




REFERRAL TO MAPPA LEVEL 2/3 - MAPPA A

In order to ensure that the referral is processed quickly and that all information is available to the Coordinator please ensure the following:

1. Every applicable question is answered with as much information as possible.
2. As the Lead Agency, you should already have a comprehensive Risk Assessment and Risk Management Plan in place, or proposed. The details of this should be recorded in Section 5 of the referral.

If your referral is accepted and taken to an initial MAPP Level 2/3 meeting, the meeting will focus on the Lead Agency Risk Management Plan that is already in place. Other agencies present will be asked to contribute and add value to your current/proposed Risk Management Plan.

The MAPP Level 2/3 meeting will not devise the Risk Management Plan for you, therefore it is essential that this part of the referral is completed as fully as possible.

	REFERRAL TO MAPPA LEVEL 2/3	MAPPA A
Fields marked with * are mandatory		
Name of MAPPA Area:		
Which level are you referring to?		
Lead Agency at time of referral		
1. CATEGORY OF OFFENDER		*All agencies
The offender can only fall into one of the MAPPA Categories summarised below. Please place an 'X' against only one of the following three categories.		
1. Registered Sexual Offender		
2. Violent or other sexual offender: – who has been sentenced to 12 months or more custody for an offence under Sch.15 of the Criminal Justice Act 2003; or – who has been sentenced to 12 months or more custody and is transferred to hospital under s.47/49 of the Mental Health Act 1983; or – who has been detained in hospital under s.37 of the Mental Health Act 1983 with or without a restriction order under s.41.		
3. Other dangerous offender – has been cautioned for or convicted of an offence which indicates that he or she is capable of causing serious harm AND which requires multi agency management. This might not be for an offence under Sch.15 of the Criminal Justice Act 2003.		
2. OFFENDER INFORMATION		
Last name:		*All agencies
First name:		*All agencies
Date of birth:		*All agencies
Aliases (including nicknames):		All agencies
Prison:		All agencies
Prison number:		All agencies
Last known address before sentence:		All agencies
Proposed release address:		*All agencies
Current address if in community:		*All agencies
Gender:		*All agencies
Ethnicity:		*All agencies
PNC ID:		Police / Probation
ViSOR Reference (must be completed for all Registered Sexual Offenders):		Police / Probation
Agency unique identifier:		All agencies
3. CONVICTION / CAUTION INFORMATION		
Index offence / Relevant caution:		*All agencies


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Date of conviction / caution:		*All agencies
Sentence:		All agencies
Brief offence(s) details:		*All agencies
Relevant previous convictions and pattern of offending:		All agencies
Other relevant information:		All agencies
Relevant dates		
Automatic Conditional Release Date:		YOT / Probation
Parole Eligibility Date:		YOT / Probation
Non-Parole Date:		YOT / Probation
Licence Expiry Date:		YOT / Probation
Sentence Expiry Date:		YOT / Probation
Home Detention Curfew:		YOT / Probation
Community Order end date:		YOT / Probation
Disqualification Order:	Yes/No	*Police
Imprisonment for Public Protection	Yes/No	*Probation
Extended Sentence for Public Protection:	Yes/No	*Probation
Lifer:	Yes/No	*YOT / Probation
Mental Health review date(s):	Yes/No	Mental Health
Sexual Offences Prevention Order:	Yes/No	*Police/Probation
Sexual Harm Prevention Order	Yes/No	*Police/Probation
Sexual Risk Order	Yes/No	*Police/Probation
Registered Sex Offender Notification end date:		Police/Probation
Violent Offender Order:	Yes/No	*Police
4. DETAINED IN HOSPITAL		Yes/No
Name of responsible clinician:		
Hospital:		
Earliest possible discharge date:		
Proposed release address:		
Name/contact details of Forensic Social Worker:		
Date of next tribunal:		
Please indicate the basis for detention from the options below		
Guardianship order – s.7/s.37 MHA 1983:	Yes/No	
Hospital order – s.37 MHA 1983:	Yes/No	
Restriction order – s.41 MHA 1983:	Yes/No	

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Transfer from prison – s.47 MHA 1983:	Yes/No				
5. RISK ASSESSMENT					
RM 2000 Risk of Reconviction [complete for all sexual offenders]					Police / Probation
	Level			Date of assessment	
RM 2000 Sexual:					
RM 2000 Violent:					
RM 2000 Combined:					
ARMS – Active Risk Management Systems					
	V High	High	Medium	Low	Date completed
Risk of sexual re-offending:					
OASys Risk of Reconviction					Prison / Probation
	1 year %	2 year %	Band	Date completed	
OGP:					
OVP:					
OGRS3:					
OASys Risk of serious harm – (1) Risk in the Community					Prison / Probation
	V High	High	Medium	Low	Date completed
Children:					
Public:					
Known adult:					
Staff:					
Prisoners:					
OASys Risk of serious harm – (2) Risk in Custody					Prison / Probation
	V High	High	Medium	Low	Date completed
Children:					
Public:					
Known adult:					
Staff:					
Prisoners:					
SARA Assessment [complete for all domestic abuse offenders]					Probation
	High	Medium	Low	Date completed	
Risk to partner:					
Risk to others:					
ASSET Risk of serious harm [complete for all offenders under 18]					YOT

