



Annual Report 2023 – 2024

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Introduction

As the new independent Chair of the North Strathclyde Strategic Oversight Group (SOG), it is my privilege to introduce the 2023/24 Annual Report covering our combined MAPPA Area.

As one of the main pillars of public protection, MAPPA exists so that key stakeholders such as the Police, Prison Service, Local Authorities, NHS, and other Duty to Co-operate agencies can work together to protect communities, reduce the risk of re-offending and support rehabilitation.

The information contained within this report reflects the commitment and efforts of staff in all agencies to this challenging and complex activity and sets out our intention to continue to develop strong partnerships and explore new ways of improving our approach to protecting the public.

Following the challenges of the recent pandemic, the SOG have taken the opportunity to refresh our strategic objectives and clearly set out our shared vision, mission, purpose, and values so that the public and our people can have clarity and confidence in our commitment to meeting our desired future state.

These have been set out in the preface of the report along with our partnership statement to demonstrate our dedication to upholding the highest standards of safety & protection across all areas of shared responsibility.

Of course, it is never possible to eliminate risk entirely, however, by seeking to work together in a context of continuous learning and improvement, it is my firmly held belief that we can build a culture of safety and protection that our communities can justifiably trust in.

I hope you find this annual report helpful in understanding how agencies across North Strathclyde are working together to protect the public.

Gerry McBride
Chair
MAPPA Strategic Oversight Group

OUR VISION, MISSION, PURPOSE & VALUES.

For any organisation to advance its cause, it is necessary for its strategic leaders to clearly set out its vision, mission, purpose and values so that everyone has full clarity of understanding on its desired future state.

In summary, the mission statement defines what an organisation does, the vision statement defines where it wants to go, the purpose statement defines why it exists, and values define how it operates.

In this way, each component part serves as the foundations of the strategic framework and helps shape a culture of safety and protection.

The vision, mission, purpose and values of the North Strathclyde MAPPA SOG are outlined as follows:

Our Vision: *To deliver services that transform lives and where citizens feel safe, protected and confident in the strength of the partnership supporting their communities.*

Our Mission: *Working together, every day to reduce the risk of serious harm to the public.*

Our Purpose: *To build a culture of safety, protection & collaboration.*

Our Values:

We commit to

- *being standards driven in our collective approach to Public Protection.*
- *support and empower our people in their training, development & operational proficiency.*
- *treating everyone with dignity, compassion and respect.*
- *see beyond the bounds of convention in the pursuit of our mission.*
- *learning from experience to influence the future.*
- *embrace accountability to each other and the public.*
- *listening to others, especially victims in the way we shape our services.*

PARTNERSHIP STATEMENT

Everyone within the North Strathclyde MAPPA partnership – especially those in positions of leadership and responsibility – values the lives, safety and well-being of each person within our communities.

Together, we seek to uphold the **highest standards** of safety & protection across all areas of shared responsibility.

As a partnership, we accept that it is the responsibility of everyone to **work collaboratively** to uphold these standards in a way that helps protect communities and manages the risk of serious harm.

The members share the objective that high-quality operational practice is consistently and effectively delivered across the partnership area and that our people are supported & empowered to give of their best in this critical function.

What is MAPPA?

MAPPA stands for Multi-Agency Public Protection Arrangements and its primary purpose is to maintain public protection and the reduction of serious harm. The protection of children, adults at risk and other members of the public are paramount. MAPPA is a model of organising and co-ordinating information and creating and reviewing risk management plans of individuals subject to the Sex Offender Notification Requirements (SONR), mentally disordered offenders (restricted patients) and Other Risk of Serious Harm offenders (Violent Offenders)

Legislation defines responsible authorities and those with a duty to co-operate (DTC). The responsible authorities in North Strathclyde are:

- Police Service of Scotland
- Inverclyde Council
- Renfrewshire Council
- East Renfrewshire Council
- West Dunbartonshire Council
- East Dunbartonshire Council
- Argyll & Bute Council
- Greater Glasgow and Clyde Health Board and Highland NHS (for Restricted Patients)
- Scottish Prison Service (SPS)

Authorities responsible for the assessment and management of offenders who are subject to MAPPA. Authorities with the duty to co-operate include:

- Scottish Children's Reporter Administration
- Electronic Monitoring Providers i.e. G4S
- Health Services/NHS
- Social Rented Landlords
- Department of Work and Pensions

These agencies are required to accept, provide, and share appropriate information to support the risk management planning of MAPPA offenders.

Who are registered sex offenders?

MAPPA-eligible Offenders

There are several offenders defined in law as eligible for MAPPA management, because they have committed specified sexual and violent offences, or they currently pose a risk of serious harm. Most offenders (88.97%) are managed under routine agency arrangements (Level 1). These offenders are subject to multi-agency MAPPA meetings and have recorded risk management plans in place. These offenders are often managed by one or two agencies.

Level 2 MAPPA offenders will require multi-agency involvement in all cases and require the scrutiny of senior Social Work, Police or Health care management in the risk management planning. As of 31st March 2024(10.2%) of offenders are managed as Level 2.

Level 3 offenders are the critical few, whose risk of serious harm are assessed as complex and require a significant resource input from services that requires the oversight of Social Work Head of Service/Detective Superintendent or Senior Health Manager. As of 31st March 2024 (1.1%) of offenders are managed as Level 3.

How are they managed?

There are **three** levels of management which are based upon the level of multi-agency co-operation required to implement the risk management plan effectively. Those subject to MAPPA can be moved up and down levels as appropriate.

[Section 10 \(1\) \(a - e\) of the Management of Offenders etc. \(Scotland\) Act 2005](#) sets out three broad categories of offender who can be subject to MAPPA.

