

# **Annual Report**

**2009**



## **Multi Agency Public Protection Arrangements**

## **South West Scotland Community Justice Authority**

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## **Annual Report: MAPPA: South West Scotland Community Justice Authority.**

### **1. Introduction**

The Management of Offenders etc (Scotland) 2005 introduced a statutory function for Responsible Authorities - Local Authorities, Scottish Prison Service, Police and Health Service - to establish joint arrangements for the assessment and management of the risks posed by certain offenders who pose a risk of harm to the public. These arrangements have now been in place for two years. The Responsible Authorities are required to keep the arrangements under continuous review and to publish an annual report of which this is the second. The publication of this Annual Report offers an opportunity for MAPPA to be accountable to the local community for the management of certain offenders whilst also informing the community as to what actions are being taken to continually refine and improve our practices and procedures, and, ultimately, the effectiveness of MAPPA in South West Scotland Community Justice Authority (CJA) area. Consequently this report contains not only statistical information about the numbers of offenders managed within MAPPA, but also provides some illustration of how the arrangements work in practice.

The fundamental and overarching purpose of MAPPA is public safety and the reduction of serious harm within our communities. In Scotland the implementation of MAPPA has been phased. The current arrangements were extended on 30 April 2008 to include Restricted Patients, in addition to Registered Sex Offenders.

The term Registered Sex Offenders refers to those individuals who are subject to the notification requirements of Part 2 of the Sexual Offences Act 2003 (As defined within Section 10 of the Management of Offenders etc (Scotland) act 2005<sup>1</sup>).

The term 'Restricted Patients' refers to those persons defined within Section 10, 11 (a)-(d) of the Management of Offenders etc (Scotland) Act 2005<sup>2</sup> includes :

(a) Persons subject both —

(i) To an order under paragraph (a) (order for detention in specified hospital where accused found to be insane) of section 57(2) of the Criminal Procedure (Scotland) Act 1995; and

(ii) To an order under paragraph (b) (special restrictions) of that section.

(b) Those subject both —

(i) To a compulsion order under section 57A of that Act (order for detention in specified hospital etc.); and

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<sup>1</sup> [http://www.opsi.gov.uk/Acts/acts2003/ukpga\\_20030042\\_en\\_1](http://www.opsi.gov.uk/Acts/acts2003/ukpga_20030042_en_1)

<sup>2</sup>

[http://www.opsi.gov.uk/legislation/scotland/acts2005/asp\\_20050014\\_en\\_1#pb3-l1g10](http://www.opsi.gov.uk/legislation/scotland/acts2005/asp_20050014_en_1#pb3-l1g10)

- (ii) To a restriction order under section 59 of that Act (provision for restrictions on discharge).
- (c) Those subject to a hospital direction under section 59A of that Act (direction authorising removal to and detention in specified hospital); or
- (d) Those subject to a transfer for treatment direction under section 136 of the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13) (transfer of prisoners for treatment for mental disorder).

*(Refer to Appendix 1: Glossary of terms for further information on types of orders specified above)*

Work within Scottish Government is underway to agree the operational detail of extending the arrangements to violent offenders but for the purpose of this report the focus will be on registered sex offenders and restricted patients.

Sexual and violent offences cause considerable anxiety and although reconviction rates are very low the public is understandably concerned about such offenders and the risk they may present. Managing the risks posed by sexual offenders and restricted patients within the community is a complex task cutting across the organisational boundaries of local authorities, police, prisons, housing, health and other services. The multi-agency public protection arrangements exist to ensure that protection of the public is paramount, and thus a priority objective for all agencies with a duty or responsibility to protect the public from harm. Co-ordinated information sharing, risk assessment and risk management planning informs the work that such agencies undertake with offenders and ensures that the needs of the victims are central at all times to how agencies work together to manage offenders. It is never possible to eliminate risk entirely, but through collaborative working and effective communication, risks can be more effectively managed.

It is recognised that one of the most important partners in public protection are members of the public and it is vital that they are aware of their responsibility to protect vulnerable members of the community and have confidence to report any concerns they may have. Although risk can never be eradicated, the authorities are continually strengthening their co-operative arrangements and are agreed in their commitment to improving public information. It is hoped that this second annual report will build on its predecessor in an attempt to inform our communities of how arrangements for the assessment and management of risks posed by restricted patients and registered sex offenders are operating within South West Scotland CJA area.

The following section has been supplied in whole by the National MAPPA Co-ordinator and is required to be included in all MAPPA annual reports.

## **2. NATIONAL PICTURE IN SCOTLAND**

### **What is MAPPA?**

- The Management of Offenders etc (Scotland) Act 2005 places a duty on the Police, Local Authorities, Prison Service and Health (the responsible authorities), to establish joint arrangements for the assessment and management of risk posed by certain offenders.
- The agreed structure to deliver these joint arrangements is the Multi Agency Public Protection Arrangements (MAPPA)
- The MAPPA has been developed for Scotland, based on identified best practice, and is designed to manage the risk posed by certain sexual and violent offenders.
- A number of other agencies are under a duty to co-operate with the responsible authorities within the MAPPA.

### **How does MAPPA work?**

- Offenders eligible for MAPPA are identified and information is gathered/shared about them across relevant agencies. The nature and level of the risk of harm they pose is assessed and a risk management plan is implemented to protect the public. The arrangements are overseen by a local strategic group with representation from all the responsible authorities.
- In most cases, the offender will be managed under the ordinary arrangements applied by the agency with supervisory responsibility. A number of offenders, though, require active multi-agency management and their risk management plans will be agreed via MAPPA meetings.
- Every Community Justice Authority area in Scotland is supported by at least one MAPPA co-ordinator, which is a senior post and has the responsibility of negotiating with senior managers in the responsible authorities to ensure the correct decisions and referrals are being made. They also have quality assurance duties amongst many other critical functions within the process.

### **Which offenders are included within MAPPA?**

- In Scotland the implementation of the MAPPA arrangements have been phased. During the first year, registered sex offenders were included and this second year saw the inclusion of restricted patients.

## **National Developments**

- National oversight of MAPPAs is through the Tripartite Group, which is chaired by the Scottish Government and has representation from all the responsible authorities.
- Work is ongoing to agree the operational detail of including violent and other dangerous offenders although it should be noted that such people are already managed by the responsible authorities within their existing individual statutory responsibilities.
- The revision of the MAPPAs guidance is in progress and will include additional information on critical incident review, quality assurance and strategic governance.
- Linked to the National Accommodation Strategy for Sex Offenders, each area now has Sex Offender Liaison Officers for housing. These posts will engage with MAPPAs and will enhance existing information sharing processes.

## **FURTHER INFORMATION**

- Public information leaflets and further detailed information about MAPPAs and related matters can be found on the Scottish Government website:

<http://www.scotland.gov.uk/Topics/Justice/public-safety/offender-management/protection>

### **3. Area Summary**

The Responsible Authorities within the 8 Community Justice Authorities were tasked in October 2006 by the then Scottish Executive with implementing the Multi-Agency Public Protection Arrangements, to best meet the demands of their local area. These arrangements became effective across Scotland from 2nd April 2007 as a means of implementing Sections 10 and 11 of the Management of Offenders (Scotland) Act 2005. This report refers to the arrangements within the South West of Scotland Community Justice Authority area.

The underlying concept of MAPPA is to provide systems and processes for relevant agencies to assess and manage the risks presented by registered sex offenders, violent offenders, restricted patients and those offenders who present a significant risk of harm. The implementation of MAPPA in Scotland has been designed so that the various categories of offenders are incrementally and systematically incorporated under MAPPA. Whilst the first year saw the introduction of registered sex offenders to the MAPPA structure, on 30<sup>th</sup> April 2008, MAPPA in Scotland was extended to incorporate the risk assessment and management of Restricted Patients.

#### ***The Primary Principles Underpinning MAPPA***

MAPPA requires that agencies share information about individuals who represent a risk to the community to reduce the likelihood of re-victimisation or of other people becoming the victims of such crimes. Where appropriate, the agencies will co-operate to put together plans to assess and manage these risks. The overarching purpose of MAPPA is public protection and the primary function of the MAPPA meeting is the scrutiny of risk assessment, information sharing, and the development, ratification and review of risk management plans. MAPPA meetings principally ensure that there is oversight of the management of the most concerning cases and that operationally, risk is being assessed and managed appropriately.

#### ***Resourcing Arrangements: Risk Management***

The MAPPA are specifically targeted to enable resources and attention to be focused on the small percentage of offenders who present the highest risks. Information-sharing and joint working between agencies is critical to its effectiveness in developing a risk management plan, which aims to reduce the risks an offender or restricted patient presents and promote a safe and secure environment for the local community. Individual offenders and restricted patients are as diverse as the general population, revealing differences in age, gender, class, ethnicity, religious persuasion or affiliation, sexuality, educational attainment and so on. Similarly, registered sex offenders and restricted patients do not all present an identical risk of re-offending, nor are the circumstances of their offending necessarily alike. Thus, the effective management of each individual's risk needs to focus on those factors, at the level of the individual, the family and the community, associated with known and identified risks and protective factors (those factors that moderate effects of risk factors and thus which reduce likelihood of harmful behaviour occurring). This usually means combining constructive and restrictive conditions within one overarching risk management plan.

**Constructive Interventions:**

Constructive interventions are oriented to the development of 'internal controls' which seek to increase the offender's capacity for self risk management and which seek to strengthen and support the maintenance of protective factors. Constructive interventions can include direct individual or group work with offenders to alter their behaviour by, for example, including them in accredited programmes; addressing behaviours linked to re-offending like alcohol or substance misuse; supporting the development of pro-social social and familial relationships; improving employability, or assisting an offender to obtain and retain suitable accommodation.

**Restrictive Interventions:**

Restrictive interventions seek to exert 'external controls' on an offender's behaviour. Such interventions are evident in the specific conditions attached to Probation Orders, Non-Parole and Parole Licences (see appendix 1: Glossary of Terms), and other statutory, or non-statutory, civil preventative orders (see section 5 for further details). Such restrictions place constraints on what an offender can do, with the intention of controlling behaviour; this is combined with monitoring of the offender's activities and conduct with the aim of reducing the possible risk of serious harm.

**Interface between MAPPAs and other Public Protection Arrangements:**

Manifesting in individual cases is evidence of direct links between high-risk offenders under the management of MAPPAs and child protection and vulnerable adult procedures. In such cases effective links between the three systems are vital, on an operational level, to ensure that all the relevant information is shared amongst the agencies involved and that an agreed, comprehensive and consistent approach to risk management is adopted. Beyond operational concerns, the four Local authorities have the primary responsibility for the strategic and operational development of MAPPAs in this regard, in consultation with the MAPPAs Strategic Oversight Group and the MAPPAs Operational Group, which necessarily attend to the development of an effective strategic interface between Adult Protection, Child Protection and MAPPAs, the three primary strands of public protection.

**Area Profile**

The South West Scotland Community Justice Authority area combines four local Councils and covers Dumfries & Galloway, East Ayrshire, North Ayrshire and South Ayrshire over an area in excess of 3,600 square miles. The area has a diverse population of around 516,090<sup>3</sup>, located in urban, rural and isolated communities, including the island communities of Arran and Cumbrae. The MAPPAs in South West Scotland Community Justice Authority area incorporates a complex number of responsible authorities, namely; Strathclyde Police, Dumfries and Galloway Constabulary, North, South and East Ayrshire Councils, Dumfries and Galloway Council and the

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<sup>3</sup> <http://www.gro-scotland.gov.uk/statistics/publications-and-data/population-estimates/mid-2008-population-estimates-scotland/list-of-tables.html>

Scottish Prison Service (including HMP Dumfries and the private prison managed by Serco Ltd at HMP Kilmarnock), NHS Ayrshire and Arran Health Board and NHS Dumfries and Galloway Health Board.

Across Scotland there are presently 12 MAPPA Co-ordinators from either Social Work, Police or Scottish Prison Service backgrounds and a National MAPPA Co-ordinator. In South West Scotland CJA, in addition to the existing full time MAPPA Co-ordinator, located in Ayr police station, in December 2008, a second MAPPA Co-ordinator was employed on a part time basis, and is located with Dumfries and Galloway Council, Criminal Justice Social Work Services. MAPPA in South West Scotland Community Justice Authority area is underpinned by a clear commitment of agencies and staff at all levels to share information about offenders both formally at regular review meetings (called MAPPA meetings or Multi-Agency Public Protection Panels (MAPPP'S)) and informally, during normal case management processes or reviews as necessary.

