification and in order to be readily searchable within that ViSOR case, the ViSOR activity log entry should be clearly dated and headed.

20.40 Any relevant learning identified should be shared with the Responsible Authorities and DTC agencies as appropriate. It is expected that key learning points would be anonymised and shared on the Scotland MAPPA Community Hub by the MAPPA Co-ordinator.

20.41 The SOG should produce a summary of all ICRs referred during the reporting year and, irrespective of the outcome, introduce these into the learning cycle to improve multi-agency learning and development.

Stage 3 SOG's decision on whether or not to proceed to Stage 4 Significant Case Review (SCR)

20.42 The decision to proceed (or not) to an SCR is a matter for the SOG. The SOG should review the INR or the ICR where one was undertaken, and make the decision **within ten working days** of receipt.

20.43 To assist with reaching a decision, the SOG may wish to consider whether to refer the case to relevant subject matter experts outwith the local authority area for their views. This is considered to be good practice.

20.44 A proportionate approach must be taken when deciding whether to progress to an SCR. A case must not be escalated beyond what is proportionate in the circumstances.

20.45 Where there is a split decision within the SOG on how to proceed, the Chair will make the final decision.

20.46 Where the SOG Chair also has a senior role within the lead Responsible Authority for the case being considered, it is expected that this decision would be passed to the Vice-Chair to make.

20.47 Any disputes on how to proceed which cannot be resolved should be escalated to the COG for consideration.

20.48 Where the decision is to proceed to an SCR, it is the responsibility of the SOG to inform the victim or nearest relative and to decide the appropriate timing for this depending upon the circumstances.

SOG's decision not to proceed to Stage 4 – SCR

20.49 The following may assist to inform the decision of the SOG not to proceed to an SCR (this is not an exhaustive list):

- On reading the INR or the ICR where one has been undertaken it is clear that single agency action is deemed appropriate;

- It would not be proportionate in terms in the circumstances to commission a full SCR although it may be considered that an action plan should be drawn up and overseen by the SOG to address outstanding issues;
- The information provided indicates that appropriate action has already been taken to address the issues raised in the INR or ICR; and
- The information provided shows that appropriate risk assessment(s) were undertaken, the risk management plan was fully implemented and the defensibility test was clearly met.

20.50 However, even in such circumstances, the SOG may decide that an SCR is appropriate.

No further review needed but follow-up action required.

20.51 Where the decision of the SOG is not to progress to an SCR, the SOG must ensure that an action plan is in place to address any local recommendations within the INR and/or ICR. Actions should be recorded with lead agency outcomes and timescales for completion included in the plan.

Decision to proceed to Stage 4 - SCR

20.52 The following may assist to inform the decision of the SOG to proceed to Stage 4 - SCR (this is not an exhaustive list):

- There are significant concerns about the quality and/or implementation of the risk management plan.
- The case has raised significant public concern about the efficacy of MAPPA.
- The commissioning of an SCR is proportionate in the circumstances, in order to identify learning and good practice in order to promote continuous improvement.

Notification of SOG's decision to proceed or not to an SCR

20.53 Within **ten working days** of the decision being made by the SOG to proceed or not to an SCR, they will notify in writing, clearly outlining the rationale for that decision:

- the Chief Officers Group;
- all the agencies involved in the case; and
- the Scottish Government Public Protection Unit.

20.54 Where the individual is subject to statutory supervision and the criteria for a Serious Incident Review under the Care Inspectorate SIR process is met, the Care Inspectorate should be informed of the SOG's decision to proceed or not to an SCR. Where the decision is not to proceed further, the local authority should submit an SIR notification to the Care Inspectorate within **five working days** of the SOG's decision in accordance with the Serious Incident Review Guidance. This will ensure that the Care Inspectorate SIR process will commence in order to establish whether the circumstances meet the criteria for a SIR.

Recording SOG's decision

20.55 The decision to proceed or not to an SCR and the rationale for the decision should be clearly documented and recorded locally in the SOG's ICR register and on ViSOR. To enable easy identification and be readily searchable within that ViSOR case, the ViSOR activity log entry should be clearly dated and headed. A copy of the [SOG SCR Decision form](#) can be found within the [MAPPA document set](#) of this guidance.

Stage 4: The SCR Process

Commissioning an SCR

20.56 Once the decision has been taken to proceed to an SCR (and taking account of the role of the Chief Officers Group in this process as detailed at 20.15), the process must be initiated as soon as possible. The SOG must decide whether to commission the SCR internally, or externally. In either circumstance, the following matters need to be agreed by the SOG from the outset:

- The type of support that can be provided to the Lead Reviewer and the Review Team, including whether establishing an independent reference group who have subject matter or expertise could assist;
- A secure method for exchanging information;
- That the SOG will work in partnership with the Lead Reviewer to develop the Terms of Reference (ToR) for the SCR; and

Where the report (partial or full) will be published and by whom. While it is for the SOG to make this decision, there should be close collaboration with the COG on this. It is expected that consideration would be given to publishing it on the local authority website of where the incident took place in order to maintain transparency.

20.57 The SOG may find it helpful to form a sub-group to direct and manage the SCR process.

Internal SCR

20.58 Where the decision by the SOG is to commission an internal SCR, it will be delivered by one of the local Responsible Authorities within the SOG region.

20.59 In such cases, the Lead Reviewer and the Review Team should be drawn from the Responsible Authorities, excluding those departments/agencies who were directly involved in the management of the individual. The SCR should be led by someone who is independent and who is seen as being independent in order to maintain public confidence in the SCR process. It is expected that they would therefore not be a member of the lead Responsible Authority involved in the management of the individual. The SOG should ensure that the Review Team lead has the necessary level of seniority and experience in MAPPA.

20.60 The SOG may consider that an external specialist or consultant is required to undertake certain aspects of the SCR. Their costs should be met by the Responsible Authorities.

External SCR

20.61 Where the decision by the SOG is to commission an external SCR (by a Lead Reviewer from outside the SOG region), the ownership of the procedure remains with the SOG. This decision may include (but is not limited to) cases where:

- There are likely to be recommendations that have national significance;
- The case is high profile and likely to attract considerable media attention;
- MSPs, Elected Members, and others, have raised concerns about the case;
- The victim(s), or their nearest relative have raised concerns about the actions of the agencies involved in the case;
- Certain aspects of the case would benefit from specialist knowledge from an external source; and/or
- There would be a conflict of interest if the SCR were to be carried out internally.

Timescales

20.62 In every case, the SOG should agree a deadline for the submission of the final report, taking into account the circumstances and context of the case. When considering the deadline, if there are active criminal proceedings, it would be expected that the report would be finalised and submitted to the SOG no later than **six months** from the date of sentencing. Where that is not the case, a period of **nine months** from the date of the SOG commissioning the SCR should be considered the standard for the submission of the report.

20.63 These timescales must not preclude the taking forward of any immediate recommendations.

20.64 When deciding timescales, the following matters need to be considered by the SOG and realistically factored into the timeline from the point of commissioning:

- Any on-going criminal investigations and associated court proceedings;
- Procurement and recruitment of a Lead Reviewer;
- Practical arrangements including identifying secure workspace/accommodation; and
- Process for agreeing the ToR including an escalation process for agreeing changes/factual inaccuracies and revised drafts. All contributors to the review must be given the opportunity to carry out a factual accuracy check of interim and/or final reports.

20.65 Final agreement and acceptance of the SCR report by the SOG including its distribution and the publication of the Executive Summary and recommendations, should take place **within six weeks** of receipt unless there are extenuating circumstances.

20.66 The SOG will require the agencies to work expeditiously in preparing and submitting information within agreed timescales. Where the Lead Reviewer, Review Team or an agency consider that they are unlikely to meet an agreed deadline, this should be notified in writing to the SOG at the earliest opportunity along with an explanation and estimated date of completion. Consideration should also be given to informing the victim or their nearest relative of changes to the date of completion.

20.67 Preparation and planning are important to ensure the objectives of the SCR are met, and the following areas should be considered:

- A. Developing the ToR;
- B. Identifying and commissioning the Lead Reviewer and the Review Team;
- C. Resources;
- D. Managing the process;
- E. Liaison with the victim and/or nearest relative/partner/family;
- F. Staff;
- G. Production, handling and publication of report (including communication strategy);
- H. Follow Up; and
- I. The learning cycle.

A. SCR – Developing the Terms of Reference (ToR)

20.68 A clear remit is essential to manage the expectations of those involved in the SCR as well as the wider audience for the finalised SCR report.

20.69 The ToR will be developed by the SOG and the Lead Reviewer should be given the opportunity to review it and suggest changes. The complexity of the SCR might not become evident until it has commenced. Consequently, the initial ToR may require to be revised during the course of the review. The SOG must agree any changes and ensure that they are evidenced and recorded appropriately and shared with the COG.

20.70 The ToR will outline the purpose of the review. The review should seek to:

- Establish a chronology to include all relevant incidents, meetings, discussions, decisions and contact with the individual and/or victim(s). The chronology must be endorsed by the relevant agencies as accurate. Consideration should be given to utilising a police analyst at this stage where the individual is a Registered Sex Offender.
- Establish the circumstances which culminated in the incident.

- Examine the role of the Responsible Authorities, DTC agencies and any other agencies involved in the management of the individual. Analyse the available information and identify any issues.
- If the victim(s) or other vulnerable individual(s) are interviewed as part of the review, the involvement of family liaison officers or specially trained interviewers must be considered.
- Identify areas of good practice in order to promote learning. Establish what lessons can be learned and how these can be shared to protect the public.
- Contribute to robust quality assurance procedures and demonstrate a commitment to continuous improvement.
- Develop and agree an action plan.
- Where consideration is being given to making a recommendation of national significance the Lead Reviewer or SOG should consult in advance with the relevant national body.
- Agree the format of the report which should be a clear read across to the ToR. There should also be a clear read across from the content of report to its recommendations.
- Establish the escalation process for agreeing changes/factual inaccuracies and revised drafts (this should be included in the ToR). All contributors to the review must be given the opportunity to carry out a factual accuracy check of interim and/or final reports.
- Report findings to the SOG and the Scottish Government Public Protection Unit.

B. Identifying and commissioning the Lead Reviewer and the Review Team

The Lead Reviewer

20.71 An SCR should be led by someone who is independent and who is seen as being independent in order to maintain public confidence in the SCR process. It is expected that they would therefore not be a member of the lead Responsible Authority involved in the management of the individual. They must be able to provide impartial scrutiny of the situation outwith the intrinsic and inherent knowledge that the Responsible Authorities and DTC agencies may have of local processes.

20.72 The Lead Reviewer must have an understanding of the roles of the Responsible Authorities and DTC agencies and how they work together within the MAPPA framework to manage risk. They should also understand the complexities of risk management. While they will be supported by the Review Team and subject matter experts from relevant agencies experienced in MAPPA procedures and practice, they may seek specialist input (whether for the duration of the SCR or as and when required) depending on the circumstances.

20.73 The Review Team needs to have confidence in the Lead Reviewer's ability to deliver results and so the Lead Reviewer needs to be at a sufficiently senior level in order to have credibility. The Lead Reviewer should have proven experience of leading a review process in

order to identify learning opportunities and good practice. References must be provided. While they do not need to have experience of leading an SCR, they should have an understanding of their purpose and how they differ from other proceedings.

20.74 A proven ability to make defensible decisions²³ is important. They should have strong interpersonal skills and experience in developing positive relationships, negotiation and interviewing.

20.75 An SCR is resource-intensive and the time required to identify and source a dedicated Lead Reviewer should not be underestimated. The Review Team is a multi-agency group which should collectively have elements of the traits required of the Lead Reviewer as well as a detailed knowledge and operational expertise of how MAPPA operates, particularly in the MAPPA discipline under review. They should have had no direct involvement in the management of the individual.

20.76 The Review Team provides support and advice to the Lead Reviewer throughout the SCR process. Like the Lead Reviewer, they should have an understanding of the purpose of SCRs and how they differ from other proceedings.

Attributes, skills, experience and knowledge required of a Lead Reviewer and the Review Team

20.77 In collaboration with partners, the Scottish Government published [National Guidance For Child Protection Committees Undertaking Learning Reviews](#) (2 Sept 2021) which includes guidance on the specific attributes, skills, experience and knowledge that may be required of those who are involved in a Child Protection Learning Review. Given the commonality of purpose between the SCR and Learning Review processes, please refer to [Annex 5](#) of the child protection guidance which sets these out. For ease of reference, these are listed below but have been amended to reference the SCR process.

Attributes

20.78 This section sets out the personal qualities or attributes that may be required by those who are part of a Review Team. These are supported by:

- examples of descriptors for each set of attributes, illustrating what a person with those attributes may say or do.
- an indication of whether the attributes are of particular relevance to the Lead Reviewer or Review Team Members.

20.79 This has been set out to support local decision-making and professional judgement. The specific attributes required, as well as their descriptors, will be dependent upon the nature of the SCR.

²³ [The Framework for Risk Assessment, Management and Evaluation \(FRAME\)](#) published by the Risk Management Authority provides a definition of defensible decision making.

