

# Lancashire MAPPA

## Strategic Management Board

### Annual Report 2017/2018



**Lancashire Constabulary**  
police and communities together



**HM Prison & Probation Service**

# Foreword to the Report



## Ian Whitehead – MAPP SMB Chair

Welcome to the 2017-18 Annual Report of the Lancashire Strategic Management Board (SMB).

Last year we reported upon a period of significant organisational change for many of the agencies associated with MAPP and this has continued through into 2017 and 2018. However, throughout the changes, MAPP has continued to provide a clear framework that allows relevant agencies to share information and to work together to manage our most serious offenders to protect the public.

Police, Probation, and Prisons continue to have statutory responsibility for the effectiveness of MAPP. Across Lancashire, we are pleased to highlight the active support from a diverse group of organisations including Youth Offending Teams, Children's Services, Health and Mental Health, Education, Home Office Immigration Enforcement, accommodation and electronic monitoring providers, to name just some. The aim is to get the right organisations around the table for each individual case when necessary.

Many MAPP cases have complex needs which require careful and robust planning to ensure that appropriate and adequately commissioned services are negotiated across partnerships. Complex needs are defined by offenders exhibiting at least two of; homelessness, offending, problematic substance or alcohol misuse and mental health. There are articles in this year's annual report which reflect upon these themes and the local response to them across Lancashire.

Lancashire MAPP SMB continues to develop links with health commissioners and providers and we are delighted that additional Mental Health treatment providers have joined the SMB to ensure that offender health remains priority work for the Board and there are identified care pathways to address these complex needs. We are keen to reflect upon any learning on how MAPP offenders can best be supported and going forward this will help to shape commissioned services.

Lancashire MAPP SMB continues to benefit from the involvement of the three Lay Advisors. Lay Advisors are Public Appointments made by the Secretary of State. They are now well-established Board members who bring with them a lay person's perspective on local MAPP activity. They attend MAPP Level 2 and 3 meetings, undertake case audits and are active members of the MAPP SMB Health Sub- Group. During this year they have met with Police and Probation colleagues who chair Level 2 and 3 meetings and have also had the opportunity to attend presentations by DWP, Counter- Terrorism colleagues and Mental Health who spoke knowledgeably on the Mental Capacity Act, and they are presently awaiting a visit to an electronic monitoring company. Such events ensure that they have a comprehensive knowledge of processes and practices for MAPP offenders. Throughout the year they have brought a healthy challenge to the Board which is welcomed to ensure that MAPP activity is sufficiently robust and provides the intended 'added- value' to risk assessment and management.

The SMB has supported the introduction of several new projects over the reporting year. These include an innovative way of assessing the risks posed by domestic abuse offenders by Lancashire Police who are one of 3 Police Forces selected to pilot the tool. Several Police Offender Managers have attended a national course and have been trained in the use of the Spousal Abuse Risk Assessment Tool (SARA). The adoption of this risk assessment tool for Domestic Abuse Offenders will provide Police Officers with additional options when dealing with the riskiest offenders of this type and will enhance the professionalism of Offender Managers as well as provide additional information to MAPP professionals to formulate an effective risk management plan. This tool is already extensively used by Probation Officers and Police adoption will further enhance and encourage joint working between both agencies.

HMPPS colleagues are presently engaged in the development of a new Offender Model in Prison Custody (OMiC). This brings together the skills of both prison and probation staff working together as one team, with new role, dedicated time and clear responsibilities in prison to enhance HMPPS work with pre-release offenders. It is anticipated that this model will be available in the closed adult male estate by 2019/2020.

All MAPPA areas are mandated to report to the Ministry of Justice on a number of key performance measures. I am pleased to report that Lancashire continues to demonstrate a high level of achievement in meeting these targets. We are keen to work with our partner agencies to help to facilitate their participation in Level 2 and 3 MAPPA meetings. Partners can use a tele-conference facility to be part of the MAPPA Panel and we have designed new pathways to share and receive information with partners who would otherwise experience difficulty in attending meetings but have a significant role to play in the risk management plan.

On behalf of the Lancashire MAPPA Strategic Management Board, I wish to extend a thank you to all Lancashire partners who continue to work in demanding circumstances with challenging cases to protect the public.