### ***The Governance of MAPPA in SWS CJA***

From the introduction of the MAPPA Framework in April 2007, the governance of MAPPA in South West Scotland was overseen by the MAPPA Implementation Group (MIG), to ensure the effective establishment and implementation of the arrangements between agencies for the delivery of the model. Following the consolidation of the MAPPA in South West Scotland, CJA, in February 2009, the governance of MAPPA was stratified into a two-tier structure comprising representatives of the responsible authorities at a senior and strategic level to meet the requirements of the legislation to review the operation of the MAPPA. Sections 11(1) and (2) of the Management of Offenders (Scotland) Act 2005 require the responsible authorities to keep the arrangements established under review for the purpose of monitoring the effectiveness of those arrangements and making any changes to them that appear necessary or expedient.

The two-tier structure comprises a MAPPA Operational Group (MOG) and a Strategic Oversight Group (SOG). The MOG attends to operational issues and serves as a conduit for the Strategic Management Board. This model of governance requires local arrangements for links with other public protection structures (such as Child Protection and Adult Support and Protection) and a process for consideration of more locality based operational issues. Communication between the MAPPA, Child Protection and Adult Support and Protection structures is the responsibility of the relevant members of the SOG.

### ***The Strategic Oversight Group***

The SOG meets quarterly to monitor MAPPA performance and quality assurance, to consider and oversee the strategic development of MAPPA within South West Scotland CJA area, approve the final draft of the annual report, plan the long term development of MAPPA in South West Scotland CJA, review MAPPA funds and review significant cases i.e. those cases where there are significant causes for concern, or an offender or restricted patient is convicted of a serious violent or sexual offence. The Strategic Oversight Group is comprised of the Chief Officers of the Responsible

Authorities or their designated representatives, the Chief Officer of South West Scotland CJA and the MAPPA Co-ordinators.

### ***The MAPPA Operational Group***

The MOG meets every six-eight weeks to consider the operational delivery, performance quality assurance and development of MAPPA; to consider the annual report for submission to the SOG for approval and to make recommendations to the SOG regarding the use of MAPPA funds. The membership of the MOG consist of representatives at a senior level from the four local authority Criminal Justice Social Work Services, Dumfries and Galloway Constabulary, Strathclyde Police, Scottish Prison Service and SERCO, NHS Ayrshire and Arran, NHS Dumfries and Galloway, Victim Support and the Sex Offender Liaison Officers, from local authority housing services (or equivalent – National Accommodation Strategy for Sex Offenders (NASSO) Co-ordinator).

### ***A summary of the significant operational events in the past year:***

*The former MAPPA Implementation Group and its successors (MOG / SOG) have:*

- Established a Strategic Management Board and an Operational Group and established reporting arrangements between the MAPPA Operational Group, the Strategic Management Board and the Community Justice Authority.
- Through this development, the SOG has further developed and considered the strategic interface with the three strands of public protection to ensure robust links for information sharing are established with key agencies and structures (for example Child Protection Committees, Adult Support and Protection Committees) so as to enhance the performance of MAPPA.
- Recruited an additional part time MAPPA Co-ordinator, located in Dumfries and set up the Dumfries MAPPA office.
- Recruited additional full time clerical support based at the MAPPA Office, Ayr.
- Implemented and monitored arrangements as per the national guidance for the inclusion of Restricted Patients within the MAPPA structure.
- Continued to strengthen and develop partnership working between the Responsible Authorities and Duty to Co-operate Agencies.
- Identified and recruited a senior representative of Victim Support to the MOG to facilitate an appropriate representation of victim concerns and issues, whilst supporting the strategic direction of MAPPA in this area.
- Reviewed and evaluated the MAPPA process and local arrangements for the delivery and operation of MAPPA in SWS CJA. This is a continuous process to ensure correlation with wider legislative or criminal justice or public protection developments.
- Established Quality Assurance criteria to obtain an improvement in the quality, consistency and efficacy of the operational practice of MAPPA.
- Disseminated the Memorandum of Understanding (MOU) and obtained signatories to the (MOU) of identified representatives from

each of the responsible authorities and key duty to co-operate agencies.

- Agreed and implemented a strategy for dispute resolution in relation to management of registered sex offenders and Restricted Patients under MAPPA

*The MAPPA Co-ordinators and Administrative officers have:*

- Continued to meet with and deliver presentations to several of the responsible authorities and duty to co-operate organisations to promote the work of MAPPA and raise awareness of the purpose and operation of MAPPA.
- Analysed and disseminated the findings from the nine month review survey (referred to in preceding Annual Report) and hosted a MAPPA Development Day reviewing the findings in the present context, to generate implications for action for the attention of the MAPPA Operational Group.
- Prepared a range of strategic issue based reports for consideration and progression by the MOG / SOG as appropriate.
- Represented South West Scotland CJA area at MAPPA Co-ordinators meetings.
- Developed a notification and referral process in accordance with the national guidance for Restricted Patients.
- Continued to scrutinise all referrals for registered sex offenders and restricted patients against the nationally agreed criteria to ensure that offenders are managed at the appropriate level.
- Continued to arrange and minute MAPPA meetings for all Level 2 and 3 Registered Sex Offenders and Restricted Patients across the CJA.
- The MAPPA administrators, Ayr Office, have assumed responsibility for minuting, disseminating and inputting minutes of all level 1 meetings onto ViSOR across Ayrshire.
- Continued to promote the use of Government Protective Marking Scheme (GPMS) for all MAPPA information to various agencies within the CJA.
- Continued to liaise with all responsible authorities and duty to co-operate agencies as required.
- Implemented and applied the quality assurance criteria authorised by the MAPPA Operational Group.
- Commenced and sustained a structure for meetings between the housing SOLO's / NASSO Co-ordinator to develop a cohesive and consistent approach to the implementation of the NASSO in South West Scotland CJA.
- Designed, produced and disseminated three types of MAPPA information leaflets for the distinct information needs of agencies, offenders and the public.
- Attended relevant and required training courses and conferences to enhance required knowledge base.
- Developed, produced and disseminated brief practice guidance for all staff and agencies comprising the responsible authorities and primary duty to co-operate agencies.

#### **4. Roles and Responsibilities**

Joint working and information sharing between agencies is the most effective and productive method of maximising capacities for securing public protection. Whilst the Police Forces and Local Authority Criminal Justice Services are the principal lead agencies for the management of registered sex offenders in the community, SPS and SERCO are the principal lead agencies for incarcerated registered sex offenders and the Health Boards are the principal lead authority for Restricted Patients. However, the effective risk management, resettlement and rehabilitation of both registered sex offenders and restricted patients necessitates a multi-faceted, multi-agency, integrated approach, and as such, the contribution made by other key organisations is no less essential. A summary of the roles and responsibilities in relation to Multi Agency Public Protection in South West Scotland CJA is outlined below.

##### ***Responsible Authorities:***

##### ***Health: Restricted Patients***

On 30th April 2008, the Management of Offenders etc (Scotland) Act 2005 (Commencement No.5) Order 2008 brought into force the provisions of The Management of Offenders etc.(Scotland) Act 2005 relating to those offenders in respect of whom a restriction order is made under section 57 or s59 of the Criminal Procedure (Scotland) Act 1995 or s136 of the Mental Health (Care and Treatment) (Scotland) Act 2003 (known as 'restricted patients'). Health Boards are the responsible authority where a person is convicted (or found legally insane) and is detained under a Compulsion Order with a Restriction Order (CORO) or a Hospital Direction (HD) or where a person is transferred from prison to hospital during a sentence under a Transfer for Treatment Direction (TTD). Depending on their legal status some restricted patients will move to prison when they no longer need hospital treatment. However the majority will be rehabilitated through the mental health system to the community, with ongoing treatment and support from mental health services. 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 patients on a CORO discharged to the community and the Scottish Government closely monitors the management of these patients.

All restricted patients are involved in the Care Programme Approach, whether they are detained in hospital or resident in the community. The Care Programme Approach (CPA) is the vehicle for the joint discussion and management of offenders who are the responsibility of the relevant Health Boards. Risk assessment and management in hospital and the community are an integral part of CPA. The mandatory CPA process for restricted patients involves regular multi-disciplinary/multi-agency review meetings (CPA meetings) with standardised documentation for Care Plans incorporating risk issues and contingency plans. The police, and other relevant agencies, are involved in the CPA process. As patients progress towards periods of leave in the community, for example, the Responsible Medical Officer (RMO) will submit a referral to the MAPPA Coordinator as applicable, as per the delineated criteria. The representatives from the appropriate responsible authorities and duty to cooperate agencies at the MAPPA meeting share information; the role of MAPPA in this context is the

scrutiny of risk assessment/management plans. Most patients return to the community through a planned process of gradually increasing time in the community and the risk level at discharge should be such that they are managed at Level 1.

Health Boards; NHS Dumfries and Galloway and NHS Ayrshire and Arran have nominated a single point of contact for MAPPAs in South West Scotland CJA. The single point of contact, who is a senior manager within the Health Board, either chairs or attends the MAPPAs meetings for restricted patients. All Restricted Patients have a Mental Health Officer (MHO) and a Responsible Medical Officer (RMO) with specific responsibility in relation to their case who are also in attendance at MAPPAs meetings, alongside other persons from the clinical team, or from Housing Services or other involved voluntary organisations, for example (see section 12: State Hospital for additional information). A small minority of sex offenders have a mental illness or learning disability. In such cases individuals may receive a mental health disposal rather than being processed through the criminal justice system. Where an individual is convicted of a sexual offence (or found legally insane) and receives a mental health disposal then they are subject to the same sex offender notification requirements as other sex offenders and are also subject to MAPPAs.

### ***The Scottish Prison Service / SERCO Ltd***

The Scottish Prison Service (SPS), or private sector provider, SERCO Ltd, is the Responsible Authority for registered sex offenders whilst they are in prison. For all prisoners, the SPS and SERCO Ltd carry out risk and needs assessments to assist in determining the management of the prisoner during sentence and in preparation for pre-release planning and release. SPS and SERCO Ltd also work in partnership with the Criminal Justice Social Work (CJSW) supervising officer during sentence and in preparation for release. This process of sentence planning is referred to as Integrated Case Management (ICM). A key objective of ICM is to ensure that, along with police and CJSW, SPS and SERCO Ltd meet statutory requirements to establish joint arrangements for assessing and managing the risk posed by sex offenders, including the sharing of information, which provides a wealth of data to multi-agency fora. Such information includes, but is not restricted to, information pertaining to offender conduct and contacts within the custodial environment, which can in turn inform the risk management plan developed prior to liberation. Further details can be found in section 11, authored by the Scottish Prison Service.

### ***The Police***

The Police have a duty to uphold the law by protecting life and property, preventing and detecting criminal offences and preserving public order. The responsibilities of the Police in relation to registered sex offenders include maintaining ViSOR nominal records of those persons in the Police Force area who are subject to the notification requirements of the Sexual Offences Act 2003; to initiate enquiries where such persons fail to comply with the requirements placed upon them; and to update ViSOR in relation to information pertaining to unregistered sex offenders whose current behaviour is of concern.

The Police are one of the Responsible Authorities within the MAPPA process and as such have a significant role in assessing and managing the risk presented by sex offenders in the community; and a responsibility to develop, in conjunction with partner agencies, risk management plans for the purpose of monitoring and managing sex offenders. Where an offender in the community is subject to no other form of statutory supervision, then the police assume the role of lead responsible authority for that offender. This includes sharing the responsibility for assessing all Registered Sex Offenders, within the community. The assessment is carried out by officers working within the Offender Management Unit, and colleagues within Criminal Justice Social Work Services, who have been specifically trained in the use of specialised risk assessment tools; namely Risk Matrix 2000 (RM2000) and Stable and Acute 2007 (SA07). The Police also have a pivotal role to play in MAPPA meetings of restricted patients, particularly with regard to the assessment and ratification of risk management plans developed from the CPA plans of restricted patients.

