



Norfolk Safeguarding Adults Board

Safeguarding Adults Review: Case Adult X

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1 Introduction

1.1 SAR X was commissioned as a discretionary SAR under section 44(4) of the Care Act (2014). The key lines of enquiry focused upon:

- Clarity regarding all agencies' roles and responsibilities, statutory and legal duties.
- Consideration of mental capacity and how it was assessed.
- Was there a clear multi-agency plan understood by all agencies.
- How could we, as a system, have worked better to resolve a difficult situation and actions taken to resolve professional differences.
- What barriers affected the situation and what practice or policy needs to change to affect future such scenarios.
- Local and national recommendations to effectively manage the ageing prison populations and their care and support needs.

2 Summary of Adult X - A chronology of significant events

- 2.1. Adult X is in his early 80s, he was sentenced in the 1990s to two life sentences for the rape of two women. He had previous convictions for two similar offences, one involving a child in the 1970s.
- 2.2. He had previously served his sentence in a prison in Northern England and was moved to HMP Norwich at the end of his sentence to support a release to the local Approved Premises (AP). He originated from Essex prior to being detained and therefore Essex Probation service was managing his release. He was also subject to Essex Multi-Agency Public Protection Arrangements (MAPPA) (see appendix 2).
- 2.3. He was released from prison on licence on 3rd May 2022 and initially housed in Approved Premises at John Boag House, Drayton Road, Norwich in Norfolk.
- 2.4. On 6th May 2022 he was admitted to the Norfolk and Norwich University Hospital (NNUH) due to a knee infection and was discharged on 16th May 2022. On 31st May 2022 he was readmitted. He was due to be discharged back to the AP once deemed fit to do so. However, the AP declined to accept him back when he appeared fit for discharge stating that he had care and support needs that they could not manage.
- 2.5. Adult X remained at the NNUH until 14th October 2022 when suitable accommodation was eventually found for him. During that time, on 5th July 2022, it was reported that he had been seen lying with an elderly female patient on the top of her bed. The elderly female patient was suffering from dementia. There were also a number of reports of inappropriate behaviour with staff.

- 2.6. There were significant difficulties in managing Adult X during his extended stay at the NNUH and in obtaining suitable accommodation and support for him to be able to be discharged.

3 The Review Methodology

- 3.1. A Safeguarding Adult Review – referral form (SAR1) regarding Adult X was received on 21st April 2023. The Norfolk Safeguarding Adults Board (NSAB) has a statutory duty (section 44, Care Act 2014) to carry out a SAR if it considers an incident or case involving an adult at risk of abuse or neglect. The Safeguarding Adults Review Group (SARG) sought information from agencies involved with Adult X and on 17th July 2023 concluded that the criteria for a SAR were met.
- 3.2. SARG agreed that the format of the SAR would be a thematic review with a focus upon the wider thematic issues that this case presented as to the challenge of meeting the needs of an increasingly ageing prison population, particularly sex offenders. Therefore, the report covers the thematic issues rather than the granular detail of Adult X, although his case informs the wider issues.
- 3.3. SARG agreed that the methodology for this review would be a learning together event with a facilitated round table discussion with individuals and agencies involved in the case.
- 3.4. A learning event was held on 30th November 2023, which focussed on the events from Adults X release from prison to his placement in an out of county service. Panel invites sent to:

Learning Event Panel
Essex MAPPA
Essex Probation Service
HMP Bure
HMP Norwich
John Boag House (Approved Premises)
Norfolk and Suffolk Foundation Trust
Norfolk and Waveney Integrated Care Board
Norfolk Constabulary
Norfolk County Council – Adult Social Care
Norfolk County Council – Adult Social Care
Norfolk County Council – Commissioning
Norfolk MAPPA
Norfolk Probation Service
Norfolk and Norwich University Hospital

- 3.5. Essex and Norfolk Probation Service and John Boag House Approved Premises were unable to send representation therefore the author met with them virtually after the event to ensure their involvement on the areas for enquiry. The author also later met with Department of Work and Pensions (DWP) representatives to discuss the wider issues regarding prisoners and the interface with the DWP on release.
- 3.6. There were a series of small group discussions with mixed organisational groups on the following areas:
- What worked well and what were your areas of concern?
 - What as a system needs to change or be done differently to work across agencies successfully?
 - What are the features of good management grip and decision making?
 - What are the features when management grip is not effective?
 - What services are required for SAR X and older sex offenders? Are there gaps in provision?

