|  |  |  |
| --- | --- | --- |
| cid:image001.jpg@01D5948F.87C7F380 | **REFERRAL TO MAPPA LEVEL 2/3****Fields marked with \* are mandatory** | **MAPPA A** |
| **Name of MAPPA area:** |  |
| **Referral to which level?**  | 2 | 3 |
| **1. CATEGORY OF OFFENDER** | **\* All agencies** |
| **The offender can fall into only one of the MAPPA Categories summarised below. Please place an X against only one of the following three Categories.** |
| 1. Registered Sexual Offender |  |
| 2. Violent or other sexual offender:An offender convicted (or found not guilty by reason of insanity or to be unfit to plead and to have done the act charged) of murder or an offence specified under Schedule 15 or Section 327(4A) of the Criminal Justice Act 2003 who has been sentenced to 12 months or more custody (this includes indeterminate and suspended sentences), detention in a youth detention accommodation for a term of 12 months or more, a hospital order (with or without restrictions) or a guardianship order. |  |
| 3. Other dangerous offender: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. Offenders convicted abroad could qualify for Category 3.  |  |
| **2. OFFENDER INFORMATION** |
| Last name: |  | **\* All agencies** |
| First name: |  | **\* All agencies** |
| Date of birth: |  | **\* All agencies** |
| Aliases (including nicknames): |  | **All agencies** |
| Gender: |  | **All agencies** |
| Ethnicity: |  | **All agencies** |
| ViSOR Reference:(must be completed for all Registered Sexual Offenders): |  | **All agencies** |
| PNC ID: |  | **\* All agencies** |
| Agency unique identifier: |  | **\* All agencies** |
| Prison: |  | **\* All agencies** |
| Prison number: |  | **\* All agencies** |
| Last known address before sentence: |  | **Police / Probation** |
| Proposed release address: |  | **Police / Probation** |
| Current address if in community: |  | **All agencies** |
| GP name and address: |  | **All agencies** |
| Social care legal status:  |  | **All agencies**  |
| **3. CONVICTION / CAUTION INFORMATION** |
| Index offence / Relevant caution: |  | **\* All agencies** |
| Date of conviction / caution: |  | **\* All agencies** |
| Sentence length and type: |  | **All agencies** |
| Brief offence(s) details: |  | **\* All agencies** |
| Relevant previous convictions and pattern of offending: |  | **All agencies** |
| Other relevant information: |  | **All agencies** |
| **4. 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** |
| Post Sentence Supervision Expiry Date: |  | **YOT / Probation** |
| Home Detention Curfew: |  | **YOT / Probation** |
| Community Order end date: |  | **YOT / Probation** |
| Imprisonment for Public Protection: | YES / NO | **\* Probation** |
| Extended Sentence for Public Protection: | YES / NO | **\* Probation** |
| Lifer: | YES / NO | **\* YOT / Probation** |
| Mental Health review date(s): |  | **Mental Health** |
| Sexual Offences Prevention Order: | YES / NOConditions: | **\* Police / Probation** |
| Sexual harm Prevention Order: | YES / NOConditions: | **\* Police / Probation** |
| Sexual risk Order: | YES / NOConditions: | **\* Police / Probation** |
| Registered Sex Offender Notification end date: |  | **Police / Probation** |
| Other Order: (e.g. Disqualification Order, Violent Offender Order, Terrorism Notification) | YES / NOType of Order:Conditions: | **\* Police / Probation** |
| **5. DETAINED IN HOSPITAL** | **Mental Health** |
| 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 |
| Transfer from prison –s.47 MHA 1983 | YES / NO |
| Other: |  |
| **6. RELEVANT INFORMATION** | **\* All agencies** |
| Reason for referral and how will active multi-agency management add value to the management of the risk(s) of serious harm?  |
|  |
| What inter-agency work has been undertaken so far? |
|  |