**Ian Whitehead, Lancashire Constabulary**  
**Chair, Lancashire MAPPA Strategic Management Board**

Protection Through Partnerships

# What is MAPPA?



## MAPPA Background

MAPPA (Multi-Agency Public Protection Arrangements) are a set of arrangements to manage the risk posed by the most serious sexual and violent offenders (MAPPA-eligible offenders) under the provisions of sections 325 to 327B of the Criminal Justice Act 2003.

They bring together the Police, Probation and Prison Services in each of the 42 Areas in England and Wales into what is known as the MAPPA Responsible Authority.

A number of other agencies are under a Duty to Co-operate (DTC) with the Responsible Authority. These include Social Services, Health Services, Youth Offending Teams, Jobcentre Plus and Local Housing and Education Authorities.

The Responsible Authority is required to appoint two Lay Advisers to sit on each MAPPA area Strategic Management Board (SMB) alongside senior representatives from each of the Responsible Authority and DTC agencies.

Lay Advisers are members of the public appointed by the Minister with no links to the business of managing MAPPA offenders who act as independent, yet informed, observers; able to pose questions which the professionals closely involved in the work might not think of asking. They also bring to the SMB their understanding and perspective of the local community (where they must reside and have strong links).

### How MAPPA works

MAPPA-eligible offenders are identified and information about them is shared between agencies to inform the risk assessments and risk management plans of those managing or supervising them.

That is as far as MAPPA extend in the majority of cases, but some cases require structured multi-agency management. In such cases there will be regular MAPPA meetings attended by relevant agency practitioners.

There are 3 categories of MAPPA-eligible offender:

- **Category 1** - registered sexual offenders;
- **Category 2** – mainly violent offenders sentenced to 12 months or more imprisonment or a hospital order; and
- **Category 3** – offenders who do not qualify under categories 1 or 2 but who currently pose a risk of serious harm.

There are three levels of management to ensure that resources are focused where they are most needed; generally those involving the higher risks of serious harm.

- **Level 1** involves ordinary agency management (i.e. managed by the lead agency with no MAPPA formal meetings);
- **Level 2** is where the active involvement of more than one agency is required to manage the offender.
- **Level 3** is where risk management plans require the attendance and commitment of resources at a senior level.

MAPPA are supported by ViSOR. This is a national IT system to assist in the management of offenders who pose a serious risk of harm to the public. The use of ViSOR increases the ability to share intelligence across organisations and enable the safe transfer of key information when high risk offenders move, enhancing public protection measures. ViSOR allows staff from the Police, Probation and Prison Services to work on the same IT system for the first time, improving the quality and timeliness of risk assessments and interventions to prevent offending.

All MAPPA reports from England and Wales are published online at: [www.gov.uk](http://www.gov.uk)

# MAPPA Statistics



## MAPPA-eligible offenders on 31 March 2018

	Category 1: Registered sex offenders	Category 2: Violent offenders	Category 3: Other dangerous offenders	Total
Level 1	2078	893	0	2971
Level 2	9	6	4	19
Level 3	1	0	1	2
<b>Total</b>	<b>2088</b>	<b>899</b>	<b>5</b>	<b>2992</b>

## MAPPA-eligible offenders in Levels 2 and 3 by category (yearly total)

	Category 1: Registered sex offenders	Category 2: Violent offenders	Category 3: Other dangerous offenders	Total
Level 2	26	26	22	74
Level 3	5	4	4	13
<b>Total</b>	<b>31</b>	<b>30</b>	<b>26</b>	<b>87</b>

## RSOs cautioned or convicted for breach of notification requirements

69

## RSOs who have had their life time notification revoked on application

6

## Restrictive orders for Category 1 offenders

### SHPOs, SHPOs with foreign travel restriction & NOs imposed by the courts

SHPO	73
SHPO with foreign travel restriction	0
NOs	1

## Number of people who became subject to notification requirements following a breach(es) of a Sexual Risk Order (SRO)

0

<b>Level 2 and 3 offenders returned to custody</b>				
	<b>Category 1: Registered sex offenders</b>	<b>Category 2: Violent offenders</b>	<b>Category 3: Other dangerous offenders</b>	<b>Total</b>
<b>Breach of licence</b>				
Level 2	6	7	6	<b>19</b>
Level 3	0	1	1	<b>2</b>
Total	6	8	7	<b>21</b>
<b>Breach of SOPO</b>				
Level 2	1	0	0	<b>1</b>
Level 3	1	0	0	<b>1</b>
Total	2	0	0	<b>2</b>
<b>Total number of Registered Sexual Offenders per 100,000 population</b>				<b>159</b>

This figure has been calculated using the mid-2017 estimated resident population, published by the Office for National Statistics on 28 June 2018, excluding those aged less than ten years of age.