	V High	High	Med	Low	Date completed
Risk of serious harm:					
ASSET risk of reconviction					Date completed
Mental Health/ Psychological Risk tool					Mental Health
					Date completed
The following two sections (Risk Assessment Summary and Risk Management Plan) should be completed in as much detail as possible, as the MAPP Level 2/3 meeting will use this information to determine what added value other agencies can provide to the Lead Agency Risk Management Plan.					
Lead Agency Risk Assessment Summary PSNLI				*All agencies	
Pattern <ul style="list-style-type: none"> • What is the Pattern of offending / offences? • How often? • Who is at risk - current and potential future victims • Victim targets – (age/gender/vulnerability etc) • How? (Grooming, Predatory, DA, substance misuse, weapons, vehicles, pets, hobbies, profession etc) • Pattern / Triggers or early warning signs? • Environmental patterns • Patterns of Relationships (Domestic, Intimate, Social, Criminal etc) • Patterns of Mental Health / Health • Patterns of substance misuse linked to offending. • Positive Patterns – Offence Free periods / protective factors that have worked. • What are the Protective Factors (Internal / External) • Modus Operandi 					
Seriousness <ul style="list-style-type: none"> • Consider both current and pre-convictions and the levels of seriousness of these offences. • What is the breadth of this offenders offending potential? • Start thinking about both Imminence and impact at this stage – what is going to happen first? 					
Nature <ul style="list-style-type: none"> • What is the Nature of the offending; • Sexual? • Violent? • Domestic Abuse / Violence? • Physical? • Psychological? • Emotional • Grooming? • Predatory? • Familial? • Arson? • Substance misuse? • Racially motivated? • Extremism tendencies / links? • Mental Health linked? 					

<ul style="list-style-type: none"> Consider combinations and Modus Operandi 		
<p>Likelihood</p> <ul style="list-style-type: none"> What is the likelihood of the offender complying with requirements (both restrictive and rehabilitative)? Is the offender likely to re-offend or breach requirements? Evidence of motivation and compliance, or lack of. Evidence based - Did it happen last time? 		
<p>Imminence + Impact</p> <ul style="list-style-type: none"> What is the imminence of the offender re-offending or breaching requirements? When is risk likely to be greatest Will the first breach be an offence, if so what (link to seriousness)? What is the potential impact to known victims and or the public? Evidence based - How quickly did it happen last time? Is there a specific victim or target which enhances both imminence and impact? Differentiate between offence types (one offence may be more imminent than another) 		
<p>Lead Agency Risk Management Plan</p>		<p>4 Pillars RMP Grid</p>  <p>The new Grid - Dyfed Powys MAPPA Pilot - I</p>
<p>Supervision <i>(Visiting regime, aspirations of offender, what will supervision focus on, accommodation?)</i></p>		
<p>How motivated is the offender to comply with the requirements of the order/licence and/or RMP and how will motivation be encouraged?</p>		
<p>If the offender lacks motivation, what could the agencies do to improve it?</p>		
<p>What will success look like for the offender?</p>		
<p>What will supervision focus on in order to promote social capital (in other words how will the offender be encouraged / supported in obtaining protective factors such as employment, pro-social networks, qualifications etc.)?</p>		
<p>Monitoring & Control <i>(Licence conditions, surveillance, other control measures)</i></p>		
<p>What controls will be put in place to manage risk when it is greatest, as identified via PSNLI? (What is going to happen first?)</p>		

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How will we monitor when risk is greatest, particularly the early warning signs and triggers identified in PSNLI?	
Interventions <i>(Programme eligibility, counselling, medication, mental health, peer mentoring etc)</i>	
Is there specific intervention work around nature of the offending identified in the PSNLI that can be undertaken (Motivation, internal inhibitors, external inhibitors, victim compliance)?	
How will we promote the protective factors identified in PNSLI?	
Victim Safety <i>(Third party disclosure, C & YPS engagement etc)</i>	
How do we protect current and potential victims, identified in PNSLI?	
6. RELEVANT INFORMATION	*All agencies
Reason for referral:	
What inter-agency work has been undertaken so far?	
How will active multi-agency management add value to the management of the risk(s) of serious harm?	
Diversity Considerations linked to risk of serious harm	
Add any other relevant information (e.g. media handling, disclosure, medical issues etc)	
7. VICTIM CONCERNS	All agencies
Outline any concerns about the victim of the index offence or potential victims:	
Has the victim taken up the Victim Liaison Service?	Yes/No
If YES: Give contact details of VLO	
Are there any domestic abuse concerns? If YES, answer questions 'a' to 'e' below.	Yes/No
a. What are they?	