However, in Scotland only Category 1 and Category 3 are managed under MAPPA.

- Category 1: Sex offenders subject to SONR (Sex Offender Notification Requirements)
- Category 3: Other Risk of Serious Harm Offenders

This guidance relates to the operation of the provisions for the following.

Categories of offenders:

Registered Sex Offenders (RSOs) – those offenders convicted of an offence. Listed in Schedule 3 to the Sexual Offences Act 2003 and required to comply with the sex offender notification requirements (SONR) set out in Part 2 of the 2003 Act. Those made subject to a Sexual Offences Prevention Order (SOPO), or convicted of a breach of a Risk of Sexual Harm Order (RSHO).

Mentally Disordered Restricted Patients – this category of offender is detailed in chapter 10 and comprises those subjects to any of the following orders or directions:

Patients who are detained following conviction under section 57A and section 59 of the Criminal Procedure (Scotland) Act 1995.

Patients who are detained under section 57(2) (a) and (b) of the Criminal Procedure (Scotland) Act 1995 Compulsion order with a Restriction Order following a finding of unfitness for trial or acquittal by reason of mental disorder.

Prisoners detained in hospital on a Hospital Direction under section 59A of the Criminal Procedure (Scotland) Act 1995 or a transferred prisoner on a Transfer for Treatment Direction under section 136 of the Mental Health (Care and Treatment) (Scotland) Act 2003.

Other Risk of Serious Harm Offenders - offenders not required to comply with the SONR or are a mentally disordered restricted patient, who by reason of their conviction is subject to supervision in the community by any enactment, order, or licence; are assessed by the responsible authorities as posing a high or extremely elevated risk of serious harm to the public, which requires active multi-agency management at MAPPA level 2 or 3.

There are **three** management levels intended to ensure that resources are focused upon the cases where they are most needed, those involving the higher risks of serious harm. The levels are described as follows:

- **Level 1:** routine risk management – where the risks can be managed by a single agency or multi-agency but do not require the attendance or commitment of resources at a senior level.

- **Level 2:** multi-agency risk management – where the risks require multi-agency involvement and management oversight along with the resource input of senior management.
- **Level 3:** Multi Agency Public Protection Panels (MAPPP) – For the critical few where the risk presented 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. It can also be where there are elevated levels of media scrutiny and/or public interest in the management of the case.

When an offender is placed on the SONR, the MAPPA Co-ordinator receives a MAPPA notification. Where a MAPPA offender meets the Level 2 or 3 criteria, a referral is also made. A Level 3 MAPPA meeting must be held within 5 days of a referral being made, and a level 2 meeting held within 20 days.

Co-ordination is a crucial element of the MAPPA and ensures that the relevant functions of the framework operate effectively. The co-ordinator facilitates the responsible authorities in their statutory responsibility to do the following:

- Receive referrals of RSOs, other risk of serious harm offenders and restricted patients who pose a risk of serious harm which needs to be managed at either Level 2 or Level 3.
- Share relevant information to aid with the management of the risk of serious harm, with other agencies within MAPPA on the basis that the information will be held securely and used by appropriate personnel within those agencies for public protection purposes only.
- Receive the risk management plans and minutes from all relevant level 2 and level 3 meetings, clearly showing the status of each offender, the agencies which are delivering components of the plan, timescales, review arrangements and the point at which the offender is due to exit the multi-agency risk management process.
- Provide a single point of contact for advice on all aspects of MAPPA.

STRATEGIC OVERSIGHT GROUP

STRATEGIC PRIORITIES OF THE SOG.

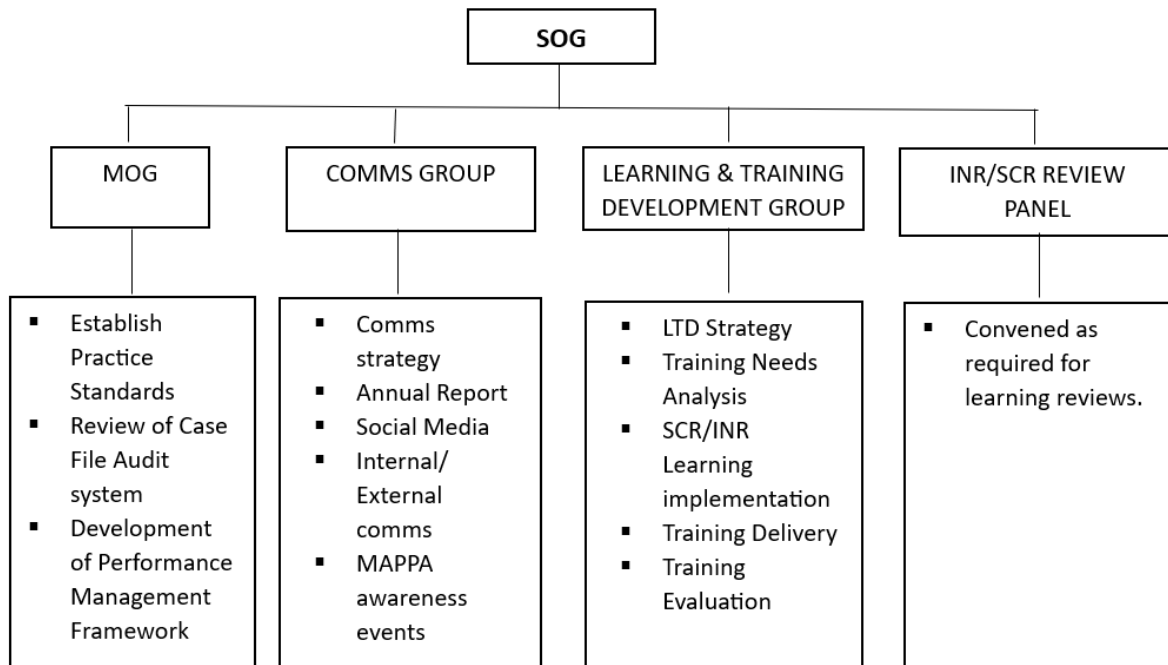
National MAPPA guidance sets out the role and priorities of each SOG as follows:

- Performance Management & Quality Assurance
- Cooperation & Training
- Significant Incident Review
- Annual Report

In terms of strategic governance, this poses the following questions for the SOG:

- Are we as good as we think we are, and how do we know it?
- How well do we work together?
- How do we equip our people with the right tools and skills to do their job?
- How do we learn and demonstrate improvement?
- How do we communicate with the public?