Attributes:	Examples of descriptors:	Applicable to:
Honest, fair, objective and open minded	<ul style="list-style-type: none"> • Is non-judgemental of individuals' and organisations' involvement in the case, with the focus on understanding the learning that can be taken from the case as a whole; • Supports contributors to be open, honest and non-protective in presenting and discussing their own organisation's involvement with the case; • Avoids hindsight bias so that reflections on policies, procedures, actions and experiences are at the time of the incident, and do not reflect on what is now known. 	Lead Reviewer and Team Member
Empathetic and calm manner	<ul style="list-style-type: none"> • Is sensitive to and empathetic of contributors' emotions, noting that contributors can be confused, angry, emotionally fragile, worried and/or in need of support; • Remains mindful that, in an SCR, some contributors might feel more 'under the spotlight' than others and, hence, supports their participation in a safe manner; • Brings a calm manner, reassurance and open approach to communication, paying attention to the 'power of words'; • Identifies and makes contributors aware of wellbeing and counselling services that are available to them; • Maintains the confidentiality of the evidence throughout. 	Lead Reviewer and Team Member
Respectful and collaborative	<ul style="list-style-type: none"> • Is open to learning and recognise that no single individual will know everything about the case. Establishing a full picture of the situation requires trusting, listening to and learning from the information and views of all contributors; • Respects and values all contributors. 	Lead Reviewer and Team Member

Attributes:	Examples of descriptors:	Applicable to:
Methodical and rigorous	<ul style="list-style-type: none"> Is systematic in requesting, collating and checking information required to build full case picture. 	Lead Reviewer and Team Member
Attention to detail	<ul style="list-style-type: none"> Cross-checks information across different sources for building the full case picture; Identifies gaps or limitations in the information available to the Review. 	Lead Reviewer and Team Member
Flexible	<ul style="list-style-type: none"> Makes and/or supports adjustments throughout the SCR to ensure that the purpose of the Review and the underpinning principles and values are followed. 	Lead Reviewer and Team Member

Skills/Abilities

20.80 This section sets out the skills and abilities that may be required by those who are part of an SCR Review Team. These are supported by:

- examples of descriptors for each set of skills/abilities, illustrating what a person with those skills/abilities may say or do
- an indication of whether the skills/abilities are of particular relevance to the Lead Reviewer or Review Team Members

20.81 This has been set out to support local decision-making and professional judgement. The specific skills and abilities required, as well as their descriptors, will be dependent upon the nature of the SCR.

Skills/abilities:	Examples of descriptors:	Applicable to:
Leadership skills	<ul style="list-style-type: none"> Leads planning, delivery and completion of the SCR; Oversees the identification and engagement by the Review Team of the relevant partners and suitable contributors to the SCR (e.g. professionals who have the appropriate knowledge, skills and attributes, senior 	Lead Reviewer

Skills/abilities:	Examples of descriptors:	Applicable to:
	<p>managers, participants who can contribute and/or benefit from being involved in the SCR);</p> <ul style="list-style-type: none"> • Oversees the distribution of roles and responsibilities by the Review Team of SCR partners and contributors; • Works to the expectations of the Terms of Reference and the parameters set within this. 	
	<ul style="list-style-type: none"> • Ensures that the SCR remains proportionate, inclusive and collective, with a systems approach and focused on learning; reiterates the underpinning principles and values at various times during the SCR process, assertively bringing them to the forefront, where needed. 	Lead Reviewer
Planning and organisational skills	<ul style="list-style-type: none"> • Ensures that a clear and realistic timetable for the SCR process is set out and makes suitable adjustments, where needed (e.g. amending the Review timetable to allow additional information to be provided); • Ensures timely requests made for key documentation relevant to the Review from organisations involved (e.g. practitioner case notes, organisational policies, procedures etc.) and follows up with organisations where information is not provided; • Ensures timely circulation of key documentation in advance of Review meetings; • Manages and prioritises different work demands so that sufficient time is allocated to the SCR. 	Lead Reviewer and Team Member
Facilitation and interpersonal skills	<ul style="list-style-type: none"> • Helps contributors to enter the SCR process feeling informed and supported (e.g. provides adequate information, including about the supports available; remains open for further clarifications etc.); • Helps the victim or nearest relative feel supported and maintains a relationship with them, while managing the 	Lead Reviewer and Team Member

Skills/abilities:	Examples of descriptors:	Applicable to:
	<p>boundaries and responsibilities of this task (particularly relevant for those liaising with them);</p> <ul style="list-style-type: none"> • Works well in a group setting. 	
	<ul style="list-style-type: none"> • Discusses and debates with others in an objective, non-judgemental and transparent manner, demonstrating that they have no 'hidden agenda' (e.g. openly shares their own thoughts and understanding of the case, tests key ideas with the Review Team). 	Lead Reviewer and Team Member
Facilitation and interpersonal skills	<ul style="list-style-type: none"> • Establishes effective relationships with participants, noting that they will come with differing levels of status, expertise, experience and education; • Effectively facilitates group work and manages complex group dynamics (is able to assess, react and change). • Facilitates practitioner and manager events so that: <ul style="list-style-type: none"> ○ Participants understand the purpose of the SCR and the need to ensure that it remains proportionate, inclusive and collective, with a systems approach and focused on learning; ○ Trust is established between participants; ○ All participants can voice their views in a safe manner; ○ Discussion, debate, probing and constructive challenge are encouraged; ○ Meetings remain focused on the core purpose of the Review; • By establishing their independence from any operational management responsibilities or decision-making in relation to the case under review, asks challenging but constructive questions; 	Lead Reviewer

Skills/abilities:	Examples of descriptors:	Applicable to:
	<ul style="list-style-type: none"> • Puts participants at ease and encourages them to openly and honestly express their views and reflect on their involvement in the case; • Uses a range of participatory and creative approaches to obtain the views and experiences of the victim or nearest relative and parents/carers and practitioners in a safe manner. 	
	<ul style="list-style-type: none"> • Effectively chairs and facilitates SCR meetings (is able to assess, react and change). 	Lead Reviewer
Active and reflective listening skills	<ul style="list-style-type: none"> • Shows interest in and empathy with the views expressed by others. Is respectful of the views expressed by others; • Seeks to understand the idea expressed by the other person, then relays the idea back, to confirm that it has been understood correctly; • Remembers what others said and builds on their contributions. 	Lead Reviewer and Team Member
Analytical skills	<ul style="list-style-type: none"> • Reviews and assesses all information available (events/consultations/meetings minutes, practitioner case notes, organisational policies, procedures etc.) to develop a full and multi-faceted understanding of the case; • Identifies gaps or limitations in the information available to the SCR; • Is able to undertake own research, where there is a knowledge gap; Review Team are not expected to know everything, but they are expected to know where to seek and how to review evidence; • Verifies information presented through cross-checking of information against other sources, in order to understand the multiple lenses of the case (e.g. whether 	Lead Reviewer and Team Member

Skills/abilities:	Examples of descriptors:	Applicable to:
	<p>facts and explanations provided are aligning and complementing one another, addresses contradictory perspectives etc.);</p> <ul style="list-style-type: none"> • Interprets and analyses the workings and shortcomings of complex, multi-agency systems (e.g. taking into account policies and procedures, resources, staffing levels etc.); • Elicits and analyses information from a learning and person-centred perspective, looking at the wider impacts for practice and service delivery (e.g. going beyond the identified challenges and understanding what had caused them, the systems' implications and needed improvements); • Makes sound judgements based on the information collected and analysed during the SCR, through logical thinking and a culture of collaborative problem solving. 	
Communication skills (written and oral)	<ul style="list-style-type: none"> • Is able to communicate with multiple audiences (e.g. children, young people, families, practitioners, Strategic Oversight Group and Chief Officers Group, as appropriate) about the SCR purpose, process, timetable and outcomes, in a clear and accessible manner. This may require: <ul style="list-style-type: none"> ○ Adopting different communication methods with specific groupings; ○ Providing updates throughout the SCR process. 	Lead Reviewer
	<ul style="list-style-type: none"> • Conveys complex issues in a concise, well-structured and accessible manner, using plain English, listen wherever possible, so that multiple audiences (the family, practitioners, senior managers, elected members and the public) can understand the findings and learnings. The clarity is required in both written and verbal communication. The objective should be to draft the report so that it can be published; 	Lead Reviewer

Skills/abilities:	Examples of descriptors:	Applicable to:
	<ul style="list-style-type: none"> • Uses a neutral tone in the report, with a focus on learning, not blaming; • Balances the importance of providing detailed (but confidential) insight to the case with the learning that can be taken from it; • Focuses on communicating key points of learning from the case. 	
	<ul style="list-style-type: none"> • Recognises and responds to non-verbal signs from others (e.g. body language, tone of voice etc.); • Adapts and changes their communication styles where appropriate (for example, from a sensitive and listening style to a more assertive and challenging style where appropriate – where trust is achieved and probing and constructive challenge can be used). 	Lead Reviewer and Team Member

Experience and knowledge

20.82 This section sets out the professional and practice experience and knowledge that may be required by those who are part of a Review Team. These are supported by:

- examples of descriptors illustrating what a person who has that area of experience and knowledge may say or do
- an indication of whether the area of experience and knowledge is of particular relevance to the Lead Reviewer or the Review Team

20.83 This has been set out to support local decision-making and professional judgement. The specific experience and knowledge required, as well as their descriptors, will be dependent upon the nature of the SCR.

Experience and knowledge:	Examples of descriptors:	Applicable to:
Systems insight	<ul style="list-style-type: none"> • Understands and can interrogate the workings of the whole system around the individual, including 	Lead Reviewer and Team Member

Experience and knowledge:	Examples of descriptors:	Applicable to:
	<p>relevant single-agency and multi-agency procedures;</p> <ul style="list-style-type: none"> • Understands how organisations and systems influence and impact on how individuals operate; • Knows where, and from whom, to get specific information and expertise in order to build a comprehensive understanding of the system; • Has a good understanding of the differences in the terminology used by various agencies. 	
Review methodologies	<ul style="list-style-type: none"> • Is knowledgeable and understands methodologies and approaches for undertaking Reviews. 	Lead Reviewer
Adult learning and group facilitation	<ul style="list-style-type: none"> • Has experience of facilitating active engagement within a group setting; • Understands group processes and dynamics and has experience of helping people to explore, reflect and learn; • Understands how to build on what participants and contributors have experienced and learnt in the past. 	Lead Reviewer
MAPPAs experience	<ul style="list-style-type: none"> • Has an understanding of MAPPAs practice, processes and procedures in Scotland and specific legal processes and requirements; • Has an understanding of MAPPAs organisational arrangements – both multi-agency working arrangements and internal organisational structures; • Has an understanding of the complexity of communication, collaboration and cooperation within MAPPAs practice and policy. 	Lead Reviewer

Experience and knowledge:	Examples of descriptors:	Applicable to:
Related services knowledge	<ul style="list-style-type: none"> Understands the role, practice and impact of services connected to MAPPA, e.g. social work, health, education, child and adult services, addictions or domestic violence. 	Lead Reviewer and Team Member
Legal and policy systems knowledge	<ul style="list-style-type: none"> Understands relevant legislation and policy within the Scottish context; Differentiates between SCR remit and task as opposed to criminal or negligence proceedings; Understands roles, responsibilities and governance of SCR processes as set out in national and local guidance; 	Lead Reviewer and Team Member
Report writing	<ul style="list-style-type: none"> Has experience of writing comprehensive reports in a concise, well-structured and accessible manner, allowing the findings and learnings to be understood by multiple audiences. 	Lead Reviewer

Commissioning the Review Team

20.84 Issues for the SOG to consider when commissioning a Review Team:

- Ensure that the ToR is clear and deliverable;
- Establish clear reporting lines of accountability;
- Identify milestones and time-scales (in line with those laid out in this chapter) and agree the various stages in the process;
- Provide appropriate administrative support;
- Agree the method for obtaining additional resources if it becomes clear that these are necessary;
- Confirm that if issues arise that require urgent action, the SOG (and agencies) will be so advised;
- Agree process for managing and reporting of serious issues;
- Require external reviewers to be registered with the Information Commissioner's Office (ICO); and
- Identify a named point of contact person within the Review Team.

C. Resources

20.85 Section [11](#) of the Management of Offenders etc. (Scotland) Act 2005 requires the Responsible Authorities to keep MAPPA under review for the purposes of monitoring the effectiveness of the arrangements and making changes to them that appear necessary or expedient. The SOG is responsible for providing local leadership, monitoring performance and quality assurance of MAPPA and this encompasses the need to carry out an SCR when required.

20.86 Resource issues, which may need to be addressed:

- Agree any formal contractual arrangements with the Lead Reviewer and Review Team as appropriate. The COG will consider which agency will enter into the contract with any external reviewer(s);
- For internal SCRs, the SOG should consider the potential of having a person external to the relevant SOG to supplement the Review Team (for example, where specialist knowledge or experience is required);
- Arrange for any accommodation/space requirements the Review Team may require;
- Provide for the secure storage of files/documents;
- Agree the methodology to be used to record (including reasons for drafting revisions), index and retain documents and evidence in an easily retrievable format;
- Establish a reporting structure, frequency and format; and
- Agree a communications plan.

D. Managing the Process

20.87 Issues to be considered by the SOG and the Review Team in the management of the process may include:

- Over what time period events will be reviewed. The history and background of the individual concerned and the victim(s) will help to decide this;
- For external SCRs, the contract will reinforce that the SCR is owned by the SOG and they retain the right to proof-read the final draft and correct factual errors or misunderstandings;
- The agreement of a media strategy;
- The agreement of the report format;
- The agreement of a communications strategy (including a dissemination and publication process);
- The identification of named contacts in each agency with whom the review team can liaise;
- Confidentiality protocols for the Review Team;

- Whether there are likely to be issues of access to case records (for example, ViSOR) and how that will be addressed;
- The involvement, if appropriate, of the victim(s) or the nearest relative, how this will be managed and how they will be guided through the SCR process;
- Responsibility for liaison with the victim(s) or the nearest relative and how that will be managed;
- Responsibility for liaison with relevant staff members and the process for doing so;
- Briefing that will be provided for contributors and by whom. Briefing will normally be an oral discussion about the purpose of the review. The SOG will need to consider whether contributors should receive information about the areas to be covered in advance of the interview and whether the files should be available to them for reference;
- The arrangements that require to be in place for feedback to the contributors and the mechanisms that will be used to enable all contributors to check the factual accuracy of any interim and/or final reports; and
- Record retention policy.

E. Liaison with the victim(s) or nearest relative

20.88 It is important that the review is carried out in good time - not least to reduce stress on the victim(s), or the nearest relative and families. Further information regarding impact on victims can be found at [Chapter 14](#).

20.89 It is important that the victim(s) or the nearest relative are part of the SCR process. Where an SCR has been commissioned legal criminal proceedings are likely to be active and therefore victim support will be available from the Victim Information and Advice service (the accredited victims support mechanism for witnesses in criminal trials). Dependent upon whether COPFS give permission or not, the Review Team may not be able to engage with the victim until after they have given their evidence or at the completion of the criminal trial.