### **The Local Authorities** ***Criminal Justice Social Work***

The Local Authorities provide a range of social work and social care services, including the provision of criminal justice services. The core criminal justice social work responsibilities are: the provision of reports to the Court and Parole Board; supervision of probation; community service and supervised attendance orders; and the supervision of post-custodial licences. Whilst public protection and the risk management of registered sex offenders is a core objective of criminal justice social work services, the primary, and related, aims are those of resettlement and rehabilitation. Criminal Justice Social Work services (CJSW) have responsibility for the risk assessment and management of all registered sex offenders subject to community supervision. The risk assessment is based on the same tools outlined above. The Irving Report recommended that when the risk assessment was undertaken on a registered sex offender this should be done jointly with the police; the police should be notified of any change to the risk assessment and at the end of supervision another risk assessment should be undertaken. All persons leaving custody are entitled to apply for voluntary aftercare up to 12 months after leaving custody. National Objectives and Standards for Criminal Justice Social Work lay down that reports to Court or the Parole Board should include a risk assessment and any action plan for someone on probation or a post-custodial licence should include a risk management plan aimed at reducing the risk of re-offending or the risk of serious harm. Supervision of these orders or licences should be informed by the risk management plan.

In cases where a sex offender is subject to statutory supervision in the community by local authority criminal justice social work and is also subject to sex offender registration requirements, then the responsibility for the case is shared between both the police and local authority social work services who must put in place appropriate and robust liaison arrangements for risk assessment and management. When criminal justice social work supervision ends and the risk of serious harm remains high, the police will become the responsible authority but the offender will

still be dealt with within the MAPPA for the duration of registration. Local authorities provide services to adult offenders, and to young people who offend or who are at risk of offending. This covers anyone up to the age of 16 who is offending, including registered sex offenders, and may cover those between 16 and 18. It may be that the Children and Families or Youth Justice Social Work Services rather than the Adult Criminal Justice Social Work service supervises young people on probation.

### ***Child Protection***

In addition to the services to adult and young offenders, local authorities, alongside other partners such as the police and the NHS, have a duty to promote the well being of children, and to identify and respond to abusive or adverse situations. Each local authority will provide child protection guidance on how its staff will fulfil their child protection duties. Senior personnel from Children and Families Social Work Services will attend MAPPA meetings and share information with other agencies where there are concerns about young people who may be considered to be actual or potential victims, either directly or indirectly. This information will be shared for the purpose of developing comprehensive risk management plans of which a robust victim strategy is a central component.

### ***Adult Support and Protection***

The Adult Support and Protection (Scotland) Act 2007 came into force on the 29th October 2008. The Act introduces new measures to support and protect adults who are seen to be at risk of harm, whether this is physical or psychological harm, neglect, sexual abuse or financial exploitation. The Act places a duty on Councils to make the necessary inquiries and investigations to establish whether or not further action is required to stop or prevent harm occurring and also a requirement for specified public bodies to co-operate with local authorities and each other about adult protection investigations.

The Act defines an adult as a person aged 16 years or over who may be unable to safeguard their well-being, rights, interests, or their property may be harmed by other people; because of a disability, illness or mental disorder are more at risk of being harmed than others who are not so affected. A vulnerable adult is someone who is, over 16 years, and who may be, in need of community care services, or hospital care, by reason of mental or other disability, age or illness, and who is or may be, unable to take care of him or herself, or unable to protect him or herself against harm or exploitation. It is noteworthy that whilst a victim of a registered sex offender might be classified as a vulnerable adult, it may be that a registered sex offender is also classified as a vulnerable adult.

### ***Duty to Co-operate Agencies***

Duty to Co-operate agencies such as Health Boards (in respect of registered sex offenders), Housing Providers, SERCO, and other Voluntary or Private Sector Organisations have a responsibility to share information, search records for any involvement with named offenders, and participate and contribute meaningfully on a case by case basis, to the Risk Management Plan in accordance with their statutory function.

### ***National Health Service (NHS)***

Whilst Health Boards are a responsible authority in respect of Restricted Patients, they have a duty to co-operate in respect of Registered Sex Offenders. Registered sex offenders may have contact with the health service in a number of different contexts. The majority of contacts with the NHS are via general Medical Practitioners (GP's) outpatient or inpatient attendance at District General Hospitals, this will also include for a few individuals contact with Mental Health Services where patients receive treatment voluntarily or under the Mental Health (Care and Treatment) (Scotland) Act 2003 or addiction services, for example. Where a registered sex offender has contact with the health service then the health service has a duty to co-operate with other agencies in terms of information sharing and contributing to risk management. In many cases there will be no need for health staff to know that an individual is a registered sex offender and there will be no need for any clinical information to be shared with other agencies. However where there are specific issues (i.e. a disability or enduring health diagnosis) that requires cognisance in terms of the provision of services to offenders or concerns about risk to staff or other patients, then this is communicated by the MAPPA Health representative, or single point of contact, to health service staff so that appropriate arrangements to manage any risk to staff or patients are put in place. In addition where health staff have information that is pertinent to risk management then this is shared with other agencies within MAPPA

### ***Electronic Monitoring Services***

Electronic Monitoring Service providers are included amongst the duty to co-operate agencies in acknowledgement of the important service they provide as part of a high-risk, risk management plan. Currently the Scottish Government contract for the provision of electronic monitoring in Scotland is with SERCO Ltd. In this capacity, SERCO Ltd present as a point of contact for advice to the Responsible Authorities on the available technology and attend MAPPA meetings when the circumstances of a particular case deem it appropriate for them to do so. It is recognised that electronic monitoring has a part to play in supporting and adding robustness to an offender's licence, which may contain a number of specific conditions.

### ***Housing Agencies***

Housing agencies, under a duty to co-operate, are Local Authority housing services and providers and Registered Social Landlords. Their role is to contribute to the management of risk identified by Responsible Authorities by providing accommodation; liaising with the Responsible Authorities on the ongoing management and monitoring of the risk of the offender as tenant, including any tenancy moves or evictions; having regard to community safety and having in place exit strategies where a property is no longer suitable and/or the offender's safety is at risk. MAPPA has changed the emphasis of public protection to be a priority and shared responsibility for all agencies involved in the process. It has created a formal structure that identifies key points of contact and clarity with

whom, when and what information should be shared, e.g. Housing Officer passing on information regarding tenancy issues that may be pertinent to public protection i.e. child visitors to a tenancy.

In South West Scotland CJA area, each local authority has recruited a dedicated sex offender liaison officer (SOLO's) / National Accommodation Strategy for Sex Offenders (NASSO) Coordinator who work directly with individual's subject to MAPPA arrangements. These officers have proven to be critical to the overall risk management of registered sex offenders. Indeed, the SOLO's / NASSO Co-ordinator have worked closely with the MAPPA Coordinators and the Responsible Authorities in South West Scotland CJA to further strengthen their risk assessment processes to ensure that community safety is at the heart of all procedures.

It is the consideration of victim issues that clearly illustrate the importance of effective housing and relocation arrangements for offenders. In South West Scotland CJA area, the location of suitable housing always places victim issues at the forefront of risk assessment of accommodation. With SOLO's and the NASSO Co-ordinator as standing members of all MAPPA meetings, and Registered Social Landlords and supported accommodation providers, for example, additionally represented where appropriate, victim issues remain at the forefront of offender management in South West Scotland CJA. This direct focus minimises the potential of an offender being released from custody and being accommodated within the same neighbourhood locality as a victim and minimises the risk to any potential victims by the close scrutiny that is applied to the accommodation arrangement of each offender.

In order for MAPPA to work effectively, it is necessary to have a system, which facilitates the exchange of relevant information between agencies. The sharing of information ensures that offenders' risk assessments remain up-dated and the risk management is a co-ordinated process. Indeed, the strength of MAPPA resides in good interagency co-operation where agencies with sometimes very different aims, objectives and working practices come together to focus on the common aspirations of protecting the community from those who are likely to cause serious harm.

## **5. The Operation of MAPPA**

It is never possible to predict the future behaviour of any individual with complete certainty, but, at present, every person included under MAPPA within South West Scotland CJA has been convicted of a sexual offence and are subject to registration requirements or they are classified as a restricted patient. Past behaviour is one indicator of potential future behaviour. Nonetheless, some offenders will never be convicted again, whilst others might commit another offence at almost any time. By compiling a risk profile of an individual offender and their circumstances from the information held by various agencies, we are able to achieve a more robust, professionally structured judgement / assessment of how likely it is that they will re-offend and the level of harm or potential adverse consequences that might ensue if they do. As the circumstances of people's lives change, the likelihood of re-offending can shift over time too, so risk assessments required to be updated to measure any significant changes in factors associated with the likelihood of re-offending. The outcome of the risk assessments and accompanying relevant information are aggregated and a certain level of risk is assigned to each individual:

**VERY HIGH RISK** - 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 RISK** - There are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact could be serious.

**MEDIUM RISK** - There are identifiable indicators of risk of serious harm. The individual has the potential to cause harm, but is unlikely to do so unless there is a change of circumstances

**LOW RISK** - Current evidence does not indicate likelihood of causing serious harm.

Within the MAPPA process, Registered Sex Offenders and Restricted Patients are managed at one of three levels, although the level at which they are managed is subject to change in accordance with shifting levels of risk and the complexity of their Risk Management Plans. The three levels of risk management are delineated, broadly, as follows:

**LEVEL 1**- Level 1 risk management is the level used in cases where the risks posed by the offender or restricted patient can be managed by one agency without actively or significantly involving other agencies. As happened pre sections 10 and 11 of the 2005 Act, there is a requirement that the lead agency will work where appropriate with other agencies. However, it is not expected that the arrangements required under the MAPPA for higher risk offenders or restricted patients at levels 2 and 3 will be required to manage level 1 offenders. The majority of registered sex offenders and restricted patients will be managed at this level as demonstrated in the statistical information in this report (see section 10).

**LEVEL 2** – MAPPA Level 2 meetings are held where particular changes are considered in relation to a restricted patients care plan<sup>4</sup> or where an offender poses a high risk of serious harm requiring planned collaboration and the commitment of resources from more than one agency. Level 2 risk management is used in high risk cases where the active involvement of multiple agencies is required to manage the risks posed but where either the level of risk or the complexity of managing the risk is not so great as to require referral to the Level 3.

**LEVEL 3** - Multi-Agency Public Protection Panel (MAPPP). These meetings are reserved for highest risk offenders (often referred to as the 'critical few') and/or those whose management is complex. In South West Scotland CJA, very few offenders are managed at Level 3 (see section 10 for details). The criteria for referring a case to the MAPPP are defined as those in which the offender is assessed as being 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 complexity of the case and/or because of the unusual resource commitments required. Where an offender is not assessed as a high or very high risk, a Level 3 meeting may be convened where 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.

#### **Level One:**

All notifications of Level One offenders are submitted to the MAPPA Co-ordinator by the relevant agency at the point of conviction or registration, or upon notification of Restricted Patient status, so the subject will already be in the MAPPA process, whilst the assessment of risk is ongoing. Where an individual meets the criteria for level 2 management, a referral will be submitted to the MAPPA co-ordinator. At any stage, if the risk an individual presents increases, due to a change in circumstances for example, or in the case of the Restricted Patients, where changes are made to their care / treatment plan, the lead responsible authority will submit a referral to the MAPPA Co-ordinator. If no referral is received, the original notification stands; this would indicate that the risk presented by an individual is such that it can be managed through ordinary and agreed risk management practices and processes.

#### **Level 2 Meetings:**

The two lead agencies for the management of registered sex offenders in the community are Police and Criminal Justice Social Work and they are standing core members of Level 2 MAPPA for Registered Sex Offenders. MAPPA meetings are alternatively chaired by Police and Criminal Justice Social Work representatives at a senior level, determined by the RSO's statutory status.

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<sup>4</sup> Such changes may include for example a shift from escorted suspension of detention to unescorted suspension of detention (see Appendix 1 for definitions; see MAPPA Guidance v.4 (2008) for an overview of criteria for referral to level 2).

Meetings for restricted patients are chaired by the MAPPA single point of contact of the relevant NHS Health board, or police. Thereafter, the co-ordinator liaises with the referrer and/or the lead Responsible Authority, as to who should be invited from a "core" group of agencies involved in the risk management of the individual offender, including, but not exclusively, Housing; Health; Children and Families & Adult Social Work Services for example. All the above agencies have either an established single point of contact or named responsible individual arranged geographically. The only exception to this would be some duty to co-operate agencies i.e. some voluntary organisations. The co-ordinator then contacts these agencies to ask them to search their records for any involvement with the subject; thereafter if appropriate, name a suitable individual to attend the MAPPA; following formal invite, require that individual to confirm or otherwise, their attendance and submit any relevant information/reports at least 5 working days prior to the meeting.

### **Level 3 Meetings:**

Similar arrangements are in place for Level 3 MAPPP, however the seniority of the attendees is greater. Level 3 MAPPP are chaired by the relevant representative of the Responsible Authority which is determined by the nature of supervision i.e. statutory or non-statutory.