Structure / Governance



MAPPA responsible authorities are required to establish local strategic boards which are primarily in place to have oversight of the arrangements including performance management and quality of MAPPA in their area.

Their duties also extend to providing strategic decision making in strengthening and improving the MAPPA process. The SOG has responsibility for the formal review of significant cases including the commissioning of Significant Case Reviews and making recommendations on any subsequent findings.

The North Strathclyde SOG provides leadership for MAPPA locally and from its different agency representation assists forming and ratifying protocols and procedures for how MAPPA should operate.

The SOG has clear links with other local strategic multi-agency groups and communicates joint arrangements i.e. local child and adult protection committees. The SOG provides an oversight function that supports public reassurance and the identification of good practice in all areas of MAPPA.

The North Strathclyde SOG membership includes representation from senior management from the following agencies:

- Local Authorities
- Police
- Health
- SPS
- Housing
- MOG Chair
- MAPPA Coordinator

To support a robust and accountable reviewing process in cases where further serious offences have or may have been committed by offenders subject to MAPPA, the SOG has established an Initial Case Review Executive Group

The purpose of this group is to consider all Initial Case Reviews (ICR) and form a view on whether a Significant Case Review (SCR) is required. The group's membership is made up of the following:

- SOG Chair
- Deputy SOG chair
- Community Forensic Mental Health Manager
- MAPPA Co-coordinator
- Police/Social Work Service Manager (where appropriate)

The group will review all the information and evidence available and identify any learning opportunities and instances of good practice. Any areas of practice that require developed are recorded and feedback to the MOG for action. The Scottish Government Sex Offender Strategy Team are notified and any issues that have a wider significant impact on MAPPA are taken forward for discussion at the National SOG.

In relation to criminal justice social work cases the Care Inspectorate will also be notified when the offence has caused serious harm. This provides a defensible, robust, and accountable reviewing process in cases where further offences may or have been committed by offenders subject to MAPPA.

Initial Case Reviews

The SOG has built on national guidance in developing its arrangements for reviewing all Initial Case Reviews (ICRs). An ICR takes place when the following occur:

- When an offender managed under MAPPA at any level, is charged with an offence that has resulted in the death or serious harm to another person, or an offence listed in Schedule 3 of the Sexual Offences Act 2003.
- Significant concern has been raised about professional and/or service.
- involvement, or lack of involvement, in respect of the management of an offender under MAPPA at any level.
- Where it appears that a registered sex offender being managed under MAPPA is killed or seriously injured as a direct result of his/her status as a registered sex offender.
- Where an offender currently being managed under MAPPA has died or been seriously injured in circumstances likely to generate significant public concern.

MAPPA OPERATIONAL GROUP

MAPPA within the North Strathclyde area is managed by the MAPPA Operational Group (MOG). This group is made up of the responsible authorities mentioned in section 2 at Local Authority Service Manager and Police Detective Chief Inspector level. It also has representation from the MAPPA Co-ordinator, Victim Support, Local Authority Housing and the Department of Work and Pensions.

The MOG's primary functions are to ensure the operational functioning of MAPPA is effective, through gathering of information pertinent to the delivery of MAPPA processes within its area.

The MOG has devised three Thematic work groups which cover the following areas.

1. Quality Assurance and Performance Management
2. Practice, Training and Development
3. Partnership Working

The above provides a structured approach to effectively integrate with the work of the Strategic Oversight Group (SOG) and allows priorities to be identified from both the strategic and operational levels. This structure also allows SOG members to oversee and direct the MOG regarding any issues that require addressing.

Any processes or amendments to existing procedures agreed by the MOG require to be taken to the SOG for final ratification.

Sex Offender Policing Unit

The Sex Offender Policing Unit (SOPU) is a specialist unit within Police Scotland that are responsible for managing Registered Sex Offenders (RSOs), as defined by the Sexual Offences Act 2003. This is done under the auspices of MAPPAs. There are SOPU Units based in each Policing Division in Scotland under the remit of the Division's CID Public Protection Unit.

The SOPU's principal role is to keep people safe by policing the restrictions placed on RSOs and actively investigating any matters of concern.

We collaborate very closely with partner agencies such as Justice Social Work, Health, and Local Authority Housing. This can include joint agency home visits, Risk Management Authority (RMA) approved risk assessments, joint enquiries, and MAPPAs meetings under a joint understanding of information sharing and co-working.

These actions and MAPPAs meetings lead to the creation of Risk Management Plans (RMPs) which address the specific risks posed by the RSOs, whilst remaining proportionate and deliverable. For more complicated cases, the direct input, support, and advice of the MAPPAs Unit is sought through the MAPPAs 2 & 3 processes. Advice is also sought for MAPPAs1 cases where MAPPAs may have access to other agencies out with the immediate MAPPAs partners.

In general, working under MAPPAs gives SOPU officers the confidence to engage with partners openly and provides a source of additional support and overview.