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b. Has the victim been referred to MARAC?	Yes/No
c. Has a meeting been held/Is a meeting due to be held?	Yes/No
d. Date of meeting (if known)	
e. Actions from MARAC	

8. SAFEGUARDING

All agencies

THE VOICE OF THE CHILD

Are there Children involved in the case or affected by it? (this may not necessarily be registered as a child protection case)

If so, even if you are working with the adult ensure that you outline below what you know about the child's lived experience, their views about their situation, their wishes and feelings. This may involve you liaising closely with colleagues in another agency who have direct contact with the child or children.

Child Protection Concerns (continue on additional sheet if required)

Are there any child protection concerns? If YES, answer questions 'a' to 'c' below.

Yes/No

a. what are they?

b. is there an allocated social worker? If so, please give details.

c. is the child or children currently subject to a Child Protection Plan?

Yes/No

Child 1

Surname:	
First name:	
Date of birth:	
Gender:	
Relationship to offender:	
Address:	

Child 2

Surname:	
First name:	
Date of birth:	
Gender:	
Relationship to offender:	

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Address:		
Child 3		
Surname:		
First name:		
Date of birth:		
Gender:		
Relationship to offender:		
Address:		
Vulnerable Adult Concerns (continue on additional sheet of required)		
Name:		
Date of birth:		
Gender:		
Does this person live with the offender?		
Relationship to offender:		
Name of social worker (if relevant):		
9. REFERRING AGENCY INFORMATION		
Referring agency:		
Name:		
Grade:		
Office:		
Telephone number(s):	(w)	(m)
Email address:		
Date sent to line manager:		
Endorsement by line manager (where required by your area)		
Name:		
Grade:		
Office:		
Telephone number(s):	(w)	(m)
Email address:		
Date endorsed by line manager:		
10. ADDITIONAL MAPPA INVITEES		All agencies
Invitee 1		
Name:		
Agency:		

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Address:		
Email address:		
Telephone number(s):	(w)	(m)
Invitee 2		
Name:		
Agency:		
Address:		
Email address:		
Telephone number(s):	(w)	(m)
Invitee 3		
Name:		
Agency:		
Address:		
Email address:		
Telephone number(s):	(w)	(m)
Invitee 4		
Name:		
Agency:		
Address:		
Email address:		
Telephone number(s):	(w)	(m)
Invitee 5		
Name:		
Agency:		
Address:		
Email address:		
Telephone number(s):	(w)	(m)
Invitee 6		
Name:		
Agency:		
Address:		
Email address:		
Telephone number(s):	(w)	(m)
<p>Once completed, please email this form to the relevant Screening Panel (details below)</p> <p>ONLY USE SECURE EMAIL</p> <p>West Area: nwnps.lancashirewestdistrict.mappareferral@probation.gsi.gov.uk</p> <p>East Area: nwnps.lancashireeastdistrict.mappareferral@probation.gsi.gov.uk</p>		

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West Area:
 Preston, Fulwood, Lea, Bamber Bridge, Penwortham, Leyland
 Blackpool, Cleveleys, Bispham, South Shore, St. Annes, Lytham
 Lancaster, Morecambe, Heysham, Carnforth, Fleetwood, Knott End, Garstang

East Area:
 Ormskirk, Skelmersdale, Burscough, Aughton
 Chorley, Coppull, Adlington, Wheelton
 Blackburn, Darwen, Accrington, Gt. Harwood, Longridge, Ribchester, Clitheroe, Chipping
 Burnley, Nelson, Colne, Padiham, Barnoldswick, Rawtenstall, Bacup, Waterfoot, Whitworth

Date sent:	
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11. MAPPA CO-ORDINATION UNIT DECISION (for official use only)

Screened by:	
Name:	
Title:	
Area:	
Date referral received:	
MAPPA qualifying offender?	Yes/No
If NO, return form to referring agency line manager.	
Comments:	
Does referral meet threshold for Level 2/3? If YES, which level?	
If NO, return form to referring agency line manager.	
Comments:	
Date referral accepted/rejected:	
Date referring agency notified:	
Meeting to which referral is to be taken:	
Actions from Screening Meeting	