The aim of MAPPA meetings is to provide a confidential forum for information to be exchanged about the offender, their progress and what measures are in place for the protection of the victim, if this is needed. Each discussion ensures that up to date information is exchanged across all agencies and suitable adaptations made to the risk management plan in response to emergent information so that the public is protected in a sustained and ongoing way. Meetings will also identify any positive developments that will help plan for the offender's future supervision.

As indicated previously, risk management plans aim to increase and enhance an individual's capacity to control their behaviour and self-risk manage through the implementation of constructive interventions. This is balanced by the implementation of restrictive interventions, which seek to exercise control over an individual's behaviour. Restrictive interventions are enforced in accordance with the statutory or non-statutory framework within which they are ensconced. There are a variety of different statutory (i.e. parole licence, non-parole licence, extended sentence and probation orders, for example<sup>5</sup>) and civil preventative orders<sup>6</sup> that can be imposed (see Box X below for an overview of some of the relevant civil preventative orders) in circumstances where the risk an individual presents requires additional, enforceable measures, to maximise the responsible authorities capacity to protect the public.

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<sup>5</sup> see appendix 1: Glossary of terms

<sup>6</sup> Statistical data in relation to the use of civil preventative orders across South West Scotland CJA is provided in section 10.

**Risk of Sexual Harm Order (RSHO)** - place restrictions 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 s/he need not have any previous convictions.

**Sexual Offences Prevention Order (SOPO)** - a court may make a SOPO at the time of dealing with certain sexual offenders or when the police make a special application on account of the offender's behaviour in the community. A SOPO will require the subject to register as a sexual offender and can include conditions, for example to prevent the offender loitering near schools or playgrounds. If the offender fails to comply with (i.e. breaches) the requirements of the order, he can be taken back to court and may be liable to up to 5 years' imprisonment.

**Foreign Travel Orders (FTO)** - prevent offenders 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.

**Notification Order (NO)** - require sexual 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.

Box X: An overview of civil preventative orders

In addition to the use of statutory and civil preventative orders, the risk management of offenders subject to MAPPA includes a requirement on the responsible authorities and relevant duty to co-operate agencies to consider the use of 'formal disclosure'<sup>7</sup> as a means of managing the risk a given individual presents. 'Formal Disclosure' refers to the process of disclosing information relating to a Registered Sex Offender's status or their personal details, by the Deputy or Assistant Chief Constable of the relevant Police Force.

### **Case Studies**

This section concludes with two anonymised case studies, illustrating the use of two of the civil preventative orders referred to above. The first case study, Mr D, illustrates the utility of a SOPO as both a restrictive and preventative measure to enhance the Responsible Authorities' capacity to secure public protection and the enforcement action pursued in the instance of breach of conditions. The second case, Mr G, illustrates the utility of a RSHO as a both a restrictive and preventative measure to enhance the Responsible Authorities capacity to secure the protection of children, in the absence of a full conviction for a notifiable offence.

#### **Mr D**

Mr D was convicted of distributing indecent photographs of a child and of several charges of lewd and libidinous conduct with a child. He was sentenced to serve two years of a custodial sentence, infinite registration requirements and an indefinite Sexual Offences Prevention Order. The SOPO contained numerous conditions prohibiting any unsupervised contact with children and young people and restricting his access to the

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<sup>7</sup> In addition to Formal Disclosure, there are various other forms of disclosure, which are discussed in greater detail in the body of this document in Section 9 and statistics relating to the use of formal disclosure is provided in Section 10.

internet, in particular to content relevant to those persons under the age of sixteen. A MAPPA Level 2 referral was submitted prior to Mr D's release from prison and a MAPPA meeting was convened to share information, assess the risks that Mr D posed and develop a multi-agency risk management plan to manage the identified presenting risks. Mr D was assessed as posing a 'High Risk of Serious Harm' and it was decided that he would continue to be managed at MAPPA level two. Following his release the subject failed to attend his first appointment with criminal justice social work services and although he attended subsequent appointments, his response to supervision was assessed as superficial. During the period of monitoring and supervision in the community, information was received and shared that the subject had breached the conditions of his SOPO conditions by attending a local library and using the internet to access sites relative to persons under the age of 16 years. Proceedings were immediately initiated against him in respect of the breach of the SOPO. He was immediately detained in custody and subsequently sentenced to a further period of imprisonment with an extended period of supervision post custodial supervision. His SOPO remains in force indefinitely and his activities will continue to be monitored by the responsible authorities and duty to co-operate agencies under the MAPPA structure, whilst resident in the community.

### **Mr G**

The police force applied for a RSHO to assist them in their responsibilities to manage the risk that MR G posed, in the absence of any statutory or non-statutory powers on the grounds that there was reasonable cause to believe that such a measure was necessary to protect children from harm arising from his behaviour. Mr G had not been convicted of a sex offence however he has been reported to the Procurator Fiscal for several offences, which, subsequently, were either not processed through the criminal justice system or for which he had been acquitted following trial. All the offences pertained to crimes against children or were related to his attempts to unlawfully gain access to children through various means for the purpose of pursuing unlawful sexual activity. However, due to the absence of a conviction for a notifiable offence, he was not required to register as a sex offender and thus none of the responsible authorities had sufficient powers through which to restrict his activities and protect the public. Nevertheless, the police force continued to monitor his activities as a non-registered sex offender and his details were placed on ViSOR<sup>8</sup>. Mr G's behaviours clearly illustrated his intention to target children and put himself in positions in order to gain access to them. The offences, when viewed collectively, clearly showed that Mr G had embarked on a deliberate course of action to gain unrestricted access to children in order to have unlawful sexual activity with them. Thus the police force requested that in order to protect the public and in particular children, the subject should be prohibited from having any unsupervised contact with

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<sup>8</sup> ViSOR is an IT database to facilitate multi-agency information sharing in relation to Registered Sex Offenders, Non Registered Sex Offenders, Violent Offenders and other Dangerous Offenders.

children under 16 years of age. The Risk of Sexual Harm Order was applied for and granted.

The RSHO prohibits Mr G having any contact with male children under the age of sixteen, unless unintentionally, and further enables the police to monitor Mr G's activities, using various robust measures in partnership with other agencies, such as Housing, Criminal Justice Social Work and Health who have contact with Mr G. A breach of a RSHO is a criminal offence for which the maximum penalty is a five year custodial sentence; the breach itself constitutes a notifiable offence and thus should Mr G breach the order, he would be required to register for the duration of the RSHO.

## **6. Developments in work with MAPPA offenders**

### ***ViSOR Database***

ViSOR (Violent Offender and Sex Offender Register) is an IT platform which facilitates multi-agency information sharing in relation to Registered Sex Offenders, Non Registered Sex Offenders, Violent Offenders and other Dangerous Offenders. An offender (the nominal) included on ViSOR will have either a criminal conviction for a relevant offence or will be considered to present a level of risk or concern, which requires ongoing assessment and management. At present those records held on ViSOR relate to Registered Sex Offenders and those non-registered Offenders whose current behaviour is of concern. The Mental Health Directorate, Scottish Government are in the process of populating ViSOR with the records of Restricted Patients. ViSOR's main function is to ensure that the responsible authorities under MAPPA contribute to, share and store critical information, although it has wider utility beyond the management of offenders, as a resource in the prevention and detection of crime. As a U.K wide multi-agency information sharing tool, it enhances the communicative capacities of organisations involved in joint offender management and facilitates the exchange of confidential information across the responsible authorities.

Last year we reported our commitment to examining the extent to which ViSOR is either accessible or operationally effective for Responsible Authorities. Indeed, the former MAPPA Implementation Group in SWS CJA area commissioned a report, which was undertaken by a representative from Strathclyde Police addressing these concerns which was, in turn, forwarded to the Scottish ViSOR Working Group structure for consideration. Further developments in relation to access arrangements to ViSOR for example, are being progressed through this structure. In addition, the Criminal Justice Social Work services have been represented at the national Social Work ViSOR Group. This group has developed an agreed (by ADSW) minimum standard for data input for Criminal Justice Social Work that is to be implemented by September 2009. In addition, a ViSOR Service Level Agreement between the Scottish Police Services Agency and ADSW has been drafted. We also reported our commitment to the development of an ongoing ViSOR user training programme. Police and a number of criminal justice social work services employees and administrative support have been trained in ViSOR and the user training programme has continued throughout the reporting year.

### ***Staff Training***

A Training and Development Officer was recruited by Criminal Justice Social Work Services last year, to work across South West Scotland CJA area. She has coordinated the delivery of ViSOR user training programmes, training pertaining to C-SOGP case management (see section 13), and training in the use of risk assessment instruments, amongst other training priorities. In particular, staff have been trained in the use of the primary actuarial risk assessment tools, namely Stable and Acute 2007 (SA07) and Risk Matrix 2000 (RM2000). The Risk Matrix 2000 instrument is comprised of two scales, Risk Matrix Sex and Risk Matrix

Violence, which provide an estimate of the long-term likelihood of reconviction for a sexual or a non-sexual violent offence; individuals are assigned accordingly to the various risk categories incorporated into the instrument (Low, Medium, High and Very High). Risk Matrix 2000 draws on simple factual information relating to offenders' past history (static risk factors) and constitutes one component of a comprehensive risk assessment process. Further assessments are necessary to identify those risk factors that are unique to the individual, which may be indicative of an increase or decrease in risk over time. These dynamic risk factors are amenable to change and can, subsequently, become the targets of focused intervention and treatment programmes.

The STABLE-2007 and the ACUTE-2007 are specialised tools designed to assess and track changes in risk status over time by assessing changeable "dynamic" risk factors. "Stable" dynamic risk factors are personal skill deficits, predilections, and learned behaviours that correlate with sexual recidivism but that can be changed through a process of treatment or supervision. "Acute" dynamic risk factors are highly transient conditions that would only last hours or days. These factors are rapidly changing environmental and intrapersonal stresses, conditions, or events that have been shown by previous research to be related to imminent sexual re-offence. These instruments should be used to inform offender managers within the lead agencies as to how much risk they are managing, to inform decisions on levels of community treatment and supervision, and estimate changes in risk status pre and post treatment.

### ***Risk Assessments – The Current Position***

Within the MAPPA process, all identified offenders are assessed for the risk of serious harm they may present to victims and the public. Section 210E of the Criminal Justice (Scotland) Act 2003 defines serious harm as follows: '*seriously endanger the lives or physical or psychological wellbeing of members of the public at large*'. At present, there is no approved, robust tool for the measurement of serious harm. Criminal Justice Social Work Services currently use a clinical risk assessment tool, the RA1-4, which is dependent on professional judgement, and thus the assessor draws on their professional training, theoretical knowledge and experience with offenders in formulating an assessment of risk of harm.

Last year, we reported that, as recommended by the Stable and Acute 2007 Implementation Group and endorsed by the Tri-partite group, ADSW and ACPOS had agreed that Criminal Justice Social Workers and the Police will have assessed all registered sexual offenders using Risk Matrix 2000 and Stable and Acute 2007 by end of October 2008 (See Circular JD/13/2007). We are pleased to report that in South West Scotland CJA, Criminal Justice Social Work Services and the Police have indeed met this target.

We reported last year that the Scottish Prison Service had agreed that by end of October 2008, all convicted sex offenders leaving custody will have been assessed prior to release, using Stable and Acute 2007; we are pleased to report that this target has indeed been met. SPS have further agreed that from the end of March 2009 all convicted sex offenders in

custody (with sentences of six months or more) will be assessed using Stable and Acute 2007, as a component of their annual ICM case conference review.

### ***Risk Management Plans***

Risk assessment instruments inform professionals within the Police, Social Work and Prison Service, amongst other agencies, about areas that need to be targeted in order to manage a given individual's risk and to protect the public from the risk of serious harm posed. A risk management *plan* therefore determines what action needs to be taken to minimise the risks posed by a particular individual.

Risk management plans are multi-agency and incorporate a combination of strategies used to manage risk, either by reducing the likelihood that an offence will occur, or in reducing the impact should it take place. Risk management plans aim to balance restrictive interventions, with constructive interventions; they aim to minimise risk whilst seeking to strengthen protective factors, and they seek to protect actual and potential victims from harm.