# Explanation Commentary on Statistical Tables



## MAPPA Background

The totals of MAPPA-eligible offenders, broken down by category, reflect the picture on 31 March 2018 (i.e. they are a snapshot). The rest of the data covers the period 1 April 2017 to 31 March 2018.

**(a) MAPPA-eligible offenders** – there are a number of offenders defined in law as eligible for MAPPA management, because they have committed specified sexual and violent offences or they currently pose a risk of serious harm, although the majority are actually managed under ordinary agency (Level 1) arrangements rather than via MAPPA meetings. These figures only include those MAPPA eligible offenders living in the community. They do not include those in prison or detained under the Mental Health Act.

**(b) Registered Sexual Offenders (RSOs)** – those who are required to notify the police of their name, address and other personal details and to notify of any subsequent changes (this is known as the “notification requirement.”) Failure to comply with the notification requirement is a criminal offence that carries a maximum penalty of 5 years imprisonment.

**(c) Violent Offenders** – this category includes violent offenders sentenced to imprisonment or detention for 12 months or more, or detained under a hospital order. It also includes a small number of sexual offenders who do not qualify for registration.

**(d) Other Dangerous Offenders** – offenders who do not qualify under the other two MAPPA-eligible categories, but who currently pose a risk of serious harm which requires management via MAPPA meetings.

**(e) Breach of licence** – offenders released into the community following a period of imprisonment will be subject to a licence with conditions (under probation supervision). If these conditions are not complied with, breach action will be taken and the offender may be recalled to prison.

**(f) Sexual Harm Prevention Order (SHPO) (including any additional foreign travel restriction).** Sexual Harm Prevention Orders (SHPOs) and interim SHPOs replaced Sexual Offence Prevention Orders. They are intended to protect the public from offenders convicted of a sexual or violent offence who pose a risk of sexual harm to the public by placing restrictions on their behaviour. It requires the offender to notify their details to the police (as set out in Part 2 of the 2003 Act) for the duration of the order.

The court must be satisfied that an order is necessary to protect the public (or any particular members of the public) in the UK, or children or vulnerable adults (or any particular children or vulnerable adults) abroad, from sexual harm from the offender. In the case of an order made on a free standing application by a chief officer or the National Crime Agency (NCA), the chief officer/NCA must be able to show that the offender has acted in such a way since their conviction as to make the order necessary.

The minimum duration for a full order is five years. The lower age limit is 10, which is the age of criminal responsibility, but where the defendant is under the age of 18 an application for an order should only be considered exceptionally.

**(g) Notification Order** – this requires sexual offenders who have been convicted overseas to register with the police, in order to protect the public in the UK from the risks that they pose. The police may apply to the court for a notification order in relation to offenders who are already in the UK or are intending to come to the UK.

### **(h) Sexual Risk Order (including any additional foreign travel restriction)**

The Sexual Risk Order (SRO) replaced the Risk of Sexual Harm Order (RoSHO) and may be made in relation to a person without a conviction for a sexual or violent offence (or any other offence), but who poses a risk of sexual harm.

The SRO may be made at the magistrates’ court on application by the police or NCA where an individual has done an act of a sexual nature and the court is satisfied that the person poses a risk of harm to the public in the UK or children or vulnerable adults overseas.

A SRO may prohibit the person from doing anything described in it, including travel overseas. Any prohibition must be necessary to protect the public in the UK from sexual harm or, in relation to foreign travel, protecting children or vulnerable adults from sexual harm.

An individual subject to an SRO is required to notify the police of their name and home address within three days of the order being made and also to notify any changes to this information within three days.

A SRO can last for a minimum of two years and has no maximum duration, with the exception of any foreign travel restrictions which, if applicable, last for a maximum of five years (but may be renewed).

The criminal standard of proof continues to apply. The person concerned is able to appeal against the making of the order and the police or the person concerned are able to apply for the order to be varied, renewed or discharged.

A breach of a SRO is a criminal offence punishable by a maximum of five years' imprisonment. Where an individual breaches their SRO, they will become subject to full notification requirements.

Individuals made subject of a SRO are now recorded on VISOR as a Potentially Dangerous Person (PDP).