I am the Detective Sergeant principally covering the Argyll and Bute Council area of the Argyll and West Dunbartonshire Division. The Argyll area covers Helensburgh, Dunoon, Isle of Bute, Lochgilphead, Campbeltown, Oban, Isle of Mull, Isle of Islay, and the smaller islands such as Tiree. There are three officers, known as Lead Investigators, who work in Argyll with me and are based throughout the area. We collaborate very closely with Justice Social Work and Housing Services of Argyll and Bute Council, usually meeting or working together on a near daily basis.

This close partnership allows issues of concern to be tackled using the key strengths of each agency, with MAPPA providing the framework for this professional relationship to develop.

Justice Social Work role in MAPPA

Justice Social Work features a key role within MAPPA. The Local Authority is the responsible Authority with primary responsibility for the management of individuals subject to statutory supervision in the community. The responsibility for any joint arrangements within a local authority lies primarily with the Chief Social Work Officer. Other services do however also feature in this process and have a duty to co-operate, including Police, Housing, Children and Families, Adult Protection, Health, and Addictions.

As well as a role in MAPPA, Justice Social Work in general has several responsibilities noted below, many of which have MAPPA involvement. This includes but is not limited to.

- Completing complex, comprehensive, and robust risk assessments and the provision of reports to assist decisions on sentencing.
- Contributing to multi-agency planning for the management of Public Safety through MAPPA
- Providing a throughcare service to prisoners released on statutory supervision to assist with general resettlement upon release from custody with the aim of reducing re-offending, increasing social inclusion, and maintaining Public Protection.
- Delivering programmes to address sexual offending to those who meet the requirements of assessments.

Justice Social Works involvement in the MAPPA process has many benefits, the offer of partnership working with statutory, and third sectors agencies involved in risk management has clear advantages. This is essential to the management of individuals in the community. This can take place in many forms, with agencies often coming together to plan a coherent, robust, and well-informed approach to individual risk management in the community.

When Justice Services work in partnership with other agencies it becomes more possible to create strategies to identify and manage risks at the earliest opportunity thus benefiting public protection. It also offers the opportunity for the implementation of joint decision making, as well as considering a coordinated action plan to assess, manage and reduce risk, which offers reassurances that all decisions made are well thought out and defensible. This is found to be fundamental when engaging in work and preparing reports for other stakeholders, including the Parole Board.

Partnership working includes the compiling of joint MAPPA risk assessments and approaches to practice, including when undertaking Environmental Risk assessments, joint home visits and general information sharing pre and post custody.

This results in not only a more robust and well-informed risk assessment / case management plan but again ultimately has a wider benefit for victims and the wider public whom services are collectively making efforts to protect. Victim safety planning is a key area within any risk management plan, and this is often developed through information sharing

with partnership agencies. This is imperative given my experience informs me that victims are often reluctant to share information with all agencies involved in MAPPA, therefore being able to gather this information from relevant and better placed agencies, without having to speak directly to victims is beneficial.

Joint working also offers increased resilience for staff, working with what is already a marginalised, albeit risky and challenging service user group, where it is often the case than lone working is unsafe for a variety of reasons. Working in partnership with colleagues at MAPPA helps set out expectations to service users being managed in the community, and this helps support Justice Social Work with the overall directions and decisions of risk management. Those that undertake home visits often feel safer completing the visits with Police colleagues.

Justice Social Workers do at time work in isolation, albeit efforts are made to avoid this where possible. It is also often the case that Justice Social Work would not have access to such sensitive information relevant to case management if it were not for the information sharing from Police and other colleagues involved in the MAPPA process. This promotes victims' safety and reiterates that partnership working is fundamental to practice.

Over time knowledge of the MAPPA process has increased and evolved through training often delivered by the MAPPA Unit, and through general practice experience. This has also been influenced and assisted by building relationships with colleagues in numerous services, particularly with officers at SOPU.

SOPU continues to aid with the management of individuals in the community and these discussions naturally contribute to decisions made in the wider MAPPA process including for example when undertaking Environmental Risk Assessments and contributing to MAPPA File Audits.

it is evident that Justice Social Work plays a key and leading role in the MAPPA process and there are clear benefits to partnership working collectively on staff, service users, victims and the wider public.

The Scottish Prison Service

The Scottish Prison Service is the Responsible Authority for Category 1 registered sex offenders and Category 3 other risk of serious harm offenders whilst they are in prison. HMP Greenock is one of two prisons within the North Strathclyde catchment area (Low Moss being the other). It has three main populations, Local Remand and Short-Term Adult Males (21+), Long Term and Lifers Adult Males (21+) who are starting to access the community for testing as part of a progression pathway and a mix of Remand, Short Term, Long Term and Life sentenced Adult Females (21+). All these population groups may be represented and managed under MAPPA.

Whilst a person is in custody, Prison Based Social Workers (PBSW) will apply the appropriate risk assessment tools. This is done in conjunction with Community Based Social Workers (CBSW) and other members of the community criminal justice teams i.e. Police, Housing and

Mental Health Professionals. These tools are crucial in determining how a person should be managed during their sentence and for pre-release planning.

The SPS will actively seek the assistance of these groups during both Risk Management Meetings when discussing progression to less secure accommodation and contributing to the Integrated Case Management meetings to discuss the prisoners sentence management. The SPS will also attend any MAPPA meetings in the community to give feedback and report in cases being discussed as part of any pre-release meetings. These meetings rely on collaborative team working and information sharing from both community partners and the prison Risk Management Group.

Health

NHS Greater Glasgow and Clyde (NHS GGC) plays a role and has responsibilities within the MAPPA framework as set out in the Management of Offenders etc. (Scotland) Act 2005.

NHS GGC has a duty to cooperate in respect of Offenders managed under the MAPPA Framework. They are also a responsible authority for a specific group of individual's namely restricted patients.