### ***Developmental Work with Duty to Co-operate Agencies:***

Developmental work with Duty to Co-operate Agencies is a continuous objective that is shared by all the responsible authorities constitutive of MAPPA in South West Scotland, including the MAPPA Co-ordinators. This work has taken place on a formal basis, as well on an informal basis. On 29.04.08, for example, Dumfries and Galloway Constabulary hosted a MAPPA Conference in Dumfries, with a multi-agency panel, to offer an overview of the purpose of MAPPA, and the various role and responsibilities of the Responsible Authorities involved in the management of both registered sex offenders and restricted patients. Informally, the MAPPA Co-ordinator has engaged with various agencies, including, for example, Youth Justice Social Work Services, NHS Ayrshire and Arran Addiction Services, as required or requested to explain the purpose and functions of MAPPA, in addition to the expectations and roles of the agencies concerned. This is an area of further development for the next reporting year, and developmental work with the Responsible Authorities and the Duty to Co-operate Agencies has been planned on a structured basis to be delivered throughout the next annual reporting period.

## **7. Diversity Issues**

Diversity issues and or equal opportunities for both members of the public and offenders are taken into consideration when assessing risk and formulating risk management plans. There is a requirement on the responsible authorities and duty to co-operate agencies involved in every MAPPA meeting to give cognisance to any diversity issues that require consideration in relation to both offenders and or victims (actual and / or potential). 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 race, religion, sexual orientation, age, gender and disabilities are recognised.

Representatives of various agencies are asked therefore to consider the implications that any diversity issues might have when assessing risk, in the development of risk management plans for the individual offender, in terms of victim safety planning, and more broadly, in relation to policy and practice issues. Such differences may manifest in different motivations and reasons for offending as well as differences in the contexts and circumstances within which offending occurs; differences in capacities to self risk manage or respond to treatment or other interventions; differences in the nature of the support individuals may require; and differences in patterns of and opportunities for offending. Such differences, when considered through both a rehabilitative and public protection lens must extend beyond the level of the individual, to how families and communities may respond to an offender or a victim, when taking into account ethnic, cultural, religious and other issues which may have particular implications for practice, services provision and risk management.

## **8. Victim Work**

The primary focus of the MAPPA is properly placed upon the risk posed by, and the behaviour of, the offender. In doing so it is vital that the MAPPA take into account potential impact on known victims. The victim focus of the MAPPA includes not only those most easily identified as the victim(s) but those who, while not directly involved with the offence itself, have been seriously affected by it – such as victim's families. This consideration must also include new or potential victims, and this forms part of the focus of risk assessments. In some cases, potential victims may not be any named individual(s) but people who are vulnerable by virtue of their location, age, gender, race, religion, sexuality or other distinguishing characteristic. The challenge for the 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 robust plans to minimise the likelihood of the offender causing further serious harm, central to which is the sharing of information. Such an approach will, for example, minimise the likelihood of an offender being released from custody and being accommodated within the same neighbourhood locality as a victim.

Victim issues at MAPPA meetings have variously led to consideration of the use of both formal and informal disclosure (see section 9) and there is increasing evidence from the minutes of MAPPA meetings that more consideration is being given to victim issues (both actual and potential), from which robust risk management plans for their protection have ensued. This properly includes assessing the risk of accommodating the individual in a particular building or area or the potential risks posed by the offender engaging in a particular form of employment, for example. The action plans which are drawn up at MAPPA meetings require attention to be given to the offender, but also address the information needs of victims and the protective measures which can be implemented on their behalf, including for example, any requirement to pursue additional civil preventative powers.

The MAPPA Operational Group now includes a representative from Victim Support Scotland. This ensures that victim issues and considerations are not only considered in relation to the management of the risk that a given individual presents, but that victim concerns are central to the governance and operational development of MAPPA in South West Scotland CJA area. Victim safety planning is a priority area for continual development and review by all agencies under MAPPA in South West Scotland CJA.

***The Victim Notification Scheme*** (VNS) introduced by section 16 of the Criminal Justice (Scotland) Act 2003, confers on victims - from 15th May 2008 - in cases where the victim's assailant has been sentenced to 18 months or more in prison - the right to receive information regarding his/her release from prison, recall to prison or death in custody. Furthermore, where the victim's assailant is sentenced to 4 years or more in prison, victims have the right to receive certain information regarding

Parole Board review hearings and licence conditions from the Parole Board; and to make representations to the Parole Board prior to a decision being taken on the release (and the licence conditions) of offender and, in certain circumstances, to make representations to the Scottish Ministers prior to a decision being taken by them on licence conditions and to receive certain information concerning licence conditions from the Scottish Ministers.

***Support for Victims***

Victim Information and Advice (VIA) which is part of the Crown Office and Procurator Fiscal Service, also gives factual advice and support to victims of certain crimes including sexual offences on the progress of their case, from the time that it is reported to the Procurator Fiscal through to the trial. If the offender lodges an appeal, victims will normally be kept informed of developments by the local Procurator Fiscal's Office. Victim Support Scotland and its Witness Service arm, as well as Women's Aid and Rape Crisis services, and other voluntary agencies, also offer practical and emotional support to victims.

## **9. Disclosure**

Public protection concerns are at the forefront of our work in managing convicted offenders who may present a risk to others. The risk management of offenders subject to MAPPA includes a requirement on the responsible authorities and relevant duty to co-operate agencies to consider the use of 'formal disclosure' as a means of managing the risk a given individual presents at every MAPPA / MAPPP meeting. If a decision is made to formally disclose information relating to a Registered Sex Offender's status or their personal details, then a letter of disclosure will be drafted on behalf of the Chief Constable of the relevant Police Force. That formal disclosure decisions are authorised by the Chief Constables in Strathclyde Police or Dumfries and Galloway Constabulary illustrates the importance that the decision to disclose is given.

The police serve this letter to the recipient to whom the disclosure is to be made. The extent of disclosure is limited to the information necessary to minimise the risk that an offender presents. Although no further information beyond that delineated in the letter should be disclosed, advice and guidance on how the individual should respond to the information in order to protect themselves or others is provided. This procedure will only be advanced as a last resort and will be completed in consultation with partner agencies. Any decision to make a formal disclosure request via the Police is linked to the highest levels of risk and an agreed risk management plan. Disclosing information about an offender to a third party follows general principles on information sharing and meets stringent criteria:

- The offender presents a risk of serious harm to the person or those for whom the recipient of the information has responsibility.
- There is no other, practicable and less intrusive means of protecting the individual(s) and failure to disclose would put them in danger.
- The risk to the offender should be considered although it should not outweigh the potential risk to others were disclosure not to be made.
- That disclosure is made to the right person who understands the confidential and sensitive nature of the information provided.
- Whoever is provided with the information knows what to do with it and they are provided with a point of contact for further advice and guidance.

Within South West Scotland CJA there has been one formal disclosure in 2008 / 09, but there have been several disclosures which have been made with the offender's permission; these are referred to as informal or discretionary disclosures. In addition, an offender might be encouraged to self – disclose, for example, to an employer or to the partner of a new relationship, or to their GP. Self disclosures are always confirmed and corroborated by the responsible authorities. Beyond formal, informal and self – disclosure, some agencies have specific statutory powers to disclose (for example under child protection protocols), where it is considered expedient to do so, to protect known individuals from harm.

**Mr A:**

A few years ago, Mr A was convicted of Lewd and Libidinous Practices and was placed on a probation order of two years duration. He was later convicted of further sexual offences and placed on a further probation order. As his Order neared completion, his status as a registered sex offender would necessarily expire and as such, he would exit MAPPA. However, Mr A was assessed by the responsible authorities as posing a 'very high risk of causing serious harm' and this risk would increase in the absence of any statutory capacity to monitor or restrict his activities. The Responsible Authorities necessarily applied for a SOPO, which would place a requirement on Mr A to register, and thus facilitates the continuing multi-agency risk management of the risks Mr A posed, under MAPPA. Following the imposition of the SOPO and the subsequent risk management plan that was implemented, and which is subject to continuous review, it was assessed that the risk posed by Mr A was now reduced, and he was classified as posing a 'high risk of causing serious harm'.

Following a period of time, Mr A sought and obtained employment. The responsible authorities were concerned, following further investigation and information sharing, that by virtue of the nature of his pending employment, Mr A would come into contact with vulnerable adults, who it was assessed might be at risk of harm from Mr A. He was instructed by his monitoring officer in the relevant police force to make a self disclosure to his employer, which would subsequently be confirmed and corroborated with the employer, by the police force. The police force would then monitor his participation and work alongside the employer to ensure the deliver of a robust victim safety plan which would be implemented, monitored and reviewed.

Mr A failed to make the self disclosure as agreed and as such the responsible authorities decided that they would submit a request to the Deputy Chief Constable for a Formal Disclosure. The Deputy Chief Constable agreed that there were sufficient ground to make a formal disclosure to the employer, in particular highlighting the conditions from the SOPO which makes reference to "not undertaking any activities, paid, voluntary, recreational or social involving any person under the age of 16 or deemed to be a vulnerable adult". The Formal Disclosure was made to the employers. The decision was taken by the employer was such that as vulnerable adults do engage with the service, the situation was unmanageable and Mr A's position could not be sustained.

## **10. The Statistical Information**

This section is required to be included in the **MAPPA CJA Annual Reports as per S11 3 (a) and (b) The Management of Offenders etc (Scotland) Act 2005.**

\*Unless stated the statistics recorded are for the reporting period 1 April 2008 to 31<sup>st</sup> March 2009.

Table 1: Statistical information\*

<b>REGISTERED SEX OFFENDERS (RSO's)</b>	<b>NUMBER</b>
<b>a) Number of Registered Sex Offenders:</b>	
<b>i) At liberty and living in your area on 31<sup>st</sup> March 2009:</b>	In Ayrshire: <b>213</b> In Dumfries and Galloway: <b>98</b>
<b>ii) Per 100,000 of the population on 31<sup>st</sup> March 2009:</b>	The SWS CJA population totals approx 516,090 <sup>9</sup> ; thus there are <b>60</b> Registered Sex Offenders per 100,000 of the population.
<b>b) The number of RSO's having a notification requirement who:</b>	
<b>i) Complied with notification requirements:</b>	In Ayrshire: <b>198</b> In Dumfries and Galloway: <b>92</b>
<b>ii) Were reported for breaches of the requirements to notify:</b>	In Ayrshire: <b>15</b> In Dumfries and Galloway: <b>6</b>
<b>c) The number of "wanted" RSOs on 31<sup>st</sup> March 2009:</b>	In Ayrshire: <b>1</b> In Dumfries and Galloway: <b>2</b>
<b>d) The number of "missing" RSOs on 31<sup>st</sup> March 2009:</b>	In Ayrshire: <b>0</b> In Dumfries and Galloway: <b>0</b>

<sup>9</sup> <http://www.gro-scotland.gov.uk/statistics/publications-and-data/population-estimates/mid-2008-population-estimates-scotland/list-of-tables.html>

**Table 2:** Statistical information\*.

**This Table illustrate the number of Civil Orders applied and granted in South west Scotland CJA area in relation to RSO's.**

The Number of	Applied for by Police	Granted by the courts
<b>Sexual Offences Prevention Orders (SOPO'S)</b>	In Ayrshire: <b>2</b>	In Ayrshire: <b>1</b>
	In Dumfries & Galloway: <b>0</b>	In Dumfries & Galloway: <b>0</b>
<b>Risk of Sexual Harm Orders (RSHO's)</b>	In Ayrshire: <b>1</b>	In Ayrshire: <b>1</b>
	In Dumfries & Galloway: <b>0</b>	In Dumfries & Galloway: <b>0</b>
<b>SOPO'S imposed by courts at time of conviction:</b>	<b>N/A</b>	In Ayrshire: <b>0</b>
<b>Interim SOPO's</b>	In Ayrshire: <b>3</b>	In Ayrshire: <b>3</b>
	In Dumfries & Galloway: <b>0</b>	In Dumfries & Galloway: <b>0</b>
<b>Interim RSHOS's</b>	In Ayrshire: <b>1</b>	In Ayrshire: <b>1</b>
	In Dumfries & Galloway: <b>0</b>	In Dumfries & Galloway: <b>0</b>
<b>Full RSHOS's</b>	In Ayrshire: <b>1</b>	In Ayrshire: <b>1</b>
	In Dumfries & Galloway: <b>0</b>	In Dumfries & Galloway: <b>0</b>
<b>Foreign Travel Orders (FTO's)</b>	In Ayrshire: <b>0</b>	In Ayrshire: <b>0</b>
	In Dumfries & Galloway: <b>0</b>	In Dumfries & Galloway: <b>0</b>
<b>Notification Orders (NO's)</b>	In Ayrshire: <b>0</b>	In Ayrshire: <b>0</b>
	In Dumfries & Galloway: <b>0</b>	In Dumfries & Galloway: <b>0</b>