**(i) Lifetime notification requirements revoked on application**

A legal challenge in 2010 and a corresponding legislative response means there is now a mechanism in place that allows qualifying sex offenders to apply for a review of their notification requirements.

Individuals subject to indefinite notification will only become eligible to seek a review once they have been subject to indefinite notification requirements for a period of at least 15 years for adults and 8 years for juveniles. This applies from 1 September 2012 for adult offenders.

On 21 April 2010, in the case of *R (on the application of F and Angus Aubrey Thompson) v Secretary of State for the Home Department [2010] UKSC 17*, the Supreme Court upheld an earlier decision of the Court of Appeal and made a declaration of incompatibility under s. 4 of the Human Rights Act 1998 in respect of notification requirements for an indefinite period under section 82 of the Sexual Offences Act 2003. This has been remedied by virtue of the Sexual Offences Act 2003 (Remedial) Order 2012 which has introduced the opportunity for offenders subject to indefinite notification to seek a review; this was enacted on 30th July 2012.

Persons will not come off the register automatically. Qualifying offenders will be required to submit an application to the police seeking a review of their indefinite notification requirements. This will only be once they have completed a minimum period of time subject to the notification requirements (15 years from the point of first notification following release from custody for the index offence for adults and 8 years for juveniles).

Those who continue to pose a significant risk will remain on the register for life, if necessary. In the event that an offender is subject to a Sexual Offences Prevention Order (SOPO)/Sexual Harm Prevention Order (SHPO) the order must be discharged under section 108 of the Sexual Offences Act 2003 prior to an application for a review of their indefinite notification requirements.

For more information, see the Home Office section of the gov.uk website:

<https://www.gov.uk/government/publications/sexual-offences-act-2003-remedial-order-2012>



# MAPPA – At Work in Lancashire

 <p><b>Lancashire Constabulary</b> police and communities together</p>	<p><b>Policing and Mental Health</b></p>
 <p><b>HM Prison &amp; Probation Service</b></p>	<p><b>Partnership Working</b></p>
 <p><b>HM Prison &amp; Probation Service</b></p>	<p><b>Polygraph Examinations</b></p>
<p>Lancashire Care  NHS Foundation Trust</p>	<p><b>MAPPA and the Mental Health Act 1983</b></p>
 <p><b>humankind<sup>®</sup></b> formerly DISC</p>	<p><b>Housing Support</b></p>
 <p><b>FAQ</b></p>	<p><b>Frequently Asked Questions</b></p>

# Policing and Mental Health



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Over a period of time the level of mental health demand placed on the Police has been ever increasing, placing significant demands on Police resources, whether this is dealing with vulnerable individuals with low level mental health issues or those in serious mental health crisis who require immediate safeguarding and detention under the Mental Health Act.

In December 2017, the Policing and Crime Act (PACA 2017) made certain changes to s136 of the Mental Health Act - a police officer's power to detain someone believed to be suffering from a mental disorder who is in immediate need of care and control to remove them to a place of safety for assessment. One amendment to the legislation introduced the requirement for an officer to consult with a mental health professional (where practicable) prior to detaining someone under the MHA. In December, Lancashire Care Foundation Trust brought online the Mental Health Access Line based out of the North West Ambulance Service control centre at Broughton. The service aims to provide a 24/7 professionals helpline enabling officers to consult with a mental health professional prior to detaining someone under the MHA – receiving information and advice about a person's mental health diagnosis, medication, care plan etc. to fully inform officers decision making when dealing with such vulnerable individuals. This particular service has had its challenges within the first 9 months and Lancashire Constabulary continue to work with LCFT on this service to ensure that it is as effective as it can be.

The changes in legislation also brought with it a need to better inform and educate our officers, so all frontline staff received a half day training package covering the major changes brought in by the PACA 2017 but Lancashire Constabulary also identified the need to provide an enhanced level of training to a certain number of officers around various aspects of mental health – Mental Health TAC Advisors. The officers identified to take up this role were carefully chosen from our immediate response teams and all embarked on a week-long training package covering topics such as: National Decision Model, causes of mental health issues, Adverse Childhood Experiences, Mental Health disorders, s136, s135 warrants, missing/AWOL patients, MCA, legislation, support and crime investigation in mental health settings, Dementia etc. and this was supported by guest speakers from LCFT, service users and placements on mental health wards and within mental health teams. Up to date we have trained 40+ officers as MH TAC Advisors with another course in the pipeline.