20.90 At this point, the Review Team should consider what additional support should be offered to the victim as a result of being informed that an SCR is underway and specifically how they are engaged with in the SCR process. The specific type of support should be considered on a case by case basis but the SOG must ensure that the victim is offered support through the process.

20.91 The victim(s) or the nearest relative must be kept informed of the various stages of the review and the outcomes of these where they have indicated they wish to be involved. (This needs to be factored into the communication strategy).

20.92 It is expected that a member of staff (not the Lead Reviewer) would be assigned to be the single named liaison point throughout the review. The person carrying out this liaison role should first make contact with any existing victim advocates/services who are already providing support to the victim and be fully aware of the sensitivities and background of the case. Where no such services are involved, it is recommended that contact is made with an appropriate victim support agency for advice on how to support the victim.

20.93 The liaison role may include advising of the intention to carry out an SCR and making arrangements to interview the victim(s) or the nearest relative. Particular care must be taken with where and when the interview takes place and a trauma informed approach must always be taken. Members of the Review Team should be experienced and skilled in working with victims.

20.94 **The victim(s) or the nearest relative, where they have indicated they wish to do so, should receive a copy of the Executive Summary and recommendations from the SOG in advance of publication.** Consideration should be given as to whether they should receive an oral briefing in advance of publication. This should be factored into the communication strategy and considered in terms of the distribution of the report. It should be noted that any detail provided to the victim(s) or the nearest relative should be deemed to be in the public domain.

20.95 There may be occasions where a relative is subject to investigation or significantly involved in the case and in these circumstances the information provided to them may require to be limited. Liaison between Police Scotland and COPFS is required in such circumstances.

20.96 Families may seek to take legal action against an agency or agencies. Individual agencies' complaints procedures should be made available at the outset of the review, and throughout the SCR process, as deemed necessary and appropriate.

F. Staff

20.97 During the review, staff involved directly or indirectly in the process should feel informed and supported by their managers. This should be factored into the communication strategy. There may be parallel processes which staff are involved in as a consequence of the case (e.g. disciplinary proceedings) and these should be considered.

20.98 Each agency will have procedures for supporting staff. Line managers should always consider:

- The health and wellbeing of staff involved;
- Provision of welfare or counselling support;
- Training needs;
- Communications with staff and keeping people informed of the process in an open and transparent manner;
- An agreed procedure to be adopted if the SCR uncovers evidence of criminal acts or civil negligence related, or unrelated to the case under review;
- The need for legal/professional guidance and support; and
- The need to allow staff time to prepare for interviews and have the opportunity to bring someone with them for support, assuming that this person has not been involved in the case.

20.99 For staff involved in the SCR, a copy of the MAPPA National Guidance should be made available to them, together with a copy of the local operational protocols in place in their

SOG area. Once the SCR has been completed the staff involved should be given a debrief on the review and the findings before the report is published.

G. Production, Handling and Publication of the Report

20.100 The SCR report should be delivered to the commissioning SOG who will thereafter deliver the report to the COG, the Scottish Government Public Protection Unit and any national agencies identified in any recommendations for improvement. Where there are active criminal proceedings, it is expected that the submission of the SCR report to the SOG will be within 6 months of sentencing. Where there are no active criminal proceedings, submission is expected to be within 9 months of the decision to commission the SCR.

20.101 It is important that there is a degree of consistency to the structure and content of reports, ideally the format and structure of the report should be agreed at the outset. This makes it easier to identify and use the learning and for read-across to other reports to be made. The report should include:

- An introduction: a summary of the circumstances that led to the review, stating the ToR and a list of contributors to the review (suitably anonymised);
- A separate Executive Summary and list of recommendations. This summary should be appropriate for publication, including being suitably anonymised;
- A clear chronology of key events;
- The nature and extent of the involvement of the victim(s) or nearest relative in the process;
- Findings based on the analysis of the circumstances culminating in the incident;
- Conclusions – extending from the findings; and
- Recommendations which must evidence-based and clearly linked to the findings. They need to be specific, focussed and achievable. The report should identify which body or agency each recommendation is for and any potential resource implications of its implementation. Where a proposed recommendation has national significance, liaison with the relevant body in advance is required.

20.102 The SOG will decide who will receive the report. The findings of an SCR will provide valuable information for the management of individuals subject to MAPPAs at a local and national level. It is therefore expected that the Executive Summary and recommendations will be made public.

20.103 The Executive Summary should be sufficiently detailed to provide a reasonable overview and analysis of the case.

20.104 The Lead Reviewer, the Review Team and the SOG must ensure compliance with the [Data Protection Act 2018](#) when conducting and reporting of the SCR. Further information on the legislative requirements including processing data for law enforcement purposes can be found on the [Information Commissioner's Office \(ICO\) website](#).

Distribution List

20.105 The SOG should propose a distribution list for the full report to the COG. This should have regard to the guidance for a communication strategy and media handling set out at 20.110 to 20.115. It should consider any internal/external communications or briefing required before publication and confirm how best to co-ordinate media handling.

20.106 It is acknowledged that each significant case is unique and the SOG will endeavour to identify all who need to be informed, and who will be required to provide information at each stage of the SCR process. The Scottish Government Public Protection Unit should receive a copy of the report at least **five working days** prior to publication.

20.107 The distribution list should be proportionate to the individual case, but may include those with responsibility for local service delivery and review as follows:

- The SOG;
- Chief Officers: Chief Executive of Local Authority, Chief Executive of Health Board, Chief Constable, and Chief Executive of Scottish Prison Service;
- Director of Social Work, Chief Social Work Officer, Senior Managers in Police Scotland, Education and Health Service, and the relevant Prison Governor;
- Staff involved in the review;
- Crown Office and Procurator Fiscal Service;
- National Sex Offender Policing Unit;
- Parole Board for Scotland;
- The Mental Welfare Commission;
- Children's Reporter/Scottish Children's Reporter Administration;
- Inspectorates/Scrutiny Bodies such as The Care Inspectorate, HM Inspectorate of Constabulary Scotland, HM Inspectorate of Scottish Prison Service, HM Inspectorate of Education Services for Children Unit, Health Improvement Scotland, Mental Health Tribunal for Scotland and the Risk Management Authority;
- Victim(s) or the nearest relative;
- Local councillors and Health Board Chairs;
- Voluntary organisations and independent providers, where they are involved in the case; and
- The Scottish Government MAPPA National Strategic Group (NSG).

20.108 Those with wider interests in the SCR report may include:

- Local authority, health board and police media officers;
- Professional representative bodies;
- Legal representatives; and
- Unions and staff associations.

20.109 Other key interests are likely to be:

- The general public;
- Elected members (for example, MSPs, MPs); and
- The media.

Communication Strategy and Media Handling

20.110 Please note that this section provides general guidance only. Responsible Authorities and DTC agencies should prepare their own media and seek their own legal advice where necessary.

20.111 The SCR report is a document intended for shared learning and therefore requires a communications strategy. It is the responsibility of the SOG to report the outcome of the SCR to their COG and the Scottish Government Public Protection Unit. However, the SOG has extensive responsibilities and should consider the wider dissemination of the learning from the process and outcomes.

20.112 The SOG should make clear at the outset of the SCR where and by whom the Executive Summary and the recommendations should be published. While it is for the SOG to make this decision, there should be close collaboration with the COG on this. It is expected that publication would be within 6 weeks of completion of the SCR and that consideration would be given to publishing it on the local authority website of where the incident took place in order to maintain openness and transparency.

20.113 Information within any SCR will be highly sensitive and may be distressing. Each SOG should have agreed protocols in place with local agencies and the Scottish Government which includes named contacts and their role and responsibilities in the process (such as whether communication is for information or decision-making purposes).

20.114 All Responsible Authorities and DTC agencies should comply with their own organisations' and/or the SOG's agreed media strategy. It is important to note that there are strict guidelines in place for dealing with matters which are sub judice.

20.115 In responding to media enquiries, the SOG must have regard to wider interests over which they have no direct control. The importance of reassuring the public through any media statements and reducing alarm or confusion is paramount.

H. Follow-up to publication of the Report

20.116 Following publication of the SCR report, the SOG will be required to:

- Establish a process for managing the delivery of the findings and recommendations of the report;
- Prepare action and implementation plans and establish a means of monitoring progress;
- Seek regular updates on the progress of actions for national agencies;
- Establish audit processes to ensure all findings and recommendations have been considered and implementation processes agreed; and

- Liaise with the Scottish Government and others as required.

I. The Learning Cycle

20.117 The primary aim of an SCR is to identify learning opportunities and good practice in order to promote continuous improvement. These may relate to:

- Management;
- Policy;
- Protocols;
- Practice;
- Operating conditions; and
- Communication and partnership working.

20.118 The SOG will wish to consider how to promote learning and commitment to change including:

- Considering whether to identify one senior person to champion change.
- Communications to interested parties;
- Supporting and acknowledging good practice within and between organisations/service areas;
- Providing the MAPPA National Strategic Group (NSG) with a summary of the lessons learned and areas of practice which may require further discussion including whether any aspects would benefit from adopting a national approach; and
- Determining the impact on individuals or organisations (risk factors) as a result of change.

20.119 In addition, the SOG should consider how to:

- Increase public confidence in MAPPA in their region;
- Identify, plan and implement any required training; and
- Produce and implement long and short-term action plans.

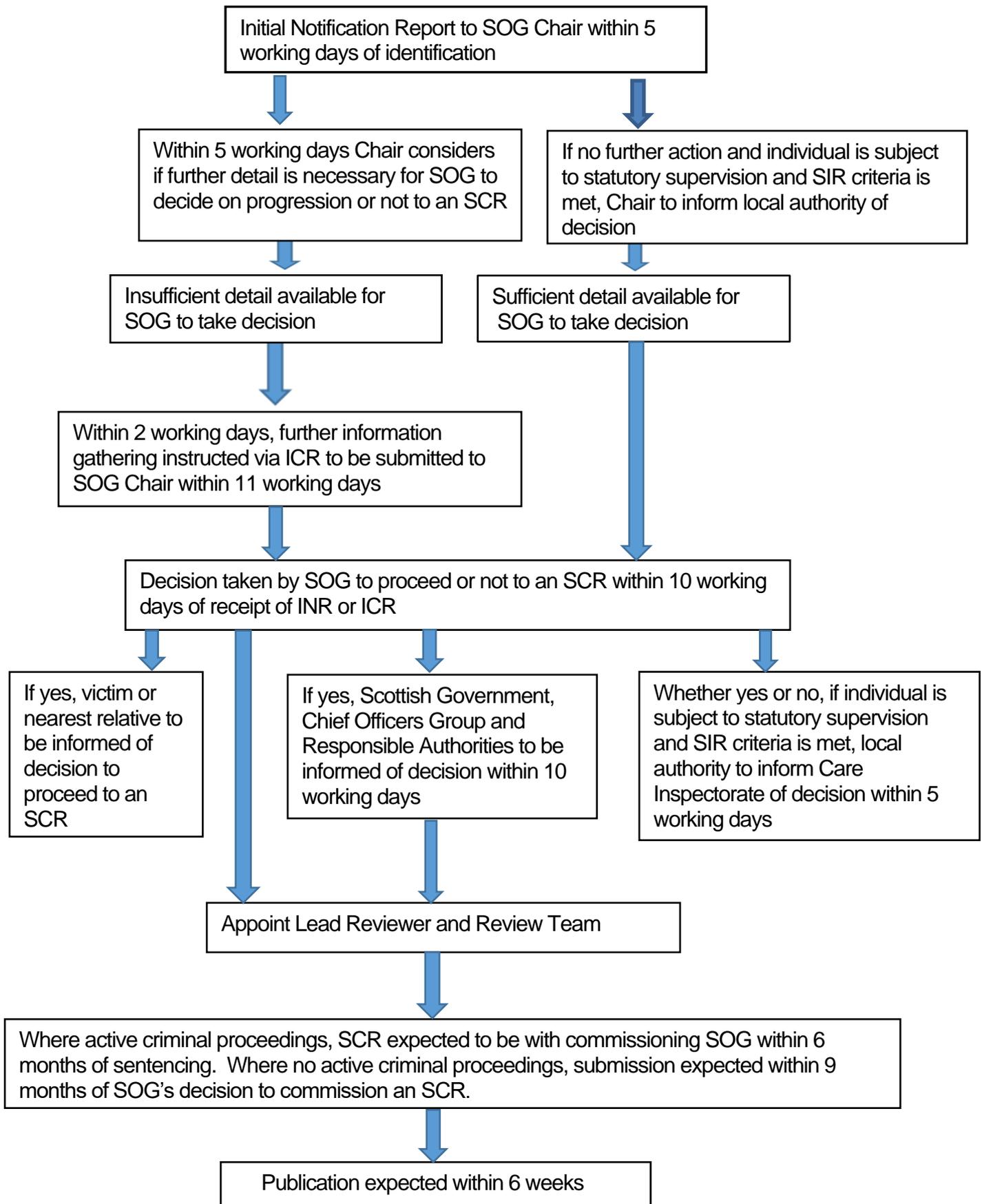
20.120 The SOG will need to consider how to maintain change by:

- Putting quality assurance systems in place including monitoring and evaluation linked to reporting and action planning cycles;
- Engaging with stakeholders; and
- Supporting staff.

20.121 After the SCR has been published it may be necessary for SOGs in other areas to review their own guidance and procedures in light of the findings and recommendations from the review. This could be facilitated through the meetings of the NSG, or by specially convened local meetings depending on the urgency.

20.122 It is likely that some recommendations from ICR and SCR reports may require to be led and/or implemented nationally. Their findings will also be important for external scrutiny bodies in future inspections of services.