**Table 3: Statistical Information\***  
**Statistical Information required for the reporting period 1st April 2008 to 31st March 2009**

REGISTERED SEX OFFENDERS (RSO's)	NUMBER OF OFFENDERS
<b>a) Number of RSOs managed by MAPPA Category<sup>10</sup>:</b>	
<b>i) Level 1 – Ordinary Risk Management:</b>	In Ayrshire: <b>250</b> In Dumfries & Galloway: <b>122</b>
<b>ii) Level 2 – Local Inter-agency Risk Management:</b>	In Ayrshire: <b>45</b> In Dumfries & Galloway: <b>23</b>
<b>iii) Level 3 – MAPPP:</b>	In Ayrshire: <b>5</b> In Dumfries & Galloway: <b>2</b>
<b>b) Number of Registered Sex Offenders convicted of a further crime of sexual harm or non sexual violence:</b>	
<b>i) MAPPA Level 1:</b>	In Ayrshire: <b>0</b> In Dumfries & Galloway: <b>1</b>
<b>ii) MAPPA Level 2:</b>	In Ayrshire: <b>1</b> In Dumfries & Galloway: <b>0</b>
<b>iii) MAPPP Level 3:</b>	In Ayrshire: <b>0</b> In Dumfries & Galloway: <b>0</b>
<b>c) Number of RSO's returned to custody for a breach of statutory conditions (including those returned to custody because of a conviction of further serious sexual or violent offence):</b>	In Ayrshire: <b>9</b> In Dumfries & Galloway: <b>1</b>
<b>d) Number of RSO's returned to custody for a breach of SOPO:</b>	In Ayrshire: <b>2</b> In Dumfries & Galloway: <b>0</b>

<sup>10</sup> These statistics represent a full year and it should be noted that offenders move between levels of management depending on identified risk which can change with changing circumstances. This is a dynamic environment where effective risk assessment and information sharing is vital. Very few offenders remain at level three for long periods as the management of risk is usually agreed and settles to allow the person to be managed at level 2 or level 1. Level three are the critical few which requires the involvement of senior management due to the high risk involved or the complexity of the situation which may require unusual resource commitment. Note: The level 1 figure should include all offenders who have been notified to the MAPPA Coordinator by the Responsible Authorities and who have not been managed at either level 2 or 3 between the periods 1st April and 31 March. The level 2 figure should include those offenders who have not been managed at level 3 at any point between 1st April and 31st March.

<b>e) Number of RSO's returned to custody for a breach of FTO:</b>	In Ayrshire: <b>0</b> In Dumfries & Galloway: <b>0</b>
<b>f) Number of RSO's returned to custody for a breach of RSHO:</b>	In Ayrshire: <b>0</b> In Dumfries & Galloway: <b>0</b>
<b>g) Breached their statutory conditions but were not returned to custody:</b>	In Ayrshire: <b>5</b> In Dumfries & Galloway: <b>3</b>
<b>h) Were subject to formal disclosure:</b>	In Ayrshire: <b>0</b> In Dumfries & Galloway: <b>1</b>

**Table 4:** Statistical Information\* - **Statistical Information required for the reporting period 1st April 08 to 31st March 09: Restricted Patients**

RESTRICTED PATIENTS (RP'S):	NUMBER
<b>a) Number of RP'S:</b>	
<b>i) Living in your area on 31<sup>st</sup> March 09:</b>	In Ayrshire: <b>8</b> In Dumfries & Galloway: <b>5</b>
<b>ii) During the reporting year:</b>	In Ayrshire: <b>18</b> In Dumfries & Galloway: <b>7</b>
<b>b) Number of RP's per order:</b>	
<b>i) Compulsion Order and Restriction Order (CORO):</b>	In Ayrshire: <b>17</b> In Dumfries & Galloway: <b>7</b>
<b>ii) Hospital Direction (HD):</b>	In Ayrshire: <b>0</b> In Dumfries & Galloway: <b>0</b>
<b>iii) Transfer for Treatment Direction (TTD):</b>	In Ayrshire: <b>1</b> In Dumfries & Galloway: <b>0</b>
<b>c) Number within hospital/community:</b>	
<b>i) State Hospital:</b>	In Ayrshire: <b>7</b> In Dumfries & Galloway: <b>2</b>
<b>ii) Other hospital no suspension of detention (SUS):</b>	In Ayrshire: <b>4</b> In Dumfries & Galloway: <b>1</b>
<b>iii) Other hospital with unescorted SUS:</b>	In Ayrshire: <b>4</b> In Dumfries & Galloway: <b>0</b>
<b>iv) Community (Conditional Discharge):</b>	In Ayrshire: <b>3</b> In Dumfries & Galloway: <b>4</b>
<b>d) Number managed by category between 1 April 2008 and 31 March 2009:<sup>11</sup></b>	
<b>Level 1 – ordinary agency risk management:</b>	In Ayrshire: <b>12</b> In Dumfries & Galloway: <b>7</b>
<b>Level 2 – through inter agency risk:</b>	In Ayrshire: <b>6</b> In Dumfries & Galloway: <b>0</b>
<b>Level 3 – MAPPP, (critical few):</b>	In Ayrshire: <b>0</b> In Dumfries & Galloway: <b>0</b>
<b>e) Number of RPs convicted of a further crime of sexual harm or</b>	

<sup>11</sup> As per footnote 10.

<b>non sexual violence:</b>	
<b>i) MAPPA Level 1:</b>	In Ayrshire: <b>0</b> In Dumfries & Galloway: <b>0</b>
<b>ii) MAPPA Level 2:</b>	In Ayrshire: <b>0</b> In Dumfries & Galloway: <b>0</b>
<b>iii) MAPPA 3:</b>	In Ayrshire: <b>0</b> In Dumfries & Galloway: <b>0</b>
<b>f) No of RPs on Suspension of detention:</b>	
<b>i) who did not abscond or offend:</b>	In Ayrshire: <b>4</b> In Dumfries & Galloway: <b>0</b>
<b>ii) who absconded:</b>	In Ayrshire: <b>0</b> In Dumfries & Galloway: <b>1</b>
<b>iii) who absconded and then offended:</b>	In Ayrshire: <b>0</b> In Dumfries & Galloway: <b>0</b>
<b>iv) where absconsion resulted in withdrawal of suspension of detention:</b>	In Ayrshire: <b>0</b> In Dumfries & Galloway: <b>1</b>
<b>g) No. of RPs on Conditional Discharge:</b>	
<b>i) who did not breach conditions, not recalled or did not offend:</b>	In Ayrshire: <b>3</b> In Dumfries & Galloway: <b>4</b>
<b>ii) who breached conditions (resulting in letter from the Scottish Government):<sup>12</sup></b>	In Ayrshire: <b>0</b> In Dumfries & Galloway: <b>0</b>
<b>iii) recalled by Scottish Ministers due to breaching conditions:</b>	In Ayrshire: <b>0</b> In Dumfries & Galloway: <b>0</b>
<b>iv) recalled by Scottish Ministers for other reasons:</b>	In Ayrshire: <b>1</b> In Dumfries & Galloway: <b>0</b>

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<sup>12</sup> As per footnote 1.

**Table 5: Delineation of RSO'S by age on 31<sup>st</sup> March 2009.**

Age	RSO Number	RSO Percentage %
<b>Under 18</b>	5	1.3%
<b>18-21</b>	25	6.4%
<b>22-31</b>	70	18%
<b>32-41</b>	77	19.7%
<b>42-51</b>	76	19.4%
<b>52-61</b>	78	19.9%
<b>62-71</b>	45	11.5%
<b>72-81</b>	13	3.3%
<b>82-91</b>	2	0.5%

**Table 5** The information presented in table 5 indicates that the majority of Registered Sex Offenders within the South West Scotland Community Justice Authority area are aged between 22 – 71 years. This broad age range would suggest that there is no typical age range within which an increased propensity for sexual offending can be attributed. It should be noted that this reflects the age range of RSO's currently subject to MAPPA and not age at which offence was committed.

**Table 6: Delineation of population of RSO's by gender on 31<sup>st</sup> March 2009.**

Sex	RSO Number	RSO Percentage %
<b>Male</b>	389	99.5%
<b>Female</b>	2	0.5%

**Table 6** illustrates that the majority of Registered Sex Offenders within the South West Scotland Community Justice Authority Region are male.

**Table 7: Delineation of RSO's by ethnicity on 31<sup>st</sup> March 2009.**

Ethnic Origin	RSO Number	RSO Percentage %
<b>Asian or Asian British Any other Asian</b>	0	0 %
<b>Asian or Asian British Bangladeshi</b>	0	0 %
<b>Asian or Asian British Indian</b>	0	0 %
<b>Asian or Asian British Pakistani</b>	0	0 %
<b>Black or Black British African</b>	0	0 %
<b>Black or Black British Any Other Black Background</b>	0	0 %
<b>Black or Black British Caribbean</b>	0	0 %
<b>Chinese or Other Ethnic Group Chinese</b>	0	0 %
<b>Chinese or Other Ethnic Group Other</b>	0	0 %
<b>Mixed Other</b>	0	0 %
<b>Mixed White and Asian</b>	0	0 %
<b>Mixed White and Black African</b>	0	0 %
<b>Mixed White and Black Caribbean</b>	0	0 %
<b>Not Known</b>	0	0 %
<b>Subject Declines to define Ethnicity</b>	0	0 %
<b>Subject Does Not Understand</b>	0	0 %
<b>White British</b>	382	97.6 %
<b>White Irish</b>	6	1.6 %
<b>White Other</b>	3	0.8 %

The information presented in Table 7 indicates that the majority of Registered Sex Offenders within the South West Scotland Community Justice Authority Region are White and of U.K Origin. This ratio of ethnicity (97.6 % of total) is broadly consistent with the analysis of the Scottish population by ethnic group (95.4%) (2001 Census (White Scottish & White British % population figures combined)).

**Table 8: Number of RSO's managed under statutory conditions and/or notification requirements on 31<sup>st</sup> March 2009:**

Statutory status	Number	Percentage %
<b>On Statutory supervision:</b>	106	34 %
<b>Subject to notification requirements only:</b>	205	66 %

Table 8 provides a snapshot of numbers of offenders managed under either statutory or non statutory measures across SWS CJA, under MAPPA, as at March 31st 2009

**Table 9: Delineation of RSO victims\*:**

No. RSO:	Number	Percentage %
<b>Convicted of a notifiable offence against a child under 16 years:</b>	261	<b>63 %</b>
<b>Convicted of a notifiable offence against a victim over 16 years:</b>	139	<b>33.5 %</b>

\*There are 14 RSO's in relation to whom, the age of their victim is neither recorded on ViSOR nor supplied in MAPPA notification paperwork. This accounts for 3.5% of the total.

Table 9 provides data on the number of offenders managed under MAPPA on 31.03.09, who were convicted of a notifiable offence against either a victim under sixteen years old, or against a victim aged sixteen or over. This table further illustrates the percentage of those offenders convicted of a notifiable offence against either a victim under sixteen years old, or against a victim aged sixteen or over, of the total number of those convicted of notifiable offences against victims who were either under sixteen or aged sixteen and over. It should be noted that some offenders were convicted of notifiable offences against both victims under sixteen and aged sixteen or over. Thus, 63% % of victims of the registered sex offenders managed under MAPPA in SWS CJA on 31st March 2009 were aged under 16.

The following section has been supplied by the Scottish Prison Service and is required to be included in all MAPPA annual reports.

## **11. The Scottish Prison Service**

### **Introduction:**

The Scottish Prison Service (SPS), a Responsible Authority as described in sections 10 & 11 of the Management of Offenders etc (Scotland) Act 2005 (the Act), is fully committed to working with partners across the Scottish Criminal Justice system to improve levels of public protection and reduce the risks associated with offending behaviour.

SPS complies with the requirements of MAPPA as laid out in the Act, sharing relevant information - including risk assessments and action plans - with Police Forces, Criminal Justice Social Work Services and Health Services, contributing to the creation of robust management plans for sex offenders being released into the community following a custodial sentence.

SPS is legally required to keep in safe and secure custody those offenders sentenced by the court to a period of imprisonment. During 2008/09, the average daily population in Scotland's prisons was 7,991, an increase of 8% when compared to 2007/08 and 11% when compared to 2006/07. In addition to maintaining safe and secure custody and order, SPS also plays a vital part in preparing offenders for release.