To supplement the training that has taken place we have also developed a guidance app for officer's mobile devices to provide instant access to advice and guidance on s136 detentions, legislation, useful contacts for mental health services and mental health helplines that can be used to signpost vulnerable individuals to where appropriate to do so.

Whilst the challenges facing the police from mental health related demand continues to increase, Lancashire Constabulary continues to work closely with LCFT with regular oversight group meetings taking place at both a local and county level where any operational or systemic issues can be addressed.

**Police Sergeant**  
**Mental Health & Dementia Co-ordinator**



The National Probation service in Lancashire has appointed a Partnership manager to work across the county to contribute to developing some of the key relationships which will inform the effective management of offenders. This also includes operational management of the Multi Agency Safeguarding Hub ( MASH ) and working with senior leaders in the Community safety partnership to re-design the Integrated Offender Management arrangements across Lancashire.

There is an existing successful partnership with the National Health Service (NHS) in relation to the diagnosis and approach to working with offenders with Personality Disorder and this post holder will oversee the Probation Service's involvement in this work, ensuring that this continues to make a significant contribution to the management of offenders and the reduction of risk of harm.

The post will enable development of other initiatives in partnership with other statutory and public-sector agencies which will provide increased opportunities for the National Probation Service to be involved in areas of work such as the Human Trafficking agenda with vulnerable adults and embed learning and best practice in relation to Autism and Learning Disabilities.

**Senior Probation Officer**  
**National Probation Service**

Protection Through Partnership



# Polygraph

Following a ten-year period of pilot testing, polygraph examinations were introduced for some categories of sex offender in August 2014. The provision is enshrined within the provisions of the Offender Management Act 2011 and is managed by HM Prison and Probation Service. It relates to two groups. Firstly, those who have been convicted of a sexual offence that is specified within Schedule 15 of the Criminal Justice Act 2003, who are assessed as presenting a high risk of serious harm and a high risk of re-offending and who have been sentenced to a minimum of twelve months custody. For the purposes of the Act, these are mandatory cases and they therefore must undergo polygraph examinations.

A second group can also be tested. This consists of individuals who meet all the above criteria but are not assessed as presenting a high risk of re-offending. In these cases, probation officers can submit referrals for testing if, based on their clinical judgement, they feel this is warranted. Under these circumstances, the referring officer is required to provide evidence to support their assessment and a decision is then made whether the case meets a set of discretionary criteria.

Polygraph examinations involve recording five physiological processes while the examinee is asked and answers a succession of questions. The processes that are recorded are: - respiration, perspiration, cardio vascular flow, blood volume in the peripheries and movements. Following the collection of this data, they are analysed by the examiner who then provides an opinion as to whether the examinee was deceptive or truthful when answering the questions. Questions generally concern the examinee's compliance with their licence conditions but can also relate to factors or behaviours (dynamic risk factors) that may increase the risk of serious harm or of offending.

Initial tests are generally conducted approximately three months after the examinee leaves prison on licence. Thereafter, they are re-tested in a further six months, if they do not show significant responses in the previous test or in three months if they do show significant responses. Testing continues for the duration of the licence unless their assessed risk of serious harm is reduced from high. Under these circumstances, they no longer meet the criteria for testing.

The polygraph team is organised on a national basis and currently consists of nine examiners each of whom works in one or more of the seven probation divisions. It is anticipated that further examiners will be recruited within the next year. HMPPS polygraph examiners are all qualified probation officers and one of the selection criteria is that they have significant, previous experience of working with sex offenders as probation officers. From the commencement of the project in 2014, approximately three thousand test sessions have been undertaken.

## HMPPS Polygraph Examiner

## Mentally Disordered Offenders, MAPPA and the Mental Health Act, 1983

MAPPA brings together the Police, Probation Service and Prison Services in each MAPPA area. In addition to the agencies that constitute the Responsible Authorities other organisations have a '**duty to co-operate**'. These are known as '**DTC agencies**'. Mental Health NHS Trusts are defined as a DTC agency and recognised by the Ministry of Justice MAPPA Guidance (2012). This responsibility has been emphasised further in the recent national chapter titled 'MAPPA and Mental Health (2018)'. Therefore, it seems timely to provide an overview of relevant Mental Health Act information for MAPPA partnership agencies.