Within the responsible authority role NHS GGC have designated senior managers who carry out the roles/responsibilities on behalf of the health board, they act as members on both operational and strategic MAPPA forums, MOG and SOG, any additional SLWG formed to address MAPPA related issues and provide a MAPPA health chair to chair all restricted patient MAPPA meetings.

As a duty to cooperate agency NHS GGC has created the role of MAPPA Health Manager-Duty to Cooperate, this role acts as the single point of contact for all duty to cooperate requirements. The MAPPA health Manager will provide information to the MAPPA meetings where it's required and deemed to be essential to the risk management of the individual subject to MAPPA. They act as a link into services and support services to attend MAPPA meetings for individual's involved with that service.

NHS GGC has developed a MAPPA e learning module that is accessible to all staff through the NHS e-learning platform in addition to this, bespoke awareness raising sessions are delivered to clinical staff on request. An NHS GGC representative co-chairs the Forensic Network MAPPA Health Liaison group a national group set up to share good practice and undertake specific MAPPA Health related pieces of work where required.

The Role of the Sex Offender Liaison Officer (SOLO) in MAPPA

In North Strathclyde there is a Housing SOLO in each of the 6 local authority areas. The SOLO is the single point of contact in MAPPA for all housing issues. The key document within MAPPA in relation to housing is the National Accommodation Strategy for Sex Offenders (NASSO) which was most recently updated in 2019.

Appropriate settled housing makes a key contribution to managing offenders in the community and reduces the risk of re offending. The SOLO plays a leading role in identifying housing and the SOLO works with both Council housing departments and Registered Social Landlord in this respect.

Robust risk assessments are carried out on potential housing to ensure community safety and the safety of the offender. The SOLO co-ordinates annual updates on the accommodation and will co-ordinate any agency request for information which may have an impact on the management of offenders. This includes intelligence from landlords obtained through their day-to-day housing management duties of their housing stock.

The North Strathclyde SOLOs meet on a quarterly basis to share best practice and ensure that the housing involvement is consistent across the 6 North Strathclyde local authorities.

Case Study

The following are three examples of good collaborative working between agencies involved in the MAPPA process. They highlight good practice and the benefits of working together.

Case Study 1

Mr A was in custody preparing for release of a Short-Term Sex Offender Licence. He received diagnosis of autism 10 years previously yet since his diagnosis he has received no supports for this, relying solely on his family.

He had never lived independently, and his levels of capacity were unknown. Through the ERA process it was identified that he could not return to his family home upon release. Mr A was accepting of this, but his family were concerned that he would not be able to cope in an independent tenancy.

To prepare for this PBSW, CBSW and health worked closely together to arrange a capacity assessment in the first instance. This was undertaken prerelease by staff who were trained in assessing individuals with autism to identify specific needs. Following this assessment Mr A began a life skills course in custody to prepare him for independent living upon release. Reports were that he did very well.

In conjunction with the prerelease supports, CBSW held discussions with homelessness services to try to secure appropriate manageable accommodation. CBSW approached a Local housing provider and through negotiation a manageable property was identified.

To secure the property in preparation for Mr A's release the Service covered the initial rental cost and homelessness staff visited Mr A in custody to support him with the forms and benefits applications. Mr A's family prepared the property prior to release to ensure that the transition was as comfortable for Mr A as possible with familiar items from home in place.

CBSW then enlisted the support of an autism specialist with a view to both supporting Mr A upon release and advising staff of Mr A's levels of responsibility. Relevant staff also benefitted from neurodiversity and autism training at his time to enhance knowledge. Mr A was

released as planned an appropriate level of supports were put into place (that included his family) and his resettlement to date has been successful.

Case Study 2

65-year-old male, Registered Sex Offender subject to Sexual Offences Prevention Order from 2016 after his release from his custodial sentence with main index offence being of a violent sexual nature towards females. Required period of psychiatric inpatient treatment due to decline in mental health. Diagnosis of Organic Psychosis and also has a diagnosis of Parkinson's Disease. Several breaches of SOPO conditions and further custodial sentences between 2016 and 2019.

Managed by the Clyde Forensic Community Mental Health Team/Renfrewshire Health and Social Care Partnership involving all disciplines within the team managing his level of risk and need associated with being RSO and subject to a SOPO. Disciplines involved from FCMHT: Social Work, Community Psychiatric Nursing, Consultant Psychiatrist, Occupational Therapy.

Subject to MAPPA level 2 and CPA. Meetings held between all agencies under MAPPA and additionally CPA 3 monthly for management of risk, discussion re any breaches of SOPU, pending outstanding charges and sharing of information between all involved agencies. Meetings focused both on the individual's risk re offending and management plan but also on the physical health needs associated with the progressing Parkinson's Disease.

Diagnosis of Parkinson's Disease is progressive and over time an increased package of support within his tenancy was required to reflect increasing physical health needs. Provided through Self Directed Support Option 3, funded through Renfrewshire Health and Social Care Partnership. Due to the individual being an RSO and having a SOPO there required to be clear and effective communication between all agencies to manage the individuals' risks associated with offending behaviours and when he was able, management of this when out in the community. Additionally, as his physical health declined, and the package of support required within his tenancy involved personal care support there was very detailed risk assessment compiled between all involved agencies. The individual had 60 hours of support provided within the community. This was managed initially between two providers. In terms of risk assessment there required to be a male worker present for personal care. No lone female working, support provided in pairs both for risk management but given the individuals needs progressed and mobility/weightbearing abilities significantly declined then for moving and handling and use of hoist two carers at all times were also required to comply for moving and handling regulations.