### **Offender Management**

Throughout their period in custody, all offenders are subject to the Integrated Case Management (ICM) process. Offenders subject to post-release supervision (including all sex offenders serving six months or more in prison) are managed via an enhanced version of the ICM process, where prison and social work staff (both prison-based and community-based) work together to assess the risks associated with individual offenders and develop an action plan aimed at addressing risk and need through a series of appropriately sequenced interventions (such as prisoner programmes and approved activities).

These risk assessments are reviewed on an annual basis (as a minimum) and prior to release. They are used to inform decisions on progression through the prison estate and discussed openly with the offender and a range of key staff (including social and healthcare professionals). The forum for this discussion is the ICM Case Conference, a meeting between the offender and key staff that takes place each year during custody. Where an offender is considered to present a high risk, prior to release (or transfer to less secure conditions), other key staff involved in criminal justice (such as the police) are invited to attend the (pre-release) Case Conference, allowing for a level of information-sharing between criminal justice agencies not seen prior to the implementation of MAPPA (and ICM).

The risk assessments and pre-release case conference help inform decisions on how the offender should be managed on release (ultimately informing the decision on which MAPPA level is appropriate). This is the point at which all relevant information is collated and provided to MAPPA co-ordinators across the eight Community Justice Authorities (CJAs).

### **Monitoring and Assurance**

Following the implementation of MAPPA in 2007, audits were carried out in several prisons to establish the level of compliance with stated procedures. All but one prison received a positive level of assurance. An action plan was put in place to address some minor procedural issues found in that particular site and assurance was subsequently provided that these issues had been addressed.

SPS subsequently developed internal MAPPA standards (based on the procedural guidance) which provide local managers with a mechanism for delivering ongoing assurance in terms of compliance with MAPPA procedures. A further (internal) audit of SPS's compliance with MAPPA is scheduled for later this year.

The recent joint inspection by HMIP<sup>13</sup>, HMICS<sup>14</sup> and SWIA<sup>15</sup> on the management of high risk offenders considered levels of compliance with MAPPA; SPS has responded to the findings and is currently developing plans for improving the application of offender management processes. Additionally, SPS is working with police colleagues to consider ways of improving the sharing of information with regard to progression of high risk offenders through the prison estate.

### **Wider 'MAPPA Community'**

SPS continues to support both local and national MAPPA groups through senior managers' attendance at MAPPP meetings (for all offenders managed at MAPPA level 3). Partnership arrangements with the CJAs and MAPPA co-ordinators continue to develop through the efforts of SPS's dedicated CJA Liaison Managers.

### **Formal Reporting**

In line with formal reporting requirements, this SPS submission for the year ending 31st March 2009 includes:

- Details of programme completion for registered sex offenders (RSOs) (by establishment and CJA);
- The number of risk assessments carried out on RSOs (by establishment and CJA); and
- Training statistics relating to staff working with sex offenders in Scottish prisons.

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<sup>13</sup> Her Majesty's Inspectorate of Prisons (Scotland)

<sup>14</sup> Her Majesty's Inspectorate of Constabulary for Scotland

<sup>15</sup> Social Work Inspection Agency

## **Programme Completion**

SPS continues to provide nationally accredited programmes and other interventions that aim to drive improvements in the attitudes and behaviours that have led to offending, encouraging those in prison to accept responsibility for their actions, learn to manage their behaviour and consider the impact their actions have on family members, friends and the wider community.

The Sex Offender Treatment Programme suite (SOTP) is the primary vehicle for addressing the above issues with those prisoners convicted of sexual offences (or offences that contain some sexual element). There are currently four specific programmes that offenders undertake depending upon the level of risk they present and their own individual level of need:

- Core SOTP is aimed at those sex offenders presenting a medium, high or very high risk of sexual re-offending
- Extended SOTP is primarily aimed at those prisoners who have completed the Core programme, but the level of risk they continue to present requires further intervention;
- Adapted SOTP aims to achieve the same goal but takes account of particular issues with prisoners who have some limitation in terms of their social functioning; and
- Rolling SOTP is aimed at sex offenders presenting a low risk of sexual re-offending.

These programmes are delivered in HMPs Barlinnie, Edinburgh and Peterhead and HMYOI Polmont. Other prisoners will send offenders to one of the above, should they be considered suitable for the SOTP and express a willingness to participate.

In addition to the SOTP programmes, SPS also delivers a range of interventions (termed Approved Activities) including Anger Management, Violence Prevention, Alcohol Awareness and Substance Misuse that are made available to sex offenders via assessment of risk and need.

During 2008/09 (the period covered by this submission), almost 200 programmes were delivered to sex offenders across the prison estate. The activity and scope of these programmes can be extensive; some involving more than 100 hours of group work and targeted intervention. A detailed breakdown is contained in Annexe 1.

## **Risk Assessment**

In SPS, the primary tools used in assessing the risks posed by sex offenders are Risk Matrix 2000 (RM2000) and Stable and Acute 2007 (SA07). These risk assessment tools are supported by others (such as LSI-R) which look at wider aspects of offending behaviour (not limited to sexual offending) to ensure a wider appreciation of the level and nature of risk is gained by prison and social work staff (and communicated to the wider criminal justice community).

Between 1st April 2008 and 31st March 2009, more than 900 risk assessments were carried out on registered sex offenders (due to the dynamic nature of risk - in that it can change over time - some registered sex offenders undergo several risk assessments over the course of one year). A detailed breakdown is contained in Annexe 1.

### Staff Training

Over the past two years, significant training has been delivered - to both prison-based and social work staff - aimed at increasing the understanding of risk and the methods that can be adopted to improve public protection by reducing an individual's level of risk. During 2008/09, a total of 109 prison and social work staff received training on risk assessment/management tools and programme delivery.

During 2009/10, SPS and partner agencies will be working together to develop a generic (risk-themed) training package that will be made available to all staff working with offenders and others who support them.

### Summary

This past year has seen a continuation of SPS's commitment to working with partners in criminal justice to address the needs of registered sex offenders and collaboratively manage the risks they present to the community. Links with CJAs are positive and strengthened by ongoing consultation and attendance at local and national MAPPAs groups. SPS tracks the developments set out in the CJA Area Plans to ensure internal decisions support future developments and that SPS considers the implications for partners when making key management decisions.

#### ANNEXE 1

NUMBER OF PROGRAMMES DELIVERED TO REGISTERED SEX OFFENDERS - BY PRISON	
Aberdeen	10
Addiewell	-
Barlinnie	13
Cornton Vale	-
Dumfries	3
Edinburgh	17
Glenochil	-
Greenock	1
Inverness	8
Kilmarnock	-
Open Estate	1
Perth	-
Peterhead	116
Polmont	15
Shotts	1
TOTAL	185

NUMBER OF RISK ASSESSMENTS COMPLETED ON REGISTERED SEX OFFENDERS - BY PRISON	
Aberdeen	53
Addiewell	3
Barlinnie	97
Cornton Vale	-
Dumfries	123
Edinburgh	267
Glenochil	-
Greenock	72
Inverness	22
Kilmarnock	26
Open Estate	4
Perth	54
Peterhead	83
Polmont	94
Shotts	6
TOTAL	904

NUMBER OF PROGRAMMES DELIVERED TO REGISTERED SEX OFFENDERS - BY CJA	
Fife & Forth Valley	21
Glasgow	31
Lanarkshire	16
Lothian & Borders	27
North Strathclyde	9
Northern	42
South West Scotland	22
Tayside	12
Outside Scotland	5
TOTAL	185

NUMBER OF RISK ASSESSMENTS COMPLETED ON REGISTERED SEX OFFENDERS - BY CJA	
Fife & Forth Valley	103
Glasgow	146
Lanarkshire	61
Lothian & Borders	244
North Strathclyde	60
Northern	112
South West Scotland	104
Tayside	44
Outside Scotland	30
TOTAL	904

NUMBER PRISON STAFF COMPLETED TRAINING ON RISK/PROGRAMME DELIVERY	
Aberdeen	3
Addiewell	6
Barlinnie	4
Cornton Vale	-
Dumfries	19
Edinburgh	29
Glenochil	-
Greenock	2
Inverness	6
Kilmarnock	-
Open Estate	-
Perth	2
Peterhead	20
Polmont	-
Shotts	2
TOTAL	93

NUMBER SOCIAL WORK STAFF COMPLETED TRAINING ON RISK/PROGRAMME DELIVERY	
Aberdeen	-
Addiewell	-
Barlinnie	1
Cornton Vale	-
Dumfries	-
Edinburgh	-
Glenochil	-
Greenock	4
Inverness	2
Kilmarnock	-
Open Estate	-
Perth	2
Peterhead	5
Polmont	-
Shotts	2
TOTAL	16

The following section has been supplied by the State Hospital and is required to be included in all MAPPA annual reports.

## **12. The State Hospital**

Risk assessment and management at the State hospital is an integral part of the care and treatment planning process for all restricted patients. Structured clinical judgement tools for violence risk assessment and management have been introduced, and must be used for all patients. The policy is that:

- All clinical teams are required to adhere to a standard risk assessment and management protocol.
- Structured professional judgement tools must be used for violence and sexual violence assessment. HCR-20 is the tool of choice for risk of violence assessments, and Risk Sexual Violence Protocol (RSVP) for risk of sexual violence.
- Risk assessments and management plans should be updated and reviewed at the intermediate and annual review
- Risk assessments must never be completed in isolation and must be embedded into the patient's care and treatment plan.

The Risk Management Authority has accredited the Hospital's manner of risk assessment and management for a three-year period from September 09. Following the publication of CEL 13 (2007); a 'traffic light' contingency plan may be provided to aid the risk management process for patients transferring to less secure environments.

At the State Hospital, risk reduction programmes associated with MAPPA offenders are agreed as part of the care and treatment planning process (CPA). Risk management is co-ordinated through the Intermediate and Annual CPA reviews at Level One.

Pharmacological and Cognitive Behavioural Therapy treatments form the backbone of treatment programmes for patients suffering from mental illnesses. This is complemented by participation in Sex Offending; Drug and Alcohol; Anger Management; Fire raising; Coping with Mental Illness and other group work programmes.

### **13. Treatment Programmes**

#### **The Community Sex Offender Group Work Programme (C-SOGP) – (Accredited)**

Over the course of the last Annual Reporting period 01.04.08 – 31.03.09, there have been twenty-five referrals to the Programme Delivery Team (PDT) in the Ayrshire Partnership area for inclusion in the Community Sexual Offending Groupwork Programme (C-SOGP). Of these, six individuals were not suitable for the programme and therefore nineteen men commenced the Induction Stage of the programme during this period.

Three induction groups commenced to accommodate these men. Sixteen men completed this stage of the programme and, in accordance with accreditation standards, subsequently completed psychometric assessments in order to inform the next stage of the treatment process. One individual is required to undertake work with a PDT facilitator and his case manager in order to complete the Induction module. Two men were de-selected from the programme during their induction group. A Core Group and a Relapse Prevention programme are being planned for the induction participants' next stage of treatment.

<b>Local Authority</b>	<b>Men referred</b>	<b>Commenced Induction Module</b>	<b>Completed Induction Module</b>	<b>2:1 required to complete Induction</b>	<b>De-selected</b>
<b>EAC</b>	<b>6</b>	<b>4</b>	<b>4</b>		
<b>NAC</b>	<b>14</b>	<b>11</b>	<b>8</b>	<b>1</b>	<b>2</b>
<b>SAC</b>	<b>5</b>	<b>4</b>	<b>4</b>		
<b>Total</b>	<b>25</b>	<b>19</b>	<b>16</b>	<b>1</b>	<b>2</b>

Plans for the implementation of C-SOGP in Dumfries and Galloway have progressed over this period with the recruitment of a further C-SOGP facilitator and subsequent C-SOGP facilitator training taking place which included three members of the PDT based in Dumfries and Galloway. These individuals have also recently undertaken training for the administration of the STEP Battery of Psychometric tests. In order for implementation plans to progress further team members are required to undertake C-SOGP Case Manager training which is scheduled for July 2009. Suitable candidates for an Induction Module have been identified and Case Management work has commenced with them. It is anticipated that following completion of the aforementioned Case Manager training the first Induction group will commence in August 2009.