Significant Case Review Process



21. Annexes

Geographical model of MAPPAs in Scotland

Government Security Classifications

Annual Reports

Model Memorandum of Understanding

MAPPAs Co-ordinator Responsibilities

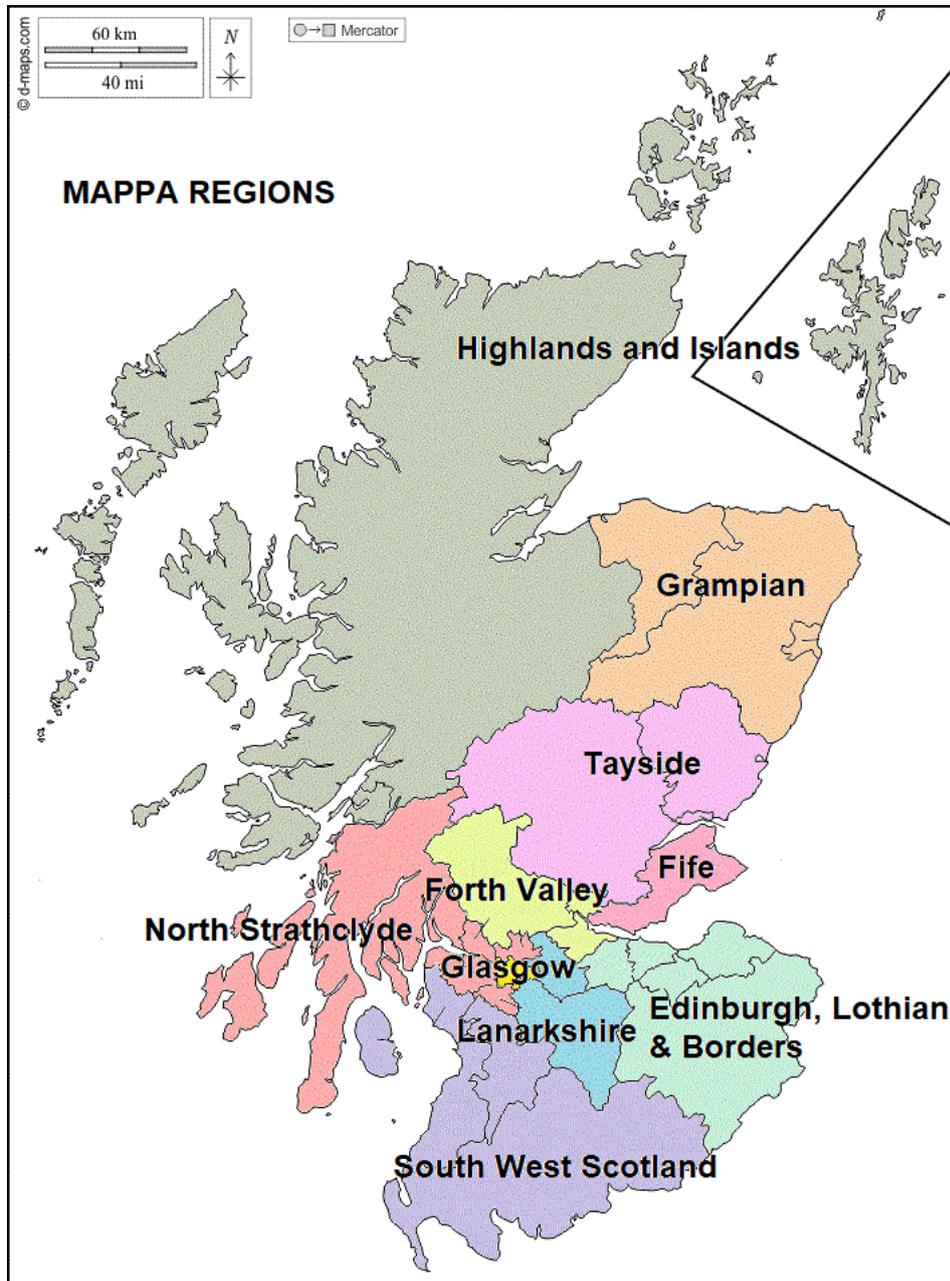
Preventative Orders

Transfer of MAPPAs Cases

Glossary

MAPPA Annex 1

Geographical MAPPA Region Model for Scotland



Please see next page for geographical split per local authority, Police Division and NHS Health Board area.

MAPPA Annex 1

MAPPA Strategic Oversight Group (SOG) region	Police Scotland Division	NHS Health Boards Areas	Local Authorities
Edinburgh, Lothians & Borders	Division E (City of Edinburgh) Division J (Lothians & Scottish Borders)	NHS Borders NHS Lothian	East Lothian Edinburgh Midlothian Scottish Borders West Lothian
Fife	Division P (Fife)	NHS Fife	Fife
Forth Valley	Division C (Forth Valley)	NHS Forth Valley	Clackmannanshire Falkirk Stirling
Glasgow	Division G (Greater Glasgow)	NHS Greater Glasgow & Clyde	Glasgow City
Grampian	Division A (North East)	NHS Grampian	Aberdeen Aberdeenshire Moray
Highland & Islands	Division N (Highlands & Islands)	NHS Highland NHS Orkney NHS Shetland NHS Western Isles	Highland Orkney Shetland Western Isles
Lanarkshire	Division Q (Lanarkshire)	NHS Lanarkshire	North Lanarkshire South Lanarkshire
North Strathclyde	Division G (Greater Glasgow) Division K (Renfrewshire & Inverclyde) Division L (Argyll & West Dunbartonshire)	NHS Greater Glasgow NHS Highland	Argyll & Bute East Dunbartonshire East Renfrewshire Inverclyde Renfrewshire West Dunbartonshire
South West Scotland	Division U (Ayrshire) Division V (Dumfries & Galloway)	NHS Ayrshire & Arran NHS Dumfries & Galloway	East Ayrshire North Ayrshire South Ayrshire Dumfries & Galloway
Tayside	Division D (Tayside)	NHS Tayside	Angus Dundee City Perth & Kinross

MAPPA Annex 2

Government Security Classifications

Classifications

1. We each have a responsibility to protect and safeguard information.
2. Security classifications are used to indicate the sensitivity of information (in terms of the likely impact resulting from compromise, loss or misuse) and the need to defend against different potential threats.
3. All Scottish Government departments, non-departmental public bodies and agencies follow the UK Government Security Classification scheme⁽¹⁾ which uses three levels of security classifications: OFFICIAL, SECRET and TOP SECRET.

OFFICIAL

4. This is the lowest classification and applies to the majority of information that is created or processed by the public sector. This includes routine business operations and services, some of which could have damaging consequences if lost, stolen or published in the media, but are not subject to a heightened risk profile.
5. There is no requirement to explicitly mark routine OFFICIAL information.

OFFICIAL-SENSITIVE

6. A limited subset of OFFICIAL information could have more damaging consequences. This particularly sensitive information must be clearly marked OFFICIAL-SENSITIVE. Special handling instructions may be added to the marking where the sensitivity justifies strict restrictions on information sharing.

Examples:

- case details involving vulnerable individuals where a serious risk of harm or criminal activity may result from disclosure
- information about investigations, civil or criminal proceedings that could disrupt law enforcement or prejudice legal cases
- security information
- personal data defined as 'special category' or 'sensitive' under data protection legislation

SECRET and TOP SECRET

7. Classifications are used for highly sensitive information relating to defence, diplomacy or national security.

8. Further information on the government security classifications can be found here:

¹[UK Government Security Classifications](#)

²[Government Security Classifications Guidance for Third Party Suppliers.](#)

MAPPA Annex 3

Annual Reports

1. [Section 11](#) of the Management of Offenders etc. (Scotland) Act 2005 sets out the legislative requirements in respect of the publication of an annual report and the provision of information to Scottish Ministers.
2. The annual reporting period is from 1 April to 31 March.

Strategic Oversight Group (SOG) – Local Statistical Information

3. The relevant Strategic Oversight Group (SOG) has responsibility for co-ordination, submission and publication of their respective report. Each report should be published on the relevant local authority website. The reports should also be published on the Scotland MAPPA Community Hub.
4. Each MAPPA Annual report must provide the information as set out in Tables 1 – 9 below as requested by Scottish Ministers.

Scottish Government - National Statistical Information

5. The Scottish Government (SG) compiles an annual national overview report which is published on the SG website and the MAPPA Community website. The report provides a summary of information which relates to national MAPPA matters within the reporting period. It also contains national statistics in relation to Registered Sex Offenders (RSOs) and Other Risk of Serious Harm individuals.
6. The following tables below set out the information required from SOGs as requested by Scottish Ministers:

Table 1: Registered Sex Offenders	
Registered Sex Offenders(RSOs)	Number
a) Number of Registered Sex Offenders:	
1) At liberty and living in your area on 31 March:	
2) Per 100,000 of the population on 31 March:	
b) The number of RSOs having a notification requirement who were reported for breaches of the requirements to notify between 1 April and 31 March:	
c) The number of “wanted” RSOs on 31 March:	
d) The number of “missing” RSOs on 31 March:	

Table 2: Orders applied and granted in relation to RSOs.	
The Number of Orders applied and granted	Granted by the courts
a) Sexual Offences Prevention Orders (SOPOS) in force on 31 March	
b) SOPOs granted by courts between 1 April and 31 March	
c) Risk of Sexual Harm Orders (RSHOs) in force on 31 March	
d) Sexual Harm Prevention Orders (SHPOs) in force on 31 March	
e) SHPOs granted by courts between 1 April and 31 March	
f) Sexual Risk Orders (SROs) in force on 31 March	
g) Number of RSO's convicted of breaching a SOPO between 1 April and 31 March	
h) Number of RSOs convicted of breaching a SHPO between 1 April and 31 March	
i) Number of people convicted of a breach of a RSHO between 1 April and 31 March	
j) Number of people convicted of breaching a SRO between 1 April and 31 March	
k) Number of Foreign Travel Orders imposed by courts between 1 April and 31 March	
l) Number of Notification Orders imposed by courts between 1 April and 31 March	

Table 3: Registered Sex Offenders			
Registered Sex Offenders (RSOs)	Custody	At Liberty	Total
a) Number of RSOs managed by MAPPA level as at 31 March:			
1) MAPPA Level 1:			
2) MAPPA Level 2:			
3) MAPPA Level 3:			
b) Number of RSOs convicted of a further group 1 or 2 crime between 1st April and 31st March:			
c) Number of RSO's returned to custody for a breach of statutory conditions between 1 April and 31 March (including those returned to custody because of a conviction for a group 1 or 2 crime):			
d) Number of individuals subject to the SONR indefinite review process (under the terms of the Sexual Offences Act 2003 (Remedial) (Scotland) Order 2011) between 1 April and 31 March:			
e) Number of notification continuation orders issued for individuals subject to SONR for an indefinite period (under the terms of the Sexual Offences Act 2003 (Remedial) (Scotland) Order 2011) between 1 April and 31 March:			
f) Number of RSOs subject to formal disclosure:			

Table 4: Restricted Patients	
Restricted Patients (RPs):	Number
a) Number of RPs:	
1) Living in your area on 31 March:	
2) During the reporting year:	
b) Number within hospital/community: on 31 March.	
1) State Hospital:	
2) Other hospital in area.	
3) Community (Conditional Discharge):	
c) Number managed by MAPPA level on 31 March:	
1) MAPPA Level 1	
2) MAPPA Level 2	
3) MAPPA Level 3	
d) Number of RPs recalled by Scottish Ministers during the reporting year	

Table 5: Other Risk of Serious Harm Offenders	
Other Risk of Serious Harm Offenders	Number
a) Number of offenders managed by MAPPA level as at 31 March:	
1) MAPPA Level 2:	
2) MAPPA Level 3:	
b) Number of offenders convicted of a further Group 1 or 2 crime:	
1) MAPPA Level 2:	
2) MAPPA Level 3:	
c) Number of offenders returned to custody for a breach of statutory conditions (including those returned to custody because of a conviction of Group 1 or 2 crime)	
d) Number of notifications made to DWP under the terms of the Management of Offenders etc. (Scotland) Act, 2005 (Disclosure of Information) Order 2010 between 1 April and 31 March	

Table 6: Delineation of RSOs by age on 31st March		
Age	RSO Number	RSO %
a) Under 18		
b) 18-21		
c) 22-25		
d) 26-30		
e) 31-40		
f) 41-50		
g) 51-60		
h) 61-70		
i) over 70		
Total		

Table 7 : Delineation of population of RSOs on 31 March		
Sex	RSO Number	RSO %
a) Male		
b) Female		
c) Other		
Total		

Table 8 : Delineation of population of RSOs on 31 March		
Ethnic Origin	RSO Number	RSO %
White Scottish		
Other British		
Irish		
Gypsy Traveller		
Polish		
Other White Ethnic Group		
Mixed or Multiple Ethnic Group		
Pakistani, Pakistani Scottish or Pakistani British		
Indian, Indian Scottish or Indian British		
Bangladeshi, Bangladeshi Scottish or Bangladeshi British		
Chinese, Chinese Scottish or Chinese British		
Other Asian		
African, African Scottish or African British		
Other African		
Caribbean, Caribbean Scottish or Caribbean British		
Black, Black Scottish or Black British		
Other Caribbean or Black		
Arab, Arab Scottish or Arab British		
Other Ethnic Group - Other		
Prefer not to say		
Data Not held		
Total		

Table 9: Number of RSOs managed under statutory conditions and/or notification requirements on 31 March:		
Number of RSOs	RSO Number	RSO %
a) On Statutory supervision:		
b) Subject to notification requirements only:		
Total		

MAPPA Annex 4

Model Memorandum of Understanding (MOU)

Multi Agency Public Protection Arrangements (MAPPA)

Model Memorandum of Understanding between the Responsible Authorities and the Duty to Co-operate Agencies within the Area of (xx)

This document should be regarded as a starting point for developing an MoU.

Statutory Basis

1. Sections 10 and 11 of the Management of Offenders etc. (Scotland) Act 2005 require the Scottish Prison Service, local authorities and the Police as Responsible Authorities in the area of a local authority to jointly establish arrangements for the assessment and management of risks posed by categories of individual detailed by this legislation.
2. In addition, the legislation also provides Health boards and the State Hospital with statutory functions as Responsible Authorities to establish joint arrangements for the assessment and management of risk posed by Restricted Patients.