The responsibility for identifying MAPPA eligible individuals falls to each agency with a statutory role in supervision or care. In the case of individuals with mental disorder, this responsibility lies with Mental Health Services.

When a court is dealing with an individual with mental disorder, five types of disposal could result in individuals serving sentences in hospital:

1. Guardianship orders (s.37 of the Mental Health Act 1983 (MHA 1983)).
2. Unrestricted hospital orders (s.37 MHA 1983).
3. Restricted hospital orders (s.37/s.41 MHA 1983) (Crown Court only, although a Magistrates Court may direct to Crown Court for consideration of a restriction order under s.43 MHA 1983).
4. Hospital and limitation directions (s.45A and s.45B) (Crown Court only).
5. Transfer to hospital from prison during a determinate or indeterminate prison sentence (transfer to hospital is under s.47 MHA 1983).

### The Secretary of State's Responsibilities under the MHA 1983

The Secretary of State is responsible for mentally disordered offenders subject to restriction orders, restriction directions or limitation directions under the MHA 1983, collectively known as '**restricted patients**'. The Mental Health Casework Section (MHCS) in the Offender Management and Public Protection Group may take decisions on behalf of the Secretary of State. Any clarification required for restricted patients should be directed to the relevant caseworker.

### The Secretary of State's approval is required for:

- Leave into the community.
- Transfer between hospitals
- Discharge into the community (both conditionally and absolutely)
- Direct the remission of a transferred prisoner back to prison

Psychiatrists, social supervisors and mental health practitioners are required to submit regular reports to MHCS, at least quarterly. These reports must include information on the involvement of other agencies and current MAPPA status.

**Restricted Hospital Orders:** Section 41 of the MHA 1983 enables the Crown Court to make a restriction order at the same time as it makes a hospital order. The Court may impose a restriction order for the protection of the public from serious harm. Restrictions made are indefinite and the care team have a responsibility to review and report treatment progress. The Mental Health Casework Section (MHCS) in the Offender Management and Public Protection Group may take decisions on behalf of the Secretary of State.

Any clarification regarding restricted patients should be directed to the relevant caseworker.

Under Section 42 of the MHA 1983, the Secretary of State may discharge a patient subject to conditions at any time known as a 'conditional discharge'. The Secretary of State can recall a patient to hospital and terminate the restriction order when deemed to be unnecessary for public protection, termed 'absolute discharge'.

**Unrestricted Hospital Orders:** A Hospital Order made under Section 37 of the MHA 1983 authorises the compulsory detention of an individual to a specified mental health hospital for treatment. The order lapses after 6 months unless it is renewed. The Secretary of State has no responsibility for individuals subject to Section 37 (MHA, 1983).

**Community Treatment Orders:** A Responsible Clinician (RC) has the power to treat an unrestricted patient in the community to ensure continuity of treatment, subject to conditions. This is under a community treatment order (CTO) made under section 17A of the MHA 1983. The RC, has the authority to recall the patient to hospital, if necessary to reinstate treatment.

#### **Transfer Directions from prison to hospital (sections 47, 48 and 49 MHA 1983):**

**Sentenced Prisoners.** Section 47 of the MHA 1983 enables the Secretary of State to direct that a sentenced prisoner be transferred to hospital for medical treatment. Under Section 49, the Secretary of State may impose restrictions until the prisoner's release date. If the individual no longer requires hospital treatment or does not engage in treatment the prisoner can be remitted to prison to serve the remainder of the custodial sentence.

**Transfers late in sentence.** Transfer at the end of sentence is not considered the desired course of action. It is recommended that Mental Health In-reach Teams and the Visiting Psychiatrist determine the need for admission before release planning is proposed at the end of sentence. However, it may be that an individual's mental health has suddenly deteriorated, for example, due to illicit substance misuse or stress vulnerability around release, which necessitate transfer at the end of sentence. It is also possible that detention to hospital is assessed using civil sections after release.

**Remand (and other) Prisoners.** Section 48 of the Act provides powers in respect of prisoners awaiting trial or sentence (and may include other prisoners such as immigration detainees).

**Hospital and limitation directions (Sections 45A and 45B of the MHA 1983).** The Crown Court can impose a prison sentence and simultaneously direct an individual's admission to hospital. When making a hospital direction, the Court must include a limitation direction, which represents a restriction order. Individuals can be returned to prison by the Secretary of State, if treatment is no longer required.