The individual was requiring increased support with personal care and his ability to go out declined to the point he could no longer go out in the community alone using his wheelchair due to poor muscle strength and manual dexterity. Speech declined and he was struggling with verbal communication. There was some change required with his package of support. The change of provider was successful, and the full package was being provided by one provider who also acted as corporate appointee as he lacked capacity in terms of managing his finances. His allocated Social Worker within the FCMHT had begun looking for Nursing Homes within and out with the Renfrewshire Area due to the decline in his physical abilities

and acknowledgement that although there remains risk associated with potential breaches of his SOPO by offending behaviours there was also increasing risk with his level of physical health needs and risk to his well-being.

It was acknowledged at this time that any move into a care home would need to be carefully co-ordinated with Police SOPO Unit/MAPPA and all professionals from supporting agencies to ensure that if it was a care home out with Renfrewshire that a formal request was made to that Local Authority to accept the individual into their area as per procedures of moving an RSO to another area. Additionally, there would need to be planning with the care home to ensure there was a detailed risk assessment and risk management plan and Care home management having clear oversight of the SOPO conditions and actions required if this was breached. The search for an appropriate care home commenced about 2 years ago however due to the individuals background and being a RSO subject to a SOPO all Care Homes approached noted they were unable to meet his needs. These needs were not just about his physical care but also his risk of sexualised behaviours towards staff and safeguarding their residents and visitors. The need for a suitable care home remained on the agenda of the MAPPA and CPA's meetings and it was noted that due to his risk profile it was proving difficult to identify a suitable placement.

The tenancy the individual was in was no longer suitable for his physical needs he required an accessible accommodation with appropriate bathroom equipment for personal care and accessibility form. The Parkinson's had progressed to the stage of him being bed bound with high level need and risks associated with swallowing and diet. Risk of aspiration. Fully dependant on maximum assistance of two carers four times daily for full personal care support increase continence care and bed bath. Assistance was required with all meals preparation and eating as he was no longer to eat independently and there was additionally risk of choking. There was concern about the periods during the day and night that he did not have support in place due to his high-level need and being bed bound. Given issues with no care home accepting the individual within Renfrewshire or out with a new accessible accommodation was identified however at the same time he was signing for this there was two other coinciding incidents that occurred. Firstly, there was an Adult Support and Protection referral relating to an incident of concern relating to neglected personal care and an ASP Investigation was undertaken. During this period there was a further decline in the individual's physical health and increased risk of aspiration and he was admitted to a medical ward within the local hospital on 11/12/23 with a lower respiratory tract infection/aspiration pneumonia. The Consultant assessed he was palliative in terms of his Parkinson's (not end of life at this time) and that he was at risk of such things as aspiration and that the level of risk could not be managed in the community.

The Social Worker and CPN from the Forensic CMHT linked in with the allocated Social Worker from the Hospital Discharge Team and began to look for a suitable care home. Initially contacts with care homes were unsuccessful however one care home in Inverclyde agreed to assess him. There was a very detailed assessment completed by the Manager of the Care Home at the Hospital alongside the FCMHHT CPN who provided details of his offending history and details re his SOPO and being MAPPA level 2. Risk management was clearly discussed, and they assessed they could meet his needs.

The individual had been placed on the delayed hospital discharge list and moving to the Nursing Home Placement happened quite quickly however they had all required information

to ensure a safe transfer to the care home. The date of admission was 11th January 2024. SOPU/MAPPA were notified of the move and as it was Inverclyde it was the same division that would continue to manage the SOPO and carry out the visits.

Inverclyde Council were contacted and provided with details of the individuals move to the Care Home within Inverclyde and provided with detailed actions that had been taken to manage risks and details of the continued high-level involvement from the Clyde Forensic CMHT/Social Work. There was some notable concerns given the individuals offending history and being a RSO and subject to a SOPO by Inverclyde Council and that the Care Home may not be able to meet the needs associated with the risks. Inverclyde Service Managers from Community Care Services and Criminal Justice were invited to attend the MAPPA meeting just following his move and this allowed for discussions around the move and actions taken to ensure that the Management of the care home had all information to allow them to risk managed whilst meeting the individuals care needs. Inverclyde continue to attend MAPPA meetings as does the Manager if the Care Home. This allowed for ongoing multi-agency communication and risk management. The Care Home Management Team had full oversight of the conditions of the SOPO and aware of when and how to contact SOPU with any concerns re breach of the order. The Care Home Manager also prepared and shared a detailed risk assessment they have for their staff.

The individual has settled well into the care home with no concerns being noted since admission and no breaches of his SOPO. His care needs are being met which is important at this stage of his illness to provide him with appropriate level of care and comfort and the ongoing involvement of agencies with clear lines of communication via the formal MAPPA and CPA meetings as well as frequent contact from Social Worker/Forensic CMHT and unannounced SOPU visits manages the needs associated with his RSO Status and SOPO conditions.

This has evidenced that good effective communication across all agencies involved has enabled this gentleman to receive the appropriate care he needs to manage his declining physical health needs while balancing management of the risks associated with his RSO Status.

Case Study 3

North Strathclyde MAPPA Unit began a project in 2023 to provide MAPPA Awareness training to all Housing providers in the six local authority areas covered by North Strathclyde. The intention was to provide all attendees with an understanding of the MAPPA process and emphasis how important the Housing role was within MAPPA.

We provided this training over several months covering West Dunbarton, Argyll and Bute and Inverclyde. At this point Tim Pogson the Service Improvement Manager for Scotland's Housing Network contacted us and asked if we would provide an input to the National SOLO forum.

The success of this presentation has led to several housing agencies throughout the country contacting us requesting we provide awareness training to their staff.

We have observed an increase in co-operation with the housing agencies within North Strathclyde which has resulted in improved housing options for MAPPA individuals. Another benefit is closer communication between housing and the other MAPPA partners.