Duty to Co-operate (DTC)

3. Sections 10(3) and (4) of the Act provide that in establishing and implementing the joint arrangements, the Responsible Authorities must act in co-operation with such persons as Scottish Ministers specify by Order. As a result, it will be the duty of those persons and authorities specified in the Order to co-operate with the Responsible Authorities. Co-operation must be compatible with the exercise by those persons and authorities of their other statutory functions. It is intended as a means of enabling different agencies to work together but within their legitimate role whilst retaining their responsibility for action. The Act also provides that the DTC is reciprocal and requires agencies to co-operate with each other. The definition of 'co-operate' includes the exchange of information. Both public and other agencies are required to act responsibly and jointly to deliver the requirements of the law and compliance with the DTC will be reinforced through regulation and inspection regimes.
4. Section 10(5) of the Act requires the Responsible Authorities and the DTC agencies to develop a memorandum such as this, enabling the practicalities of co-operation to be agreed locally.
5. Section 10(7) of the Act defines the 'Responsible Authorities' who are required by section 10(1) to work together to establish joint arrangements for the assessment and management of risks posed by those individuals. One of the 'Responsible Authorities' is the local authority. The primary responsibility for working on the joint arrangements will lie with the Chief Social Work Officer. However, other local authority services, such as education and housing services, will also be required to discharge the corporate responsibility under this function.

6. The following agencies/ bodies in [xx] area with a DTC are signatories to this Memorandum of Understanding (MoU) and include: Example G4S (delivering electronic monitoring services) (XX) Health Board, Scottish Children's Reporter Administration (SCRA).

Principles and Purpose of the DTC

7. This MoU has been prepared by the Responsible Authorities and the duty to co-operate agencies. It is founded on the principles of the MAPPA Guidance and sets out the purpose of the DTC and how that duty will be delivered by the agencies party to the MoU.

8. All agencies involved with individuals subject to MAPPA including and party to this MoU are committed to working on a reciprocal basis by:

- sharing relevant information in accordance with the Data Protection Act 2018 and any agreed protocols or Information Sharing Agreements (ISAs) and the development of effective practice in relation to the assessment and management of individuals subject to MAPPA within XX;
- the effective use of resources to manage those individuals; and
- co-operating in order to develop and sustain public confidence in the multi-agency public protection arrangements.

9. The purposes of co-operation are to co-ordinate the involvement of different agencies in assessing and managing risk to enable every agency which has a legitimate interest, to contribute as fully as its existing statutory role and functions require in a way that complements the work of other agencies.

10. The DTC relates only to the operational, case-related work involved in assessing and managing the risks posed by individuals subject to MAPPA as defined by section 10 of the Management of Offenders, etc. (Scotland) Act 2005.

11. As previously stated the DTC is reciprocal. It requires the Responsible Authorities to co-operate with the DTC agencies, and those agencies to co-operate with the Responsible Authorities in assessing and managing the risks posed by individuals subject to MAPPA.

12. DTC agencies co-operate only in so far as this is compatible with their existing statutory responsibilities. Therefore, the duty does not require the agencies on which it is imposed to do anything other than what they are already required to do. It does require them to carry out their responsibilities, where these relate to individuals subject to MAPPA, however to do so collaboratively with the Responsible Authorities and the other DTC agencies.

13. The Responsible Authorities and the DTC agencies must set out the ways in which they are to co-operate in this MoU. This document constitutes this agreement.

Practicalities of Co-operation (example can be added to or amended locally)

14. Agencies involved in the process agree to work together. Representatives will:

- be in a position to make decisions which will commit appropriate resources based on agreed levels of risk assessment and management;

- participate in the assessment and management of all individuals subject to MAPPA, for the effective protection of the public;
- develop an understanding and respect for the differences in agency role and service provision;
- co-operate within their agency's role and statutory power. It should be noted that the arrangements do not aggregate the responsibility and authority of the agencies involved, it clarifies the role each agency is to play;
- carry out confident, appropriate and effective information sharing in accordance with the law and in line with any local protocols and Information Sharing Agreements (ISAs);
- ensure that diversity and equality matters for both members of the public and the individual are taken into consideration when assessing risk and formulating risk management plans. Equality before the law is an essential principle in the area of criminal justice and it is important therefore that legal obligations in relation to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation are recognised; and
- attend, where appropriate, MAPPA and other meetings in the delivery of public protection. In relation to Level 2 and 3 meetings, each agency will provide appropriate representation in line with this national MAPPA guidance.

Disclosure of Information

15. Disclosure of information relating to an individual subject to MAPPA can take place in three ways in Scotland, namely;

- The individual can self-disclose;
- A Public Interest Disclosure can be made by Police Scotland; or
- A disclosure can be made by social workers, in relation to the protection of children and vulnerable adults.

16. The signatories to this MoU agree that in any situation where the issue of disclosure is a possibility, the case must be discussed with the Police.

17. Issues around disclosure are also covered within the MAPPA National Guidance and in the [National Accommodation Strategy for Sex Offenders in Scotland](#).

18. Disclosure of information about other individuals subject to MAPPA should only be undertaken following discussion with the Responsible Authorities and other DTC agencies involved.

Information Sharing

19. The signatories to this MoU agree to work to the principles of the Data Protection Act 2018. Consideration needs to be given to ensure there are clear policies and procedures in place to cover [list principles and how these will be met];

Dispute Resolution

20. The primary objective of MAPPA is public protection. There will be occasions when the Responsible Authorities and/or the DTC agencies cannot reach agreement. This MoU should therefore contain an agreed protocol for speedy dispute resolution. It should be noted however that the Responsible Authorities and DTC agencies still retain statutory responsibility for discharge of their statutory function.

Annual Report

21. The agencies party to this MoU agree to co-operate with the Responsible Authorities in the preparation of the annual report under section 11 of the Management of Offenders etc. (Scotland) Act 2005, e.g. in the provision of statistics, case studies etc.

Media Handling Strategy (Example)

22. The management of individuals subject to MAPPA requires effective partnerships between all agencies. This includes a joint approach to the media and handling of publicity.

23. The agencies party to this MoU agree to the following media strategy in relation to the provision of information on individual cases and on the operation of the MAPPA arrangements.

24. The strategy should include but is not limited to the following:

- The Responsible Authorities, i.e. Police, local authority, Scottish Prison Service (SPS) and health board will designate a senior member of staff as a communications or media spokesperson to whom all routine and emergency enquiries or concerns can be referred by the DTC agencies; and
- The Responsible Authorities will liaise with DTC agencies to ensure that they are aware of media attention or impending media reports.

Audit, Review and Quality Assurance

25. All agencies will ensure they have robust policies and procedures in place to monitor the effectiveness of their delivery of their statutory obligations.

26. Information about performance management and quality assurance can be found in [Chapter 19](#) (Performance Management).

Status of the Memorandum of Understanding

27. This MoU is a working document and subject to review and may be altered at any time to reflect changing circumstances. Such changes will be subject to the agreement of all parties.

28. The review of this document will take place on: [Set date for review].

29. The parties to this Memorandum are: [List parties].

MAPPA Annex 5

MAPPA Co-ordinator Responsibilities

1. A revised remit covering the role and responsibilities of a MAPPA Co-ordinator was developed and agreed by the MAPPA National Strategic Group (NSG) in response to recommendation 6 of the Joint Thematic Review of MAPPA.
2. The role of the MAPPA Co-ordinator is both strategic and operational. MAPPA Co-ordinators play a critical role in supporting and advising the Responsible Authorities on the operation of the MAPPA within their allocated geographical area.
3. The MAPPA Strategic Oversight Group (SOG) will provide specific direction to the MAPPA Co-ordinator in respect of their role and responsibilities.
4. It is expected that the role of the MAPPA Co-ordinator includes the following responsibilities:

Support for Responsible Authorities

- Provide a central point of reference/consultancy to Responsible Authorities, Duty to Co-operate and other relevant agencies in line with Memorandums of Understanding
- Support the Responsible Authorities within the MAPPA region to develop policies, procedures and local guidance to support the operation of MAPPA in line with national guidance
- Support the Responsible Authorities in developing and maintaining the appropriate links between MAPPA and other public protection partnerships
- Liaise with senior partners to resolve any difficulties that adversely impact upon the effective operation of MAPPA in their area
- Work with Responsible Authorities to ensure delivery of the MAPPA annual report
- Support the Responsible Authorities in assessing training needs and co-ordinate the delivery of/access to relevant training

Co-ordinating local workload

- Continually monitor workload and feedback issues to the Responsible Authorities
- Ensure the effective operation of MAPPA administration in their area, and where relevant provide line management to MAPPA administration staff
- Receive and consider notifications and referrals to MAPPA in line with national guidance
- Act as a single point of contact for Initial Case Reviews (ICR) and Significant Case Reviews (SCR)
- Maintain records and compile statistics information for reporting purposes

Support for local MAPPA meetings

- Co-ordinate the setting of, and attendance at MAPPA review meetings by relevant agencies at an appropriate level of seniority
- Actively encourage the effective and appropriate sharing of information prior to, during and following MAPPA review meetings
- Provide support to MAPPA Level 1/2/3 chairs in the meeting process and in quality assurance of minutes produced
- Quality assure and provide advisory input to MAPPA Level 1/2/3 review meetings and other relevant forums

Quality Assure local processes

- Provide quality assurance of MAPPA processes within their area to ensure a consistency of approach and that informed and appropriate decisions are taken
- Act as a gatekeeper, ensuring that appropriate MAPPA management levels are set in line with national guidance
- Monitor and review the effectiveness of information sharing agreements on an on-going basis
- Ensure MAPPA record management systems are up-to-date and fit for purpose

National Liaison

- Maintain linkage with MAPPA Co-ordinators across Scotland in order to identify and share good practice, providing mutual support
- Work with relevant others, including the Scottish Government in an effort to review and improve the operation of MAPPA and enhance public awareness of MAPPA
- Undertake other duties as may reasonably be expected by the MAPPA SOG

MAPPA Annex 6

Preventative Orders

1. There are four main types of preventative orders which are designed to minimise the risk of sexual harm to the public from certain individuals. These are:

- Sexual Offences Prevention Order (SOPO)
- Risk of Sexual Harm Order (RSHO)
- Notification Orders
- Foreign Travel Orders (FTO)

Sexual Offences Prevention Order (SOPO)

2. Section 104 of the Sexual Offences Act 2003 provides the legislative base for SOPOs. A SOPO can be made on application to a Sheriff Court by a Chief Constable. This type of SOPO is generally referred to as a Civil SOPO. The Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005 amended the 2003 Act, so as to enable Court SOPOs to be made in Scotland. Scottish Court SOPOs can be imposed only if the individual had been dealt with in respect of an offence listed in paragraphs 36 to 60 of Schedule 3 to the 2003 Act.

Effects of a SOPO

3. A SOPO, whether full or interim, imposes conditions on the individual either prohibiting them from, or requiring them to do, something described in the order. These conditions must be necessary and proportionate to protect the public from serious sexual harm from the individual. As well as the SOPO requiring them to comply with prohibitions and obligations, it also renders them subject to the SONR while the order is in effect.

4. The minimum duration for a full SOPO is five years.

Basic principles in relation to a SOPO

5. There are four basic principles to be kept in mind in relation to a SOPO.

i. SOPOs can only be made against someone who is a 'qualifying offender'. A qualifying offender will have been convicted, or found not guilty by reason of insanity, or found to be under a disability and to have done the act charged, in respect of an offence listed in Schedule 3 or Schedule 5 (unless only convicted by virtue of any offence listed at paragraphs 64 to 111) to the 2003 Act. Spent convictions can be relied on by the police in applying for SOPOs.

ii. Given that the fundamental purpose of a SOPO is to protect the public from serious sexual harm, a key factor to be considered is the risk presented by the individual. Risk in this context should be evidenced and include reference to:

- the likelihood of the individual committing a sexual offence;
- the imminence of that offending; and
- the seriousness of the harm resulting from it.

To secure a SOPO, the police will need to establish that there is a reasonable cause to believe that it is necessary to protect the public, or individual members of the public, from serious sexual harm.

iii. Care needs to be taken that the prohibitions and obligations in the SOPO can be justified and evidenced by the assessment of risk. The questions that need to be asked when considering a SOPO are:

- Would it minimise the risk of harm to the public or to any particular members of the public?
- Is it proportionate?
- Can it be policed effectively?

iv. While there is a difficult balance to be struck between the rights of the individual and the need to protect the community, the need for a SOPO is dictated by the importance of protecting the public, in particular children and adults at risk. As a civil measure a SOPO enables this to be done without recourse to the criminal law. It must be remembered that the only conditions which can be imposed are those necessary for the purpose of protecting the public from serious sexual harm from the individual concerned. These can, however, be wide ranging. A SOPO may, for example, prohibit someone from undertaking certain forms of employment such as acting as a home tutor to children. It may also prohibit the individual from engaging in particular activities such as visiting chat rooms on the internet.

6. Examples of obligations might include the requirement to report to a police station more regularly than that prescribed in the 2003 Act and the regulations made thereunder, to inform the police of a change of vehicle usage or mobile telephone number or to inform the police if a person under 18 is resident in the individual's house.

7. The behaviour managed by the SOPO might well be considered unproblematic if exhibited by another member of the public - it is the individual's previous offending behaviour and, subsequent demonstration that they pose a risk of repeating such behaviour, which will make them eligible for a SOPO.

8. A SOPO or an interim SOPO is a serious matter and breach of any condition contained therein gives rise to criminal proceedings and penalties. Every effort needs to be made to ensure the individual understands this, and that they attend the hearing of the application and are given the opportunity to state their case.

9. Section 100 of the Criminal Justice and Licensing (Scotland) Act 2010 provides for SOPOs to be granted on the motion of the prosecutor. This legislative provision allows for the Crown in Scotland to apply for a SOPO at the point of conviction. In order that the conditions contained within such a SOPO motion are informed and achievable Police will request information from partners to assist in decision making.

10. Police are the decision makers in relation to seeking a SOPO, however good practice should be to provide any feedback to MAPPA partners on the application process (not the legal considerations but more generally) which may be relevant to informing and improving MAPPA risk management planning in general terms or which might inform any further specific MAPPA work with that individual. Further information on the Police process post-conviction and pre-sentencing can found in [Chapter 5](#).