**Criminal Procedure (Insanity) Act 1964, the Criminal Procedure (Insanity and Unfitness to Plead) Act 1991 and the Domestic Violence, Crime and Victims Act 2004.** This pertains to individuals who cannot reliably participate in the court process due to being "unfit to plead" or where the offence was committed during a state of mental disorder which negates criminal responsibility ("not guilty by reason of insanity"). In these cases, the Court may impose a Hospital Order with or without restrictions. The Secretary of State may direct remission to court to resume proceedings if the patient's Responsible Clinician reports that he/she is now fit to plead.

**The Role of the Tribunal.** Detained restricted patients have the right to apply to the Review Tribunal once a year. The Tribunal has the power to release the patient if not satisfied that the degree or nature of the patient's mental disorder requires continued detention in hospital, for treatment that is necessary for the patient's and public health and safety.

The Tribunal may decide to defer discharge of the patient until suitable arrangements are in place such as supported accommodation. The duty does not apply to prisoners transferred to hospital under Sections 47/48 (MHA 1983) or subject to Section 45A hospital direction. Tribunals only recommend discharge to the Secretary of State, under Section 74 (MHA 1983). Restricted patients subject to conditional discharge have the right to apply for absolute discharge once every two years.

#### **MAPPA:**

The lead agency must take responsibility for ensuring that all relevant information about a patient's risk is presented to the Tribunal. The practice direction requires that social circumstance reports include information about MAPPA

meetings and decisions.

This should include:

Whether the patient is registered under Multi Agency Public Protection Arrangements within Level 2 or 3 forums. It is permissible for MAPPA partners to provide a summary or statement to the Tribunal, which can be attached to the Social Circumstance Report. A copy of the Police National Computer record of previous convictions should also be attached.

**MAPPA Lead**

**Lancashire Care NHS Foundation Trust**

Protection Through Partnership

## DOORS Service – Housing Support for MAPPA Offenders in Lancashire

Since the previous report, our charity has rebranded from DISC (Developing Initiatives, Supporting Communities) to **Humankind**. This is an extremely exciting time for the organisation and links with the launch of our new Vision, Mission and Values for the charity. We are looking forward to continuing the DOORS service and developing our services across the North West of England.

The DOORS service continues to be provided across Lancashire to assist MAPPA offenders in finding and maintaining secure independent accommodation within the county. The service operates an intensive outreach model with Service Users receiving between 5-7 hours per week housing support within the community.

The service continues to be successful and is based on excellent relationships and partnership working with a range of statutory, non-statutory and voluntary sector agencies across Lancashire.

Over the last 12 months, the DOORS service has worked with 151 MAPPA offenders within Lancashire. 115 Service Users have exited support and we have had a 95% success rate (excluding offenders recalled to custody) in supporting them to obtain and maintain independent accommodation. The vast majority of this accommodation has been secured using our network of Private Rented accommodation providers across the area. In recognition of this performance and increasing demand for the service, we are pleased to have secured additional funding to increase our capacity and therefore reach and impact across the Lancashire area.

During the last year, the service has accessed over £23,000 of funding to help secure access to that independent accommodation. This funding has been accessed through our service 'Personalisation Budget', Local Authority Homeless Prevention and other charitable trust funds.

At the time of writing this report, the impact of the new Homelessness Reduction Act is still being assessed. The act places increased responsibilities on Local Authorities to provide 'Prevention' and 'Relief' assistance to people who are either homeless or threatened with homelessness. Although this change is welcomed, the type of offending and risks posed by MAPPA offenders continue to provide a challenge to finding appropriate accommodation in the community.

For any more information about the service, please contact Stephen Read-Moore (Project Manager) on 01772 910920.

**Project Manager**  
**Lancashire Independent Living Services**



# MAPPA – Frequently Asked Questions

Violent, sexual and other high risk offenders living in our community is an extremely emotive subject.

We know that many people have questions about how these offenders are managed so we have compiled some frequently asked questions to reassure that we take your concerns seriously.