| Equality considerations linked to risk of serious harm (if an offender is a child, consider the voice of the child)  |
|  |
| Add any other relevant information (e.g. media handling, disclosure, medical issues etc) |
|  |
| **7. 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** | **Police/Probation** |
|  | **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/ ASSET PLUS Risk of Serious Harm** [complete for all offenders under 18] | **YOT** |
|  | **V High** | **High** | **Medium**  | **Low** | **Date completed** |
| Risk of serious harm: |  |  |  |  |  |
| **ASSET risk of reconviction** |  | **Date completed** |
|  |
| **Any Other Risk Assessment Tools (for example, AIM2 and SAVRY)** | **All agencies (if applicable)** |
|  | **Date completed** |
|  |
| **Mental Health / Psychological Risk Tool** | **Mental Health** |
|  | **Date completed** |
|  |
| **8. SAFEGUARDING** | **All agencies** |
| **Child Protection Concerns** (continue on additional sheet if required) |
| Are there any child protection concerns? If YES, answer **a** to **c** below | YES / NO / NOT APPLICABLE / NOT KNOWN \* |
| a. What are they? |  |
| b. Is there an allocated social worker? If so, please give details |  |
| c. Is the child or children currently subject to a Child Protection Plan? | YES / NO / NOT APPLICABLE / NOT KNOWN \* |
| **Child 1** |
| Last name: |  |
| First name: |  |
| Date of birth: |  |
| Gender: |  |
| Relationship to offender: |  |
| **Child 2** |
| Last name: |  |
| First name: |  |
| Date of birth: |  |
| Gender: |  |
| Relationship to offender: |  |
| **Child 3** |
| Last name: |  |
| First name: |  |
| Date of birth: |  |
| Gender: |  |
| Relationship to offender: |  |
| Genogram Required/ Available? | YES / NO |
| **Vulnerable Adult Concerns** (continue on additional sheet if required) |
| Name: |  |
| Date of birth: |  |
| Gender: |  |
| Does this person live with the offender? | YES / NO |
| Relationship to offender: |  |
| Name of social worker (if relevant): |  |
| Genogram Required/ Available? | YES / NO |
| **Risks to the Offender** |
|  |
| **9. 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 / NOT APPLICABLE / NOT KNOWN \* |
| If YES, give contact details of VLO |  |
| Are there any domestic abuse concerns? If YES, answer **a** to **e** below | YES / NO / NOT APPLICABLE / NOT KNOWN \* |
| a. What are they? |  |
| b. Has the victim been referred to MARAC? | YES / NO / NOT APPLICABLE / NOT KNOWN \* |
| c. Has a meeting been held / Is a meeting due to be held? | YES / NO / NOT APPLICABLE / NOT KNOWN \* |
| d. Date of meeting (if known) |  |
| e. Actions from MARAC |  |
| **10. RISK ASSESSMENT AND MANAGEMENT PLAN** | **\* All agencies** |
| **Lead Agency Risk Assessment Summary** |
| Who is at risk? |
|  |
| What is the nature of the risk? |
|  |
| When is the risk likely to be greatest? |
|  |
| What circumstances are likely to increase risk? |
|  |
| What are the protective factors? |
|  |
| **Lead Agency Risk Management Plan** |
| Supervision: |
|  |
| Monitoring & Control: |
|  |
| Interventions & Treatment: |
|  |
| Victim Safety: |
|  |
| **Contingency Planning** |
|  |
| **11. ADDITIONAL MAPPA INVITEES** | **All agencies** |
| **Invitee 1** |
| Name: |  |
| Agency: |  |
| 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) |
| **12. 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 agency) |
| Name: |  |
| Grade: |  |
| Office: |  |
| Telephone number(s): | (w) | (m) |
| Email address: |  |
| Date endorsed by line manager: |  |
| **Once completed, please send this form to the MAPPA Co-ordination Unit.****ONLY USE SECURE EMAIL*****Insert your email address here*****If email is not secure, please fax to:** ***Insert your fax number here*** |
| Date sent: |  |
| **13. 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: |  |