Risk of Sexual Harm Order (RSHO)

11. Section 2 of the Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005 provides the power for the Courts to place restrictions or obligations on someone who is behaving in such a way which suggests that they pose a risk of sexual harm to a particular child (under 16) or to children (under 16) generally. The individual's behaviour need not constitute a criminal offence, and they need not have any previous convictions. The Court may impose on the individual any restrictions or obligations which are required to protect a particular child or children generally from sexual harm from that individual.

12. Where an individual has a previous conviction for crimes of a sexual nature, a SOPO should be considered rather than a RSHO.

13. Breach of a RSHO is a criminal offence and criminal procedures and penalties apply. Conviction of breaching of a RSHO also automatically renders an individual subject to the SONR.

Notification Orders

14. Section 97 of the Sexual Offences Act 2003 provides a power for the Chief Constable to apply to the Sheriff Court for an order making an individual who has been convicted, cautioned or had a relevant finding made against him, in respect of a 'relevant offence' (defined in subsection (1) of section 99 of the 2003 Act) abroad, subject to the SONR.

15. The Chief Constable may apply for an order if the individual resides in their police area or believes that the individual is currently in or is intending to come to, their police area. A notification order might, for example, be sought in respect of a UK citizen who has been convicted of a sexual offence overseas and who is deported to the UK on release from prison abroad. The police could also apply for a notification order in respect of a foreign citizen who the police know has been convicted of a sex offence in their own country and who travels to the UK.

Foreign Travel Order (FTO)

16. Section 114 of the Sexual Offences Act 2003 provides for FTOs, which are civil, preventative orders. An FTO enables the courts to prohibit individuals who are 'qualifying offenders' (essentially, those dealt with in respect of certain sexual offences against a child under 18 (either in this country or abroad)) from travelling abroad where and so far as it is necessary to do so to protect a child or children from serious sexual harm outside the United Kingdom.

17. An FTO may be made on application by the Chief Constable to a Sheriff Court and, if made, will place a prohibition on an individual convicted of sexual offences from travelling abroad either to a named country or countries, to anywhere in the world other than a named country or to anywhere in the world. The order requires the individual to surrender their passport(s).

18. The police may apply for an FTO at the same time as a SOPO or separately.

Sexual Harm Prevention Orders and Sexual Risk Orders

19. At the time of publication of this guidance, the provisions in the Abusive Behaviour and Sexual Harm (Scotland) Act 2016 which introduced Sexual Harm Prevention Orders and Sexual Risk Orders ([section 11](#) and [section 27](#) respectively) had not been commenced. Once commenced, these orders will replace SOPOs, RSHOs and FTOs. The Scottish Government will produce separate guidance on these new orders.

MAPPA Annex 7

Transfer of MAPPA Cases

1. Individuals subject to MAPPA may on occasion transfer location. This may be between local authorities in Scotland or nationally across the UK. The latter is known as a cross-border transfer.

Transfer Principles

2. The following principles should be applied in all transfer cases:
- The over-riding consideration in relation to case transfers should be the protection of the public.
 - The need to consider the wider picture - there may be benefits in transferring the individual out of a particular area, e.g. potential impact on victim(s).
 - The need to ensure that, where national standards for reporting and enforcement apply, these are maintained regardless of the transfer.
 - The provision of seamless supervision of individuals in the community.
 - The sharing of relevant information when the individual transfers.

Individuals transferring within Scotland

Transfer for individuals subject to MAPPA and statutory supervision

3. Where an individual subject to MAPPA and also subject to statutory supervision is seeking to move between local authorities in Scotland it will be for community based Justice Social Work (JSW) in the individual's current local authority area to manage this move in consultation with their colleagues in the receiving local authority area.

4. The decision as to whether the individual should be transferred will be taken by JSW. They should consult with colleagues in other agencies to assist in their decision making but it remains a JSW decision. It is important that the supervising officer ensures that the police are aware of the request to move address and are consulted as part of the decision making process.

5. Where an individual is subject to an order/licence with restrictive conditions, MAPPA can have an important role to play in ensuring that transfers are conducted so that risks are managed effectively. Please also refer to paragraph 8 for information about amending the individual's licence conditions.

6. As well as the overriding transfer principles (at paragraph 2 of this Annex), the following factors should also be considered:

- Home visits: Whenever an individual subject to MAPPA seeks to change their address, a home visit must be undertaken by the receiving area prior to transfer to ensure that it is a suitable address.

- Where the individual is subject to the Sex Offender Notification Requirements (SONR) then an Environmental Risk Assessment (ERA) in line with the National Accommodation Strategy for Sex Offenders in Scotland (NASSO) must be carried out. Thereafter an annual review will be carried out unless the Responsible Authorities record justifiable and defensible decisions for not completing one.
- Whilst the NASSO only covers MAPPA Category 1 (individuals subject to the SONR), if the individual is a Restricted Patient or a MAPPA Category 3 (Other Risk of Serious Harm) individual, the Responsible Authorities should agree a local approach, using the same principles for the housing of these individuals.
- [National Outcomes and Standards for Social Work Services in the Criminal Justice System](#): It is essential that these National Standards are followed with cases being allocated as required, appointments being kept as required and breach action being taken if necessary.
- ViSOR: Protocols and national standards must be followed with cases being transferred promptly between areas and all contacts and partners being updated as required.
- Reasons for not approving a transfer: These must be based on public protection factors and demonstrate that the decision is based upon a thorough risk assessment and is proportionate to the identified risks. It is essential that the decision is recorded, communicated clearly to the individual and is reported to Scottish Ministers if required by the National Standards.

Example – MAPPA individual subject to statutory supervision

7. Below is an example of the key transfer process for a MAPPA individual subject to statutory supervision

- An individual is being managed by Area A at MAPPA Level 2 or 3 and a change of address to Area B is being considered. The current Area A supervising officer, in consultation with their manager should assess the risks associated with the proposed move and decide whether to approve it in line with the requirements of the National Standards.
- Once the decision has been taken, Area A will consider whether it is necessary to hold a MAPPA meeting prior to transfer to identify the potential risks associated with the change of address and how these could be managed.
- JSW in Area A will contact JSW in Area B to discuss transfer and where appropriate the issues discussed at the MAPPA meeting.
- Once Area B has agreed to accept transfer, it will hold a MAPPA meeting. The supervising officer or manager in Area A, and if necessary, the police from Area A should also attend this meeting.

Amendments to the individual's licence conditions

8. Where there are changes proposed which require an alteration to the individuals existing licence conditions, a Licence Amendment (LA) template must be completed and **submitted by the JSW Supervising Officer** to the Scottish Government (SG) Community Licence Team, Community Justice Division – contact details:

Scottish Government
Community Licence Team
GW:07, St. Andrew's House
Edinburgh
EH1 3DG

Email: communitylicence@gov.scot

9. The LA template **should not be submitted directly to the Parole Board by the supervising officer**, it must be referred to the SG Community Licence Team who act on behalf of Scottish Ministers. The Responsible Authorities cannot change licence conditions. Similarly, if a preventative order is in place (for example in relation to sexual offending), representation should be made to the police for them to seek to have the order's conditions amended.

10. It should also be noted that requests for termination of supervision for those individuals on a life licence, should be submitted to the SG Community Licence Team by completing the same LA template. The Supervising Officer should send them the request along with Risk the Assessment Report which must be dated in the last 12 months. If the termination is agreed by the Parole Board a new licence is issued retaining the following two conditions:

- That the licensee is of good behaviour and keeps the peace.
- They inform their local authority if they are arrested or questioned by the police.

Amendments to Supervised Release Order (SRO)

11. Where the individual subject to MAPPA is also subject to an SRO and it has been determined by MAPPA partners that changes require to be made to their Risk Management Plan which will also require an amendment to the SRO conditions, the JSW Supervising Officer should write to the court setting out the current conditions and indicating the change which is being sought, the reasons for the application, and the suitability of the proposed variation. If the individual subject to the SRO agrees with the application, this should be clearly stated, and they should be asked to sign a statement to that effect.

Transfer of individuals subject to the Sex Offender Notification Requirements (SONR) but who are **not** subject to supervision

12. Please note there is an obligation on the individual subject to the SONR to notify the police of any change of address. When such a person moves to an address outwith their current managing police division the receiving police division will notify the managing division that the person has moved into their area and has notified them of their change of address. The managing police division will:

- make the receiving police division a partner to the ViSOR record;
- request that a home visit is made to confirm that the individual subject to the SONR is actually living at the address;
- where relevant, notify the receiving Sex Offender Policing Unit (SOPU) of the change of address;
- once the address has been confirmed, the managing police division will transfer the ViSOR record to the receiving police division; and
- the receiving police division will follow Police guidance for the assessment of risk and consideration of referral to MAPPA within that area.

Cross Border Transfers

13. It is not uncommon for individuals subject to MAPPA to move between jurisdictions within the United Kingdom, i.e. transfer between Scotland and:

- England/Wales;
- Northern Ireland;
- Isle of Man; and
- Channel Islands.

14. The process is more complex as legislation differs between the jurisdictions involved. General principles relating to cross border transfer of supervision are described below. The guidance then considers the issues around transfer of MAPPA cases between England/Wales and Scotland.

General Principles for Cross Border Transfers

15. [Schedule 1](#) of the [Crime \(Sentences\) Act 1997](#) contains the main provisions for transfer of supervision for those individuals subject to release on licence. Transfers of supervision are made on an 'unrestricted' or 'restricted' basis.

16. The distinction between restricted and unrestricted transfers is important because it determines the relevant law that is applicable following the transfer and may affect the duration of supervision and action in the event of breach of licence or order.

Unrestricted Transfer

17. A request which meets the Schedule 1 transfer criteria and where there is no effect on the sentence (either in terms of a reduction or increase in time to serve) or on any post release supervision requirements, will normally be granted on an unrestricted basis. An unrestricted transfer maybe considered after a period (normally around 6 months) of supervising the individual on a restricted basis. In an unrestricted transfer, the law of the receiving jurisdiction should apply. The individual will undergo the remainder of the supervision in the receiving jurisdiction as if it had been an equivalent period of supervision directed to be undergone in the receiving jurisdiction.

18. Before an unrestricted transfer can be carried out, the SG Community Licence Team (acting on behalf of Scottish Ministers) must be notified of any potential unrestricted transfer from Scotland to any other part of the UK and from the UK to Scotland. The SG Community Licence Team start the official process and will administer all paperwork and the transfer order. Upon completion of an unrestricted transfer, the law of the receiving jurisdiction should apply. The individual is then treated as if their supervision period had been the result of a sentence imposed in the jurisdiction to which they have been transferred. The supervision will be subject to the statutory and other provisions applicable in the receiving jurisdiction. This is the type of supervision that usually occurs between areas in England/Wales and in Scotland as it is possible to replicate the original supervision requirements. The SG Community Licence Team can be contacted by email at communitylicence@gov.scot.

Restricted Transfer

19. Where an unrestricted transfer is not appropriate the Secretary of State, or Scottish Ministers, or other relevant authorities, may transfer the supervision of the individual on a restricted basis. In a restricted transfer, the law of the sending jurisdiction will continue to apply and the individual will be subject to the same duration of supervision and the same conditions in the receiving jurisdiction as they would have been in the sending jurisdiction, as well as to any other conditions specified. The receiving jurisdiction will administer the supervision in the sense that the individual will be reporting to a supervising officer in the receiving jurisdiction. However, in the case of a restricted transfer, any breach proceedings must take place under the legislation of the sending jurisdiction. For example, in the case of a transfer from England to Scotland, any breach action would follow English law.

20. As legislation now differs quite considerably between England/Wales, Scotland, Northern Ireland, Isle of Man and Channel Islands, in practice the vast majority of transfers of supervision are agreed and made on a restricted basis.

21. If an individual is undergoing or about to undergo supervision in any part of the UK, formal approval must be sought of the Secretary of State or their equivalent (of the sending jurisdiction), or where the sending jurisdiction is Scotland, the Scottish Ministers may, on the individual's application, make an order for that supervision to be transferred to another part of the UK. The Secretary of State can grant the transfer subject to any conditions the Secretary of State may see fit to impose.

22. All transfers must be fully discussed and agreed with the receiving area prior to transfer taking place and this must be at Assistant Chief Officer of Probation (or equivalent) and Justice Social Work Service Manager (or equivalent) level.

23. Before an order for transfer is made, the sending and receiving probation and local authority JSW jurisdictions are required, using the fullest information available, to consider:

- whether or not licence conditions can be enforced; and
- the ability of the receiving jurisdiction to manage the supervision.

Detailed guidance on the arrangements for transfer of supervision can be found in:

- [Ministry of Justice \(MoJ\) - Policy Framework for Travel and transfer on licences outside England and Wales](#)
- [MoJ - Policy Framework for Case Transfers](#)

Key points to remember

- Check the legislation regarding transfer and refer to the relevant guidance. It should be noted that the transfer is likely to be restricted and the process can be time consuming;
- Contact the receiving area to discuss the case with them prior to transfer - this must be at senior manager level - Assistant Chief Officer of Probation and Justice Service Manager;
- The receiving area must confirm that they are able to manage the case to the necessary requirements prior to transfer being agreed;
- Ensure all appropriate paperwork is sent to the receiving area within **five working days** of transfer being agreed. This should include;
 - assessment of the individual, including risk assessment, risk management plan, sentence plan, pre-sentence report, parole report; and
 - victim details and risks to potential victims; and
 - copy of original licence/order and requirements as well as the amended licence/order.
- Transfer on licence has to be agreed with the individual's offender manager/supervising officer prior to the transfer taking place noting that agreement to transfer can be refused;
- An individual subject to the SONR (as set out in [Part 2 of the Sexual Offences Act 2003](#)) who moves and does not inform the police of their new address within three days commits an offence; and
- An individual who moves without notifying their offender manager/supervising officer constitutes a breach of the order/licence and the appropriate action must be taken.