- **WHAT AUTHORITY DOES MAPPA HAVE AS A BODY IN ITS OWN RIGHT?**

MAPPA (Multi-Agency Public Protection Arrangements) is a set of statutory arrangements rather than a body in its own right. The agencies that make up MAPPA retain their primary responsibilities independently of what they do under MAPPA. The Prison, Police and Probation Services (HMPPS) who are the Responsible Authorities, establish MAPPA in their area. Other agencies such as Housing, Health, Education, Social Care Services, Youth Offending Teams, DWP, Home Office Immigration Enforcement and Electronic Monitoring Providers are known as the Duty to Co-operate Agencies and under legislation they have a duty to co-operate with the Responsible Authorities. MAPPA cannot ask any agency to do anything which is outside of its usual responsibilities but the strength of MAPPA comes from all agencies working well together and 'adding value' to risk management.

- **DO THE POLICE AND PROBATION STAFF KNOW WHERE ALL MAPPA OFFENDERS ARE LOCATED?**

Yes, through utilising a variety of management systems these responsible authorities will know where MAPPA offenders are located.

- **WHY DO SEX OFFENDERS HAVE TO LIVE IN OUR COMMUNITY?**

Sexual offending in our society is geographically widespread. This means that all communities need to accept responsibility for the resettlement of sexual offenders. The law does not allow for all sexual offenders to be in prison custody indefinitely and we therefore need to locate sex offenders in areas away from victims. To do this, sexual offenders need to be spread throughout the country and each community has to bear its share of the burden. We do, however, make every effort to avoid locating all sexual offenders in the same area.

- **WHO IS MONITORING THEM?**

The whole purpose of MAPPA is to ensure that where there is a dangerous or violent sexual offender in the community, they may be subject to a multi-agency plan which defines which agency undertakes which role in managing the offender. This would normally involve a whole range of risk management activities and the sharing of critical information on a regular basis. This could include supervision by a probation officer (i.e. home visiting), attendance at programmes to address offending behaviour, surveillance by the Police, and various other support packages (i.e. health, housing and employment).

- **WHAT HAPPENS IF THE OFFENDER DOES NOT COMPLY?**

Registered sexual offenders who do not comply within the notification requirement can be taken to court by the Police and could face a fine and / or up to five years in prison. All offenders supervised by the National Probation Service must comply with the conditions of their Order or Licence.

Any failure to do so will result in enforcement action being taken. This could include a return to prison. A failure to comply does not necessarily mean that an offence has been committed; it could be a missed appointment or any behaviour which gives cause for concern.

- **DO OFFENDERS ATTEND MAPPA MEETINGS?**

Offenders do not attend MAPPA meetings but they are usually told about the meeting and decisions made. They are invited to make a written contribution to each meeting and often receive feed-back from the meeting.

- **HOW CAN WE BE SURE THAT THEY WILL NOT OFFEND AGAIN?**

There are never any guarantees that an offender will not re-offend. Whatever intrusive conditions are imposed outside of prison, it is difficult to continuously monitor an offender in the community. There are a wide range of restrictive and constructive interventions that can be imposed and we have a successful record of rehabilitating offenders in the community. Offenders who have been released subject to prison licence are liable to a recall to prison if they are behaving in such a way as to indicate a further risk to society.

- **WHAT IS MAPPA'S ROLE IN RELATION TO MENTALLY DISORDERED OFFENDERS?**

Mentally disordered offenders can also be MAPPA eligible offenders. The offender's management must take into account their mental health needs. Where an offender has been sentenced to a Hospital Order with or without restrictions for an offence contained in Section 15 of the Criminal Justice Act 2003, Mental Health Services are responsible for the management of the case and for identifying them as a MAPPA eligible offender. Where a MAPPA eligible mentally disordered offender is being considered for escorted or unescorted leave in the locality of the hospital, Mental Health Services must ensure they have identified any potential risks to the public and have informed the relevant MAPPA Co-ordinator of these arrangements.

- **FOLLOWING THE RECENT GOVERNMENT REHABILITATION TRANSFORMATION PLAN AND THE RESULTING CHANGES TO THE PROBATION SERVICE, WHAT IMPACT HAS THIS HAD UPON MAPPA ACTIVITIES?**

Every offender who poses a high risk of serious harm to the public is now managed by the NPS (National Probation Service). NPS professionals will decide on allocation in each case. They will retain management of every offender who poses a high risk of serious harm to the public and every offender who is eligible for MAPPA management. This includes offenders who are convicted of serious sexual and violent offences. Providers will need to ensure that Orders of the Court are met and that Licence conditions are enforced. They will have contractual obligations to work in partnership with the National Probation Service in managing the risk of serious harm.

**All MAPPA reports from England and Wales are published online at: [www.gov.uk](http://www.gov.uk)**

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