## **14. Summary and Forward Plans**

As noted throughout this annual report, the arrangements for the management of offenders under the MAPPA structure was extended on 30th April 2008 to include restricted patients, in addition to registered sex offenders. Within the Scottish Government, work to agree the operational detail of extending arrangements to include violent offenders within the MAPPA framework is underway.

In South West Scotland CJA area, the governance arrangements for MAPPA have been developed, in accordance with both legislation and national guidance. The former MAPPA Implementation Group has been dissolved and a two tier structure has been implemented, to attend to the strategic and operational oversight and development of MAPPA in South West Scotland CJA. However, as we reported in the first year's annual report, the development of MAPPA is a continuing objective and below are some of the action points that we aim to address in the forthcoming year.

The Proposed future actions are:

- The strategic interface with the three strands of public protection requires continued and further development and consideration. It is necessary to ensure robust links for information sharing are established with key agencies and structures (for example Child Protection Committees, Adult Support and Protection Committees) so as to enhance the performance of MAPPA.
- To advance a protocol for critical incident review(s) and implement and review cases considered at Level 2 or Level 3 under MAPPA where a serious further offence is committed. Thereafter to identify the learning and action points to ensure that multi-agency working and the public protection arrangements are continually improved and reviewed.
- The review of the MAPPA process and local arrangements and further evaluate the operation of MAPPA in SWS CJA. This will be a continuous objective to ensure correlation with wider legislative or criminal justice or public protection developments.
- To apply approved Quality Assurance criteria to each level 2 and 3 case, analyse and evaluate findings, for consideration and review by the MAPPA Operational and Strategic Oversight Groups, in order to obtain an improvement in the quality, consistency and efficacy of the operational practice of MAPPA.
- To take forward development and delivery of a training strategy in relation to all aspects of MAPPA and associated practices.
- To continue to market the work of MAPPA, particularly with Health Services and Duty to Cooperate Agencies.
- To promote and extend the Memorandum of Understanding to include Registered Social Landlords and other core Duty to Co-operate Agencies as signatories.
- To roll out the C-SOGP to RSO's in Dumfries and Galloway.

- **ANNEX 1 GLOSSARY OF TERMS**

**Absconded** (regarding RPs) - abscond is defined as an occasion when a restricted patient is absent without authority.

**Care Programme Approach (CPA)** - 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. .

**CJSW:** Criminal Justice Social Work.

**Community Service Order (CSO)** - up to 300 hours unpaid work can be imposed by the Court to be completed within 12 months (or longer, following application to the Court for extension). Non-compliance with the terms and conditions of a CSO will result in breach proceedings being initiated by CJSW services to be heard by the Court. The Court has the option of allowing the CSO to continue, or revoking the Order and imposing an alternative sentence.

**Compulsion Order (CO)** - 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 CTO.

**Compulsory Treatment Order (CTO)** - a civil order 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** (regarding RPs) - the Tribunal is empowered to order CD 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.

**CORO** - where there is an ongoing risk of serious harm the court may make a restriction order in addition to a *Compulsion Order*. A patient on 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 on CORO in the community and the Scottish Government closely monitors the management of these patients. While a patient is on a CORO, either in hospital or conditionally discharged to the community, they are a *restricted patient*.

**Custodial Sentence** - Short Term Prisoner: custodial sentence less than 4 years imprisonment. Long Term Prisoner: custodial sentence over 4 years.

**Drug Treatment and Testing Order (DTTO)** – A court order aimed at assisting offenders to reduce drug use and related offending. An offender must agree to treatment and submit to frequent and random drug tests, attend court for monthly reviews and be supervised by a DTTO Team.

**Escorted Suspension of detention** (regarding RPs) - a period of leave from the hospital accompanied by a nurse escort and following consent from Scottish Ministers.

**Extended Sentence Order (ESO)** - statutory order imposed by Court at time of sentencing – may be imposed on short or long term sentence, i.e. in 2000 sentenced to 9 years imprisonment + 5 years ESO – the offender may be released from custody in 2006 but will be subject to supervision until 2014.

**Foreign Travel Orders (FTO)** - prevent offenders 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.

**Formal Disclosure** - if a decision is made to formally disclose, then a letter of disclosure will be drafted on behalf of the Deputy or Assistant Chief Constable of the relevant Police Force. This letter should be served by the police personally on the person to whom the disclosure is to be made. The disclosure should be limited to the information necessary to minimise the risk. Officers serving this letter should ensure that they do not disclose any further information other than what is stipulated in the letter. Although no further information should be disclosed, advice and guidance on how the individual should respond to the information in order to protect themselves or others and in particular whether any further action. This procedure will only be advanced as a last resort and will be completed in consultation with partner agencies. There are various other forms of disclosure discussed in the body of this document.

**HD - 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 then they can go 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 CTO. While a patient is on a HD they are a restricted patient.

**ICM - Integrated Case Management.** ICM is predicated on a case conference model. 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 make the prisoner's stay in custody successful. The case conference will also examine the assessed risks the prisoner poses and help decide on appropriate interventions aimed at reducing those risks. This particular approach should prove useful in (a) keeping the prisoner 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.

**Legally insane** - a small number of mentally disordered offenders are found unfit to plead (also known as insanity in bar of trial) or are acquitted due to insanity at the time they committed an offence. Legally such individuals are regarded as insane, even though this is not a term used by mental health professionals. In these cases courts may make a mental health disposal and in most cases individuals are detained in hospital.

**Life Licence** - those who have received a mandatory life licence (e.g. murder); those who receive a discretionary life licence – imposed in respect of repeat offenders.

**Missing** - a Sex Offender should be considered as Missing in the following circumstances; Where the current whereabouts of an offender is unknown and Police enquiries to establish their whereabouts have been unsuccessful. As a result of these actions the risk management process may not be achievable and there exists a requirement to trace the individual and address the risk he/she may pose and establish if further offences have been committed. Those offenders who have left the territorial jurisdiction of the United Kingdom and whose location abroad is known are not considered as missing. The requirement to comply with the registration process is suspended whilst offenders are out with the UK. Where appropriate, consideration should be given to establishing whether the offender has committed an offence relative to notification of his/her foreign travel. In this situation if an arrest warrant is issued relative to such an offence the offender should be regarded as Wanted.

**Non Parole Licence** - all long term prisoners, excluding life sentence prisoners, are automatically released on Non Parole Licence when they have served 2/3 of custodial sentence.

**Notifiable Offence** - if someone is convicted of a sex offence they become known as a notifiable sex offender. They must provide or 'notify' the police with certain information about themselves at agreed points in time and for an agreed number of years (in some cases for life). This is what is commonly referred to as being on the Sex Offender Register.

[http://www.opsi.gov.uk/acts/acts2003/ukpga\\_20030042\\_en\\_6#pt2-pb1](http://www.opsi.gov.uk/acts/acts2003/ukpga_20030042_en_6#pt2-pb1)

**Notification Order (NO)** – require sexual 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 (OLR)** - where the High Court considers that the risk criteria are met, a Risk Assessment Order (RAO) may be made after conviction and the resultant risk assessment report will inform the Court's judgement on whether an OLR should be imposed.

**Parole Licence** - offenders can apply for parole when they have served half of their custodial sentence. Parole Board for Scotland consider application for early release which includes reports from community social worker, prison based social worker, Personal Officer (SPS), etc.

**Probation Order** – This order can be imposed for any length of time between 6 months to 3 years and various conditions can be attached at the point of sentencing, i.e. address sexually offending behaviour within the community. Commission of further offence is an automatic breach of order and if breach established at Court, the offender is remitted back to court where the Court may continue the order or revoke the order and impose an alternative sentence in respect of the breach, the 'new' offence and previous offence. Failure to comply with the conditions attached to the order will also result in breach proceedings being initiated by CJSW services.

**Restricted Patient (RP)** – This is an offender defined under the Management of Offenders etc (Scotland) Act 2005 Section 10, (11 (a) to (d)).

[http://www.opsi.gov.uk/legislation/scotland/acts2005/asp\\_20050014\\_en\\_1#pb3-l1g10](http://www.opsi.gov.uk/legislation/scotland/acts2005/asp_20050014_en_1#pb3-l1g10)

**Registered Sex Offender (RSO)** – This is an offender convicted of an offence specified in the Sexual Offences Act 2003 and therefore subject to the notification requirements of this act.

[http://www.opsi.gov.uk/Acts/acts2003/ukpga\\_20030042\\_en\\_1](http://www.opsi.gov.uk/Acts/acts2003/ukpga_20030042_en_1)

**Restriction of Liberty Order (RLO)** – A court order requiring an offender 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 of Sexual Harm Order (RSHO)** - place restrictions 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 s/he need not have any previous convictions.

**Section 229:** This refers to a Probation Order which includes a requirement to undertake unpaid work for the benefit of the community (Community Service). Commission of further offence is an automatic breach of the order and if breach established at Court, the offender is remitted back to court. The Court may continue the order, or revoke the existing order and impose an alternative sentence for the breach of the order, the 'new' offence and the previous offence. Failure to comply with the conditions attached to the order will also result in breach proceedings being initiated by CJSW services.

#### **Serious Sexual/Violent Offence -**

As per the Scottish Government *Crime and Statistics Bulletin: Crime and Justice Series*.

<http://www.scotland.gov.uk/Resource/Doc/239682/0066121.pdf>

This includes – Crimes of Sexual Harm or Non-Sexual Crimes of violence.

#### **Non-Sexual Crimes Of Violence -**

Includes murder and culpable homicide (including the statutory crime of causing death by dangerous driving or causing death by careless driving while under the influence of drink or drugs). NB an assault is classified as serious if the victim sustained an injury resulting in detention in hospital as an in-patient or any of the following injuries whether or not he was detained in hospital: fractures, internal injuries, severe concussion, loss of consciousness, lacerations requiring sutures which may lead to impairment or disfigurement or any other injury which may lead to impairment or disfigurement. Robbery - includes offences involving intent to rob. Also includes threats and extortion and cruel and unnatural treatment of children.

**Crimes of Indecency:-** Rape & Attempted Rape (comprises rape and assault with intent to rape.) Indecent Assault, Lewd and indecent behaviour (Previously titled "Lewd and libidinous practices") and comprises lewd and libidinous practices against children and indecent exposure. Other - includes offences connected with prostitution. For the purpose of this report will also include any Scottish Offence listed within Schedule 3 of the Sexual Offences Act 2003 Part 2 –

[http://www.opsi.gov.uk/Acts/acts2003/ukpga\\_20030042\\_en\\_12](http://www.opsi.gov.uk/Acts/acts2003/ukpga_20030042_en_12)

**Sexual Offences Prevention Order (SOPO)** - a court may make a SOPO at the time of dealing with certain sexual offenders or when the police make a special application on account of the offender's behaviour in the community. A SOPO will require the subject to register as a sexual offender and can include conditions, for

example to prevent the offender loitering near schools or playgrounds. If the offender fails to comply with (i.e. breaches) the requirements of the order, he can be taken back to court and may be liable to up to 5 years' imprisonment.

**Short Term Sex Offender Licence** - all sexual offenders sentenced to 6 months or more but less than 4 years will be released on such a licence. Release will occur after completion of half the sentence subject to licence conditions for the duration of the sentence.

**Standard Licence Conditions** - Standard Licence Conditions apply to all 'licences' whether on 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 CJSW.

**Statutory Supervision** - includes Life Licence, Parole Licence, Non Parole Licence, Extended Sentence Order, Order For Lifelong Restriction, Short term Sex Offender Licence, Probation Order, Community Service Order. All of which are defined.

**Suspension of Detention** (regarding RPs) - a period of leave either escorted or unescorted following consent of Scottish Ministers.

**TTD** - 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 go 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 CTO. While a patient is on a TTD they are a restricted patient.

**Unescorted Suspension of Detention** (regarding RPs) - a period of leave from hospital under specified conditions as part of gradual rehabilitation programme and only following MAPPAs consideration and Scottish Ministers' consent.

**ViSOR** - Violent and Sex Offenders Register. ViSOR provides a central database, accessible across the UK, of violent and sexual offenders managed within the Multi-Agency Public Protection Arrangements (MAPPAs). It also contains details of other persons who may not have a conviction for a violent or sexual offence, or indeed any criminal offence, but are assessed as posing a risk of serious harm to the public.

**Wanted** - An RSO should be considered as wanted in the following circumstances; where it is known that an offender is actively avoiding police in response to police enquiries to trace that individual relative to offences they may have committed or in relation to other matters for which it is required that they be interviewed. This may include those occasions where an offender is the subject of an arrest warrant.