Information Sharing for Cross-Border Transfers

24. The following are key points to remember for the liaison and exchange of information between the responsible authorities and MAPPAs in England/Wales and Scotland for individuals who fall within the categories defined by sections 327 of the [Criminal Justice Act 2003](#) and 10 of the [Management of Offenders etc. \(Scotland\) Act 2005](#):

- Individuals who are subject to MAPPAs in the community and are under supervision (by way of a licence or a community disposal) by the National Probation Service, Youth Offending Team, or local authority Justice Social Work services in Scotland can only be transferred in accordance with the relevant legislation with the agreement of both the sending and receiving jurisdiction.
- Given the level of risk some individuals subject to MAPPAs present, it is essential that the process is followed properly, that pertinent details and information are appropriately shared on a case by case basis and in line with the relevant legislation including the [Data Protection Act 2018](#) and the [Human Rights Act](#)

[1998](#). MAPPA meetings must involve representatives from the sending area, either in person or through video/telephone conferencing.

- Where an individual subject to MAPPA is moving between England/Wales and Scotland and they are not under statutory supervision either by the probation service or Justice Social Work services, it will be for the Responsible Authority in one area to make contact with the equivalent Responsible Authority in the receiving area to provide relevant information. Thereafter it is for the receiving Responsible Authority to make the arrangements for referral to MAPPA in their area.
- Individuals subject to MAPPA should have their details recorded on ViSOR and once a transfer has been agreed the necessary transfer must also take place on ViSOR. This will also include all MAPPA documentation relating to Level 2 and 3 meetings which have been held in England/Wales.

MAPPA Annex 8

Glossary of Terms

Adult Protection Committee: Each council area has a statutory duty to establish an APC to bring together local key agencies and others as appropriate, to ensure effective multi-agency working, training and practice with the aim of improving co-operation between each of the public bodies in order to safeguard adults at risk within that council area.

Care Programme Approach: A process for organising the multi-disciplinary care and treatment of patients with mental health problems. Regular review meetings are held where needs are identified and plans put in place to meet these needs. Risk assessment and risk management are an integral part of this process.

Category 3 individual: An individual subject to MAPPA who meets the criteria as detailed in Chapter 9. They are also referred to as Other Risk of Serious Harm individuals.

Chief Officers Group: The collective expression for the Local Police Commander and Chief Executives of the local authority and NHS Board in each local area. Chief Officers are individually and collectively responsible for the leadership, direction and scrutiny of their respective public protection services.

Chief Social Work Officer: A qualified Social Worker, registered with the Scottish Social Services Council who is given particular responsibility on behalf of a local authority where the law requires certain social work functions to be discharged by a specified post holder. They are required to ensure the provision of appropriate professional advice in the discharge of local authorities' statutory social work duties.

Child Protection Committee: The locally-based, inter-agency strategic partnership responsible for child protection policy and practice across the public, private and Third Sectors. Working on behalf of Chief Officers, its role is to provide individual and collective leadership and direction for the management of child protection services in its area.

Child Protection Order: Where it is considered necessary to remove a child from harm or risk of harm, consideration may be given by police to invoke statutory powers under the Children's Hearing (Scotland) Act 2011, to apply for a Child Protection Order or, in an emergency situation, to remove a child to a place of safety.

Community Health Index: A database in wide use throughout NHS Scotland. It contains data on patient demographics and some clinical information on aspects of healthcare screening and surveillance. The CHI number is effectively an NHS number and is used as a patient identifier.

Community Payback Order: A Community Payback Order is an order imposing one or more of the following requirements: (a) an offender supervision requirement; (b) a compensation requirement; (c) an unpaid work or other activity requirement; (d) a programme requirement; (e) a residence requirement; (f) a mental health treatment requirement; (g) a drug treatment requirement; (h) an alcohol treatment requirement; (i) a conduct requirement.

Compulsion Order: A disposal made by a criminal court where a person has been convicted of an offence or acquitted on account of insanity or found insane in bar of trial. The patient may be detained in hospital (which would usually be the case initially) or subject to compulsory treatment in the community. A Compulsion Order operates in a similar way to a Compulsory Treatment Order (CTO).

Compulsion Order and Restriction Order: Where there is an on-going risk of serious harm, the court may make a Restriction Order in addition to a Compulsion Order. A patient subject to a CORO can only be transferred to another hospital or given periods of time outside hospital with the permission of the Scottish Ministers. Where a patient is subject to a CORO they can only be discharged to the community by a Mental Health Tribunal. Usually strict conditions will be placed on a patient subject to a CORO in the community and the Scottish Government closely monitors the management of these patients. While a patient is subject to a CORO, either in hospital or conditionally discharged to the community, they are referred to as a restricted patient.

Compulsory Treatment Order: A civil order imposed under the Mental Health (Care and Treatment) (Scotland) Act 2003 which allows for the compulsory treatment of a person with mental disorder either in hospital or the community.

Conditional Discharge (restricted patient): The Mental Health Tribunal for Scotland is empowered to order Conditional Discharge when a restricted patient no longer requires to be detained in hospital. The Tribunal may impose such conditions as it sees fit. The patient is subject to recall to hospital by Scottish Ministers in the event of a deterioration in the patient's mental disorder and/or breach of conditions.

Criminal History System: The Criminal Records system held by the police in Scotland.

Crown Office and Procurator Fiscal Service: The service responsible for the prosecution of crime and the investigation of sudden or suspicious deaths and complaints against the police.

Data Protection Act 2018: An Act which controls how personal information is used by organisations, businesses and the government. It is the United Kingdom's implementation of the General Data Protection Regulation (GDPR).

Department for Work and Pensions: The department responsible for welfare, pensions and child maintenance policy. As the United Kingdom's biggest public service department it administers the State Pension and a range of working age, disability and ill health benefits.

Disclosure: The sharing of specific information about an individual subject to MAPPA with a third party (not involved in MAPPA) for the purpose of protecting the public. There are various methods of disclosure. Further information can be found in Chapter 13.

Drug Treatment and Testing Order: A court Order aimed at assisting individuals convicted by the courts to reduce drug use and related offending. They must agree to treatment and submit to frequent and random drug tests, attend court for monthly reviews and be supervised by a DTTO Team.

Duty To Co-operate: Persons or bodies in Scotland listed in The Management of Offenders etc. (Scotland) Act 2005 (Specification of Persons) Order 2007. They have a statutory duty to co-operate with the MAPPA Responsible Authorities.

Earliest date of liberation: This relates to individuals serving a determinate custodial sentence of more than 4 years. The Earliest Date of Liberation is the two thirds point of their sentence or 6 months before the expiry of the sentence depending on when they were sentenced at which point the Scottish Ministers are statutorily required to release the individual into the community on licence.

Electronic monitoring: In Scotland electronic Monitoring (EM) is primarily intended to monitor an individual to ensure they adhere to the conditions of an order or licence. Failure to detect a signal from the personal identification device (PID) during curfew period (or detection of a signal in an “away from” location) will result in an alert being transmitted to the monitoring control centre.

Escorted Leave (for a restricted patient): A period of suspension of detention from the hospital accompanied by a nurse escort and following consent from Scottish Ministers.

Extended Sentence: Statutory order imposed by the court at time of sentencing to provide for an additional period of supervision on licence in the community over and above that which would normally have been the case. Example: An individual is sentenced to a 3 years custodial term and a 3 years extension period would be released after serving 18 months in prison (the halfway point of the custodial period) but would be on licence for the balance of the custodial period, i.e. 18 months plus a further 3 years = 4 years and six months in total on licence.

Foreign Travel Order: Civil order imposed by a court on application of the Chief Constable to prevent individuals with convictions for sexual offences against children, from travelling abroad where it is necessary to do so, to protect children from the risk of sexual harm. The individual must surrender their passport to the police.

Getting It Right For Every Child: GIRFEC is Scotland’s approach to promoting, supporting and safeguarding the wellbeing of children and young people. It provides a shared framework for all those working with children and young people to provide initial advice and support, to consider wellbeing holistically, and to plan and co-ordinate support across services.

Hospital Direction: A disposal which may be made by a criminal court where a mentally disordered offender is convicted on indictment (i.e. a serious offence has been committed). The patient is detained in hospital and a prison sentence is imposed which runs in parallel. If the patient no longer requires treatment in hospital, they can be transferred to prison to serve the rest of their sentence. If they remain in hospital at the end of the prison sentence then they must be released or if they need to be detained in hospital, an application is made for a Compulsory Treatment Order. While a patient is subject to a HD they are a restricted patient.

Information Sharing Agreement: An agreement between parties sending and receiving data. It sets out the principles, purposes, benefits and risk management procedures which govern the sharing of data between the parties.

Initial Case Review: The second stage of the MAPPA Significant Case Review (SCR) process. Where a MAPPA Strategic Oversight Group Chair has reviewed an Initial Notification Report (INR) received from the lead Responsible Authority (RA) following an incident which resulted in serious harm or death, they may ask the RA to undertake an Initial Case Review if the information in the INR is not sufficient to allow a decision to be made on whether to proceed to an SCR.

Integrated Case Management: A management structure used by the Scottish Prison Service (SPS). This approach brings together the prisoner, their family (where appropriate) and other key staff to examine the prisoner's progress through custody. The case conference will consider the actions/interventions that are necessary to help to reduce the likelihood of the individual re-offending. The case conference will also examine the assessed risks they pose and help decide on appropriate interventions aimed at reducing those risks. This particular approach is useful in (a) keeping the individual at the centre of the ICM process, (b) maintaining a focus on issues which are external to the prison as well as internal, (c) the sharing of relevant information across agencies and (d) assessing and managing risk.

Justice Social Work Services: Social work services provided by local authorities to:

- supervise individuals aged 16 and over who have been convicted by the courts and made subject to a community disposal;
- provide reports to courts to assist with sentencing decisions; and
- provide statutory supervision (called 'throughcare') for certain individuals released from prison.

Licence Conditions: There are standard licence conditions which apply to all 'licences' in relation to extended sentence, life, discretionary, parole or non-parole cases. In addition to standard conditions, the Parole Board can consider additional conditions on submissions made by Justice Social Work Services.

Long Term Prisoner: An individual subject to a custodial sentence of 4 years or more.

Memorandum of Understanding: A document which outlines the main points of agreement that the parties involved in a negotiation have reached. It is a mutually agreed summary of the areas of agreement and expectations of all signatories (those involved in the negotiations). For the purposes of MAPPA the MoU is to enable the practicalities of co-operation to be agreed locally, this will include ensuring that there is clear and agreed understanding by all involved of their roles and responsibilities. The MoU will be primarily drawn up between the local Responsible Authorities and relevant duty to co-operate agencies.

Missing: A "missing" person is defined as anyone whose whereabouts is unknown and:

- where the circumstances are out of character; or
- the context suggests the person may be subject to crime; or
- the person is at risk of harm to themselves or another.

Multi-Agency Public Protection Arrangements: MAPPA are a set of statutory partnership working arrangements introduced in 2007 by virtue of sections 10 and 11 of The Management of Offenders etc. (Scotland) Act 2005.

Multi-Agency Public Protection Panel: The MAPPP is responsible for the management of individuals at Level 3. MAPPP members should possess relevant experience and seniority to understand the requirements of Level 3 management.

National Accommodation Strategy for Sex Offenders: Strategy which sets out the arrangements and roles of local authorities and Registered Social Landlords when registered sex offenders seek housing in the social rented sector. It focuses on assessing and managing the risks that registered sex offenders may pose by living in a particular community, location and property. Arrangements for each individual will depend on their offence and the level of risk they pose.

National Sex Offender Policing Unit: Police Scotland National Sex Offender Policing Unit are responsible for matters relating to strategy, policy, governance and training ensuring that Sex Offender Policing practices and processes are delivered and implemented at a national level in accordance with national standards and procedures.

National Strategic Group: The national group which provides oversight and strategic direction for MAPPA in Scotland. It was established by the Scottish Government in 2011 and brings together representatives from the MAPPA responsible authorities and the Chairs of the 10 MAPPA Strategic Oversight Groups across Scotland.

Non-Parole Licence: All long-term prisoners, excluding life sentence prisoners, are automatically released on Non-Parole Licence when they have served two thirds of their custodial sentence.

Notification Order: Order which requires sex offenders who have been convicted overseas to register with police, in order to protect the public in the UK from the risks that they pose.

Order for Lifelong Restriction: A sentence that has been available in Scotland since 2006 which provides for the lifelong supervision of individuals who have committed high risk violent and sexual offences. It allows for a greater degree of intensive supervision to manage the risk that they pose.

Other Risk of Serious Harm individual: An individual subject to MAPPA who meets the criteria detailed in Chapter 9. They are also referred to as MAPPA Category 3 individuals.

Parole Licence: A system that enables certain individuals to be released on licence in the community under the supervision of a community based social worker. If they are released on parole, they are subject to be recalled to prison at any time if they breach the terms of their licence. Parole is only granted where the Parole Board for Scotland is satisfied that the risk they present can be managed safely in the community.

Parole Qualifying Date: This relates to individuals serving a determinate custodial sentence of more than four years. They are entitled by law to be considered for parole once they have served half of their sentence (this is known as the Parole Qualifying Date). If early release is not directed at this first review, the Parole Board will reconsider their case at no more than 12 month intervals until they reach their Earliest Date of Liberation (EDL). Please see above for definition of EDL.

Registered Sex Offender: An individual who is subject to the Sex Offender Notification Requirements (SONR) as set out in Part 2 of the Sexual Offences Act 2003.

Registered Social Landlord: A not-for-profit landlord, registered with the Scottish Housing Regulator (for example, a housing association, or co-operative).

Responsible Authorities: The MAPPA Responsible Authorities are Police Scotland, Local Authorities, Health Boards and the State Hospital and the Scottish Prison Service (SPS) (acting on behalf of Scottish Ministers).

Responsible Medical Officer: An approved medical practitioner who has special experience and received particular training in the diagnosis and treatment of mental disorder and designated by hospital managers for a particular patient. The RMO has a number of specific responsibilities associated with individuals who are detained under mental health legislation.

Restricted Patient: A mentally disordered offender who is detained in hospital for treatment and who is subject to special controls by Scottish Ministers due to the level of risk they pose. These controls include permission for community leave, transfer to another hospital, discharge and recall to hospital.