A recent case to highlight was when a housing support officer was visiting a MAPPA Individual and was present when they received a delivery of a new mobile phone. The housing support officer was aware of the requirement of the individual to notify the Police of this additional device but didn't believe that the Police would be informed.

The support officer contacted the Police and informed them about this additional device. Officers from the Sex Offender Policing Unit attended at the individuals home and asked if he had purchased or obtained any new devices. The individual initially denied he had any other devices before eventually revealing he had a new mobile phone and two new laptops.

The devices were seized and examined by experts who discovered further indecent images of children contained on them. The individual has subsequently been charged with these offences.

This highlights the importance of information sharing and partnership working between agencies.

A further housing officer contacted the MAPPA Unit after attending a MAPPA awareness training session to state that she was concerned and anxious that a MAPPA individual who had assaulted and stabbed her previously was due to be released back into the community. The MAPPA Unit were able to put her in contact with Community Justice Social Work who were able to support her with advice and reassurance about the forthcoming release.

LOCAL DEVELOPMENT

North Strathclyde MAPPA MOG and SOG have progressed all the projected areas of development set out in 2023/2024s annual report.

In last year's annual report, we stated that the following key areas of business would be undertaken. In every case these have been completed or with further development planned.

Action	What	Success Measure	Who
1	To disseminate the MAPPA Training video to all agencies as part of their initial training programmes	MAPPA Video now being utilised nationally by numerous agencies.	MAPPA Unit

2	To provide further training to Housing Staff	Ongoing training being rolled out to all Housing Agencies, four out of six North Strathclyde Local Authorities now complete. Training input also provided to national housing forum.	MAPPA Unit
3	To review the recommendations and learning points from the Glasgow SCR.	SLWG implemented with draft report complete and final report to be completed soon.	MAPPA Unit, JSW, Police.
4			

5.2 Additional Achievements for 2023/2024

The first Practitioner Development Day since Covid restrictions were implemented took place at Tweedie Hall in Linwood on the 10 November 2024. This was followed by a MOG/SOG Development Day on 31 January 2024.

5.3 Future Aims and Objectives for 2024/2025

Action	What	Success Measure	Who
1	To continue awareness training with partners across justice and increase public understanding of MAPPA.	An improved understanding of the MAPPA process by partners, third sector groups and public.	MAPPA Unit

2	To promote the level 1 MAPPA template throughout Scotland	Scottish Government agreeing to use the Level 1 template on a national basis.	Training and Development Group
3	To train new staff in the SAPROF Risk Assessment process and improve the use of this process in MAPPA	Greater use of the SAPROF Risk Assessment process in MAPPA cases including Level 1.	Training and Development Group
4	To promote the work of MAPPA through social media.		Communications Group.

ANNUAL REPORT 01/04/2023 to 31/03/2024

Sections 3 (10) and 11 of the [Management of Offenders etc. \(Scotland\) Act 2005](#) sets out the legislative requirements in respect of the publication of an annual report and the provision of information to Scottish Ministers.

The report is the responsibility of the Community Justice Authority, and the report should be made readily accessible to the public. The reporting period is from 1 April to 31 March every year. Unless stated the statistics recorded are for the reporting period 1st April 2023 to 31st March 2024.

National MAPPA Annual report 2023/24 can be found on the Scottish Government website under publications.

The Scottish Government will compile and publish on the Scottish Government website an annual statistical bulletin which will also contain a summary of matters or events which have had national significance within the reporting period.

The following tables set out the information required by Scottish Ministers.

Explanations of information are at the end of this report.

Due to reporting changes the figures include offenders who are in custody and in the community unless stated differently. Previous Annual Reports included figures of offenders in the community only.

Table 1: Registered Sex Offenders	
REGISTERED SEX OFFENDERS (RSO's)	NUMBER
a) Number of Registered Sex Offenders:	508
1) At liberty and living in your area on 31st March 2024:	332
2) Per 100,000 of the population on 31st March 2024:	
b) The number of RSO's having a notification requirement who were reported for breaches of the requirements to notify between 1 April 2023 and 31 March 2024:	32
c) The number of "wanted" RSOs on 31st March 2024:	Reported Nationally
d) The number of "missing" RSOs on 31st March 2024:	Reported Nationally
Table 2: Civil Orders applied and granted in relation to RSO's.	

The Number of	Granted by the Courts
a) Sexual Offences Prevention Orders (SOPO'S) in force on 31 March 2024	43
b) SOPO'S imposed by courts between 1 April 2020 & 31 March 2024	0
c) Risk of Sexual Harm Orders (RHSO's) in Force on 31.03.24	11
d) Sexual Harm Prevention Orders (SHPO's) in force on 31 March 2024	0
e) SHPOs granted by Courts between 1 April and 31 March	0
f) Sexual Risk Orders (SROs) in force on 31 March 2024	0
g) Number of RSOs convicted of breaching a SOPO between 1 April 2023 and 31 March 2024	4
h) Number of people convicted of a breach of a SHPO between 1 April 2023 & 31 March 2024	0
i) Number of people convicted of a breach of a RSHO between 1 April 2023 & 31 March 2024	0
j) Number of people convicted of breaching an SRO between 1 April 2023 and 31 March 2024	Reported Nationally
k) Number of Foreign Travel Orders imposed by courts between 1 April 2023 and 31 March 2024	0
l) Number of Notification Orders imposed by courts between 1 April 2023 & 31 March 2024	

Table 3: Registered Sex Offenders			
REGISTERED SEX OFFENDERS (RSO's)	Custody	At Liberty	Total
a) Number of RSOs managed in the community by MAPPA level as of 31 March 2024:			
1) MAPPA Level 1:	142	316	458
2) MAPPA Level 2:	33	10	43

3) MAPPA Level 3:	1		1
b) Number of Registered Sex Offenders convicted of a further group 1 or 2 crime between 1st April 2023 and 31st March 2024:			17
c) Number of RSO's returned to custody for a breach of statutory conditions between 1 April 2023 and 31 March 2024 (including those returned to custody because of a conviction for a group 1 or 2 crime):			11
d) Number of indefinite sex offenders reviewed under the terms of the Sexual Offences Act 2003 (Remedial) (Scotland) Order 2011 between 1 April 2023 and 31 March 2024:			Reported Nationally
e) Number of notification continuation orders issued under the terms of the Sexual Offences Act 2003 (Remedial) (Scotland) Order 2011 between 1 April 2023 and 31 March 2024:			Reported Nationally
g) Number of RSO subject to formal disclosure between 1 st April 2023 and 31 st March 2024			0

Table 4: Restricted Patients	
RESTRICTED PATIENTS (RPs):	NUMBER
a) Number of RPs:	
1) Living in your area on 31 March: Glasgow	4(18)
2) During the reporting year: (2 highland patients included in this number)	5(19)
b) Number within hospital/community on 31 March:	
1) State Hospital:	5
2) Other hospital in your area: all wards in Glasgow area	(18)
3) Community (Conditional Discharge): 1 highland patient in these numbers	4
c) Number managed by MAPPA level on 31 March:	
1) MAPPA Level 1	22
2) MAPPA Level 2	0

3) MAPPA Level 3	0
d) Number of RPs recalled by Scottish Ministers during the reporting year:	1

Table 5: Other Risk of Serious Harm Offenders	
	NUMBER
a) Number of managed by MAPPA level as of 31 March 2024:	
2) MAPPA Level 2:	14
3) MAPPA Level 3:	0
b) Number of offenders convicted of a further Group 1 or 2 crime:	
2) MAPPA Level 2:	2
3) MAPPA Level 3:	0
c) Number of offenders returned to custody for a breach of statutory conditions (including those returned to custody because of a conviction of Group 1 or 2 crime)	7
d) Number of notifications made to DWP under the terms of the Management of Offenders etc. (Scotland) Act, 2005 (Disclosure of Information) Order 2010 between 1 April 2023 and 31 March 2024	7

Table 6: Delineation of RSO'S by age on 31st March 2024:		
Age	RSO Number	RSO Percentage %
18-21	31	6.10
22-25	50	9.38
26-30	116	22.83
31-40	101	19.88
41-50	98	19.29
51-60	62	12.20
61-70	7	

Older than 70	43	8.46
Total	508	100

Table 7: Delineation of population of RSO's on 31st March 2024:

Sex	RSO Number	RSO Percentage %
a) Male	505	99.41
b) Female	3	0.39
Total	508	100

Table 8: Delineation of RSO's by ethnicity on 31st March 2024:

Ethnic Origin	RSO Number	RSO Percentage %
White Scottish	398	78.35
Other British	44	8.66
Irish	4	0.79
Polish	3	0.59
Another white ethnic group	13	2.56
Mixed or multiple ethnic group	1	0.20
Pakistani, Pakistani Scottish or Pakistani British	1	0.20
Indian, Indian Scottish, or Indian British		
Chinese, Chinese Scottish or Chinese British		
Other Asian	1	0.20
African, African Scottish, or African British	1	0.20
Other African	2	0.39
Caribbean, Caribbean Scottish or Caribbean British		
Black, Black Scottish, or Black British		
Other Caribbean or Black		

Arab, Arab Scottish or Arab British	1	0.20
Another ethnic group	1	0.20
Prefer not to say	9	1.77
Data Not Held	29	5.71
Total	508	100

Table 9: Number of RSO's managed under statutory conditions and/or notification requirements on 31st March 2024:

Number of RSO's	Number	Percentage %
a) On Statutory supervision:	148	29.13
b) Subject to notification requirements only:	360	70.87
Total	508	100

The totals of MAPPA-eligible offenders, broken down by category, reflect the picture on 31 March 2024 (i.e. they are a snapshot) for offenders who are in custody and in the community unless stated differently. This has been a change from previous years when only figures for community based Registered Sex Offenders were reported. Where it states 1st April 2023 – 31st March 2024, this will represent the total numbers for that year.

These figures are the combined figures for North Strathclyde and not for each individual Local Authority.

This year the data has been provided by the Scottish Government, Police Scotland, NHS Greater Glasgow and Clyde, NHS Highland, and North Strathclyde MAPPA unit.

8. GLOSSARY OF TERMS

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

Disclosure: The sharing of specific information about a MAPPA offender with a third party (not involved in MAPPA) for the purposes of protecting the public. There are various methods of disclosure.

DTC: Duty to Cooperate. The DTC persons or bodies in Scotland are listed within The Management of Offenders etc. (Scotland) Act 2005 (Specification of Persons) Order 2007.

DWP: Department for Work and Pensions.

GDPR: General Data Protection Regulations.

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

Responsible Authorities: The responsible authorities are the police, local authorities, health boards or Special Health Boards and the Scottish Prison Service (SPS) (acting on behalf of Scottish Ministers).

RSL: Registered Social Landlord

ICR: Initial Case Review which is conducted to establish if the significant case review process is required.

SCR: Significant Case Reviews are considered in the event of an offender being managed under MAPPA who has been charged with Murder or has been harmed because of their MAPPA status or there are sufficient serious concerns relating to the management of that offender.

SOLO: Sex Offender Liaison Officer usually a housing officer with a responsibility for liaising with responsible authorities in the identification of appropriate accommodation for sex offenders.

SONR: Sex Offender Notification Requirements.