Restriction of Liberty Order: A court Order requiring an individual to remain within their home at times specified by the court. Compliance is monitored electronically by the person wearing a 'Personal Identification Device' (PID) or 'tag'.

Risk Assessment Order: When a Judge is considering imposing an Order for Lifelong Restriction (OLR), they will impose a Risk Assessment Order and appoint an RMA Accredited Risk Assessor to carry out a risk assessment and report back to the court in the form of a Risk Assessment Report (RAR). The RAR is a report on the risk the individual being at liberty presents to the safety of the public.

Risk Management Authority: A Non Departmental Public Body established in 2005 by the Criminal Justice (Scotland) Act 2003; and sponsored by the Scottish Government. The RMA's duties focus on protecting the public by ensuring that robust risk assessment and risk management practices are in place to reduce the risk of serious harm posed by violent and sexual offenders.

Risk Management Plan: A Risk Management Plan (RMP) sets out an assessment of risk, the measures to be taken for the minimisation of risk and how such measures are to be co-ordinated. The plan includes assessment and analysis of factors that may increase or prevent re-offending and gives recommendations for action. It requires inter-agency and multi-disciplinary working. An RMP (as per template at Document 6 of the MAPPA Document Set) is required for anyone being managed under the MAPPA framework at Level 2 or 3. For those managed routinely at Level 1, the format may be different but a risk management plan will be in place.

Risk of Sexual Harm Order: A court Order which places restrictions and obligations on someone who is behaving in such a way which suggests that they pose a risk of sexual harm to a particular child or to children generally. The person's behaviour need not constitute a criminal offence, and they need not have any previous convictions. If the person fails to

comply with (i.e. breaches) the requirements of the order, they can be taken back to court and may be liable to up to 5 years' imprisonment. A conviction for breach of the order also renders the person subject to the sex offender notification requirements.

Scotland MAPPA Community Hub: An online community developed to improve access to key resources and encourage on-going engagement between MAPPA partners in Scotland in order to share best practice and advice.

Scottish Children's Reporter Administration: An executive non-departmental public body of the Scottish Government which helps children at risk by organising the work of children's reporters and children's hearings.

Scottish Prison Service: An executive agency of the Scottish Government tasked with managing prisons and Young Offender Institutions.

Sexual Harm Prevention Order: A statutory Order which can be imposed by the court on any individual who poses a risk of harm to the public in the United Kingdom and/or children or vulnerable adults abroad, including on individuals without a relevant conviction. At time of publication this Order has not yet been enacted in Scotland. Further information can be found at Annex 6.

Sex Offender Liaison Officer: are staff, usually within housing, who provide a single point of contact for accommodation requests from Responsible Authorities in respect of the housing of Registered Sex Offenders.

Sex Offender Notification Requirements: The Sexual Offences Act 2003 requires individuals on the sex offenders' register to notify to their local police certain personal details and information, including (but not limited to) their name, address, date of birth and national insurance number.

Sexual Offences Prevention Order: A court may make a SOPO at the time of dealing with certain sex offenders or when the police make a special application on account of the individual's behaviour in the community. A SOPO can place restrictions and obligations on them and requires the subject to register as a sexual offender. If they fail to comply with (i.e. breaches) the requirements of the order, they can be returned to court and may be liable to a period of up to 5 years' imprisonment.

Sex Offender Policing Unit: Police Scotland Sex Offender Policing Units are responsible for the effective and robust policing of Registered Sex Offenders (RSO's) and other Risk of Sexual Harm Offenders (RoSHO), in pursuance of overall MAPPA management.

Sexual Risk Order. An Order which can be imposed by the court on anyone convicted for a sexual offence who poses a risk of sexual harm to the public in the United Kingdom and/or children or vulnerable adults abroad. At time of publication this Order has not yet been enacted in Scotland. Further information can be found at Annex 6.

Short Term Prisoner – An individual subject to a custodial sentence of 6 months or more but less than 4 years.

Short Term Sex Offender (STSO): All sex offenders who are sentenced to 6 months or more but less than 4 years. They are released at the halfway point of the sentence and subject to licence conditions for the duration of the sentence.

Significant Case Review: A MAPPA review process which takes place when an individual subject to MAPPA commits a serious offence. It involves a detailed review into the circumstances so any lessons can be learned, and any learning opportunities and good practice identified in order to promote continuous improvement.

Strategic Oversight Group: Each of the 10 MAPPA regions has a MAPPA Strategic Oversight Group whose membership includes representatives from the local Responsible Authorities.

Statutory Supervision: When subject to statutory supervision individuals are supervised by an allocated Justice Social Worker. This includes Life Licence, Parole Licence, Non-Parole Licence, Extended Sentence, Order for Lifelong Restriction, Short-Term Sex Offender, and Community Payback Order.

Suspension of Detention (restricted patient): A period of leave either escorted or unescorted following consent of Scottish Ministers.

Transfer for Treatment Direction: A procedure under the Mental Health (Care and Treatment) (Scotland) Act 2003 Act which allows a sentenced prisoner with a mental disorder to be transferred to a psychiatric hospital for treatment. If the patient no longer requires treatment in hospital, then they can be transferred back to prison to serve the rest of their sentence. If they remain in hospital at the end of the prison sentence then they must be released or if they need to be detained in hospital, then an application is made for a Compulsory Treatment Order. While a patient is on a TTD they are a restricted patient.

Unescorted Leave (restricted patient): A period of suspension of detention from hospital under specified conditions as part of gradual rehabilitation programme and only following MAPPA consideration and Scottish Ministers' consent.

United Kingdom General Data Protection Regulation (GDPR): This is the UK law which came into effect on 1 January 2021. It sets out the key principles, rights and obligations for most processing of personal data in the UK, except for law enforcement and intelligence agencies

Violent and Sex Offender Register: A national Home Office system which provides a central store for up-to-date information about individuals managed under MAPPA and other individuals who pose a risk of harm to the public.

Victim Notification Scheme: A statutory scheme which gives victims of individuals who have been convicted of certain offences and sentenced to four years or more the right to receive information about the individual's progression within prison and eventual release. Further information on VNS can be found in Chapter 14.

Wanted: A "wanted" person is someone who has a live warrant in force.

22. MAPPA Document Set

1. [MAPPA Notification form](#)
2. [MAPPA Referral form](#)
3. [MAPPA Notification Form Restricted Patients](#)
4. [MAPPA Referral Form Restricted Patients](#)
- 5A. [MAPPA Minute Template](#)
- 5B. [MAPPA Minute Template completion notes](#)
6. [Risk Management Plan \(RMP\)](#)
- 7A.. [MAPPA Social Security Scotland Referral](#)
- 7B. [MAPPA Social Security Scotland Referral – Change in Circumstances](#)
8. [MAPPA DWP Referral](#)
9. [Template for Requests for MAPPA Meeting Minutes](#)
10. [MAPPA Meeting Minute Executive Summary](#)
- 11A. [MAPPA Case Audit – Level 1 Form](#)
- 11B. [MAPPA Case Audit – Level 2 or 3 – Template](#)
- 11C. [MAPPA Case Audit – Level 2 or 3 – Template Completion Notes](#)
12. [MAPPA Meeting Audit Form](#)
- 13A. [SCR process - Initial Notification Report \(INR\)](#)
- 13B. [SCR process - Review of INR by Strategic Oversight Group \(SOG\) Chair form](#)
- 13C. [SCR process - SOG SCR Decision form](#)

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 ²⁴		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)							

²⁴ 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)		
4. Conviction Details/Key Dates		
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)	
5. Victim(s) – Child/Adult Support and Protection concern			
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>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.</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>			
7. MAPPA Co-ordination (processed by:)			
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			
8. ViSOR			
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:

1. MAPPA Referral Level – please indicate referral level with X			
Referral at Level 2		Referral at Level 3	
2. MAPPA Category - please indicate MAPPA category with X			
Category 1: Registered Sex Offender (RSO)		Category 3: Other Risk of Serious Harm	
3. Agency /Establishment:			
Name:			
Job Title:			
Agency/Establishment:			
Telephone Number:			
E-mail:			
Date:			
2. MAPPA (or proposed MAPPA) Individual details:			
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):		
3. Conviction Details / Relevant Dates		
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:	
--	--

4. Victim - Child/Adult Support and protection concerns	
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:	

5. Summary of Analysis of Offending Behaviour
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>1. Pattern - 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>2. Nature - 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>3. Seriousness - What is known about the degree of planning and the intended and actual impact of the offending?</p> <p>4. Likelihood - 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>
6. Any other relevant information /concerns relating to the individual (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:	
9. ViSOR	
Date nominal record created (JSW)	
ViSOR Number	

MAPPA Document 3

MAPPA Notification Form – Restricted Patient

Details from restricted patient Care Plan Dated:		.././..
Patient Name: Date of Birth:		.././..
Restricted patient notification to MAPPA		
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	
Patient Details		
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)	
Notifying Service Details		
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	
Legal Details	
Legal Status & Section	
Sentencing court	
Date of Conviction/Insanity Acquittal *	
Date order began *	
Date of previous annual review*	
Date of next annual review *	
MANAGEMENT STAGE	No SUS except urgent clinical/compassionate Escorted Suspension of detention Unescorted Suspension of detention Conditional Discharge
For Determinate Sentences Earliest Liberation date/ Parole Qualifying date	
For Life Sentences	
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:		././.
Restricted patient referral to MAPPA		
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 *		

Patient Details	
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)	
Referring Service Details	

Hospital			
Ward			
Phone No			
Responsible Local Authority			
Responsible Health Board			
Clinical Team			
Useful Contacts			
Designation:	Name:	Office Hours Contact Number	Out of Hours Contact Number
Key Worker/ Care Coordinator			
RMO			
MHO			
General Practitioner			
CPA Coordinator			
Scottish Government			
Legal Details			
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 *			
For Determinate Sentences			
Earliest Liberation date/ Parole Qualifying date			
For Life Sentences			
Punishment part			

Risk Summary

Offending History		
Index Offence		
Other Offences 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		
History of ...		
	Yes/No	Brief Details
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)		
Current Risk Status		

Setting	Likelihood, imminence, frequency & severity of harmful behaviour towards whom & under what circumstances	
In Hospital List all known concerning incidents whilst in an institution (e.g. prison or hospital)		
Escorted in Community		
Unescorted in Community		
Other		
Conditional Discharge Conditions		
Medication		
	Yes/No/ not applicable	Comment
Is the patient prescribed medication without which his/her risk may be increased?		
Is the patient compliant with this medication?		
Victim Considerations		
	Yes/No	Details
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)		
Monitoring & Supervision Requirements		
In Hospital	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	
In the Community	Escort requirements	
	Special considerations for staff visiting patient	
	Special consideration for out-patient appointments	
	Alcohol/drug testing	
	Other community requirements	
Additional Comments		
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:	
------------------------------	--

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

--

In Attendance

Name	Organisation
(Chair) (Minute taker)	

Apologies

Name	Organisation

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

3. Risk Assessment Discussion**4. Agreed level of Risk of Serious Harm**

Low	Medium	High	Very High

5. Risk Management Discussion**6. Contingency Planning Discussion**

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

Basis of Assessment

Concise Case Summary

Risk Formulation	
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
REVIEW OF PLAN			
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

--

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

--

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

4. Change of Circumstances	
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	

Telephone Number(s)	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?	Yes*	<input type="checkbox"/>	No	<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.				

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

9. Initial Restrictions / Change of Restrictions / Change of Circumstances (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?	Yes/No
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	If you answered No to any of the above , 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			
Police <input type="checkbox"/> More than once <input type="checkbox"/>		SPS <input type="checkbox"/> More than once <input type="checkbox"/>		
NHS <input type="checkbox"/> More than once <input type="checkbox"/>		Local Authority <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			
Delay in access to service <input type="checkbox"/>		Service not available <input type="checkbox"/>		
Need for service not identified by worker <input type="checkbox"/>		Service user engagement/ compliance <input type="checkbox"/>		
6.5	To what extent do you consider the intervention has met/is Meeting the needs of the individual?	Completely <input type="checkbox"/>	Mostly <input type="checkbox"/>	Partially <input type="checkbox"/>
		Not at all <input type="checkbox"/>	N/A <input type="checkbox"/>	
6.6	To what extent do you consider the intervention addressed/is addressing the individual's risks?	Completely <input type="checkbox"/>	Mostly <input type="checkbox"/>	Partially <input type="checkbox"/>
		Not at all <input type="checkbox"/>	N/A <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.			
Accommodation: 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"/>
Mental Health and Wellbeing: 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"/>
Health: There is evidence of improvements in general physical health.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
Finances: There is evidence of improved financial circumstances.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
Relationships: 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"/>
Employment: 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"/>
Further Education: 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"/>
Community Inclusion: 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"/>
Literacy: 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"/>

Drug Use: 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"/>
Alcohol Use: 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"/>
Offending: 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"/>
Confidence: 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		
Effectiveness of criminal justice social work			
Effectiveness of collaboration between services			
Efforts of the individual service user			

9. Essential Comments

<p>Essential Comments: Only use this space to make <u>essential</u> comments on anything that has not already been captured elsewhere on the template:</p>

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 alert²⁵ 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.

²⁵ 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						
3. Details of Charge/Incident						
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:						
4. Victim Details						

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:	
5. Relevant Offender History (Include extent and nature of offending, compliance with supervision / restriction, key dates, risk assessments undertaken, identified areas of concern / interventions):	
Any Other Relevant Information/Concerns (Highlight what these are and any actions taken and allocated to which agency):	
6. Date submitted to SOG:	

(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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1. Details of SOG Chair			
Name:			
Agency:			
Telephone number:			
Email address:			
2. Decision Summary			
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. Serious Incident Review Guidance	Y		N
Did you identify any areas of good practice that could be disseminated more widely? If yes, please describe			
Did you identify any areas for development that require a national approach? If yes, please specify			
Commission a SCR:	Internal		External
Lead Officer / Agency:			
Proposed Date of completion of SCR:			
Date signed:		Signature:	



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