4 Clarity regarding all agencies' roles and responsibilities, statutory and legal duties

- 4.1. The agencies were dispersed across Local Authority (LA) areas and organisations, therefore there was a need for clarity regarding responsibilities and legal remits to ensure effective joint working on Adult X.
- 4.2. If a prisoner is within one Local Authority area and due to be released to another Local Authority, the Care Act requests that those Local Authorities should work together to facilitate the necessary assessments. In this case there was an ongoing dispute between Essex and Norfolk to which LA was responsible, so Norfolk undertook all the assessments which included the Care Act and Mental Capacity assessments, whilst this dispute was being resolved. This is set out within the Care Act 2014 (sec.76) and the Mental Capacity Act 2005. This duty also covers Approved Premises.
- 4.3. With regard to prison releases the LA is responsible for assessing need and providing a service for eligible Care Act needs - this may include arranging a domiciliary care package or a placement in a residential care setting for example.
- 4.4. To note people discharged from hospitals would do so under the discharge to assess (D2A) pathway. This is about funding and supporting people to leave hospital, when safe and appropriate to do so, and continuing their care and assessment out of hospital. They can then be assessed for their longer-term needs in the right place. However it was evident that Adult X required a long term placement and this would have informed the LA discharge planning. For further detail please refer to [Hospital discharge and community support guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance)

- 4.5. The Probation Service is responsible for oversight of any licence conditions, risk assessments, signposting to other organisations and rehabilitation as outlined in the Probation Services Act 1993.
- 4.6. The DWP is responsible for supporting prisoners on release to claim appropriate benefits, they have staff linked to prisons and a lead for this work within the organisation. There is an agreement for MAPPA to inform them of any sex offenders coming into the local area so they can provide the necessary support. Probation is usually the lead agency in this dialogue.

The DWP will work up to 12 weeks prior to release, but they are funded primarily for working age prisoners. People over pensionable age are required to apply through the standard route online. For working age prisoners there is the ability to have an advance awaiting full benefits. This option is not available for people of pension age.

- 4.7. Approved Premises offer support, usually for up to 12 weeks, for people who are on release from prison and making a transition back into the community. It is noted that the majority of APs are for people with no mobility issues or physical disabilities due to the type of rooms available. An AP is not equipped to deal with cognitive impairment.
- 4.8. There was a significant delay of over 6 months from point of initial contact with the Approved Premises to Adult X arrival at the AP. It was evident that his needs were far higher than the AP could manage, particularly with regard to his cognitive impairment and vulnerability. The AP tried to manage his needs within their limited resources, but this quickly became untenable as his needs escalated. However, a hospital cannot be deemed a place of safety in these circumstances as he was medically fit for discharge in early June 2022.
- 4.9. There appeared to be differences of opinion with regard to the type of accommodation Adult X required, these being an exploration of residential care options, a return to the Approved Premises or community housing options. Following a Care Act assessment on 16th June and a subsequent Mental Capacity Assessment on 20th June which deemed Adult X not to have capacity with regard to his care and support needs it was agreed that a residential placement would be required. This was challenging for the LA to find an appropriate placement as they approached from 30 – 60 homes - information shared outlines various numbers. These were initially within Norfolk but then covered other counties. However, none of them felt able to meet the particular risks Adult X posed.
- 4.10. There is no all-male residential home in Norfolk and Adult X with his combined challenges of cognitive impairment and history of sexual offences required a more specialist resource.

- 4.11. There was a national resource identified in July 2022, but this was paused awaiting confirmation of funding responsibility between Essex and Norfolk LA however the Care Act (chapter 19/19.77) makes it clear that the LA:

‘where the person is living or is physically present must accept responsibility until the dispute is resolved’.

Therefore, this should not have delayed any exploration of, nor placement of Adult X however, in the July MAPPA minutes it was noted that exploring a suitable resource was put on hold due to funding.

- 4.12. There were some areas of very positive collaborative working and professional relationships within this case, which supported colleagues to progress the situation and manage the risk. For example, the social worker facilitated many discussions for the Probation Service who were geographically distant, likewise the hospital ward, once 1:1 was in place, managed a difficult situation which they would be unfamiliar in these circumstances.
- 4.13. While examples of regular and good information sharing were noted, there were also other occasions where there was a lack of information sharing which heightened the risk. For example, the NNUH was not aware of Adult X’s risks and status until 10 days into his admission.
- 4.14. There was feedback that behaviour in the MAPPA meetings was not collaborative and high levels of frustration displayed with the situation meant attendees withdrew or latterly absented themselves as feeling unsafe. This was displayed by some people through raised voices and unpleasant behaviour to colleagues in the meetings, partially due to high levels of concern regarding the behaviour of Adult X, lack of understanding of agencies legal remits e.g. questions were asked around recall to prison or who was responsible for arranging placement for Adult X. A person can be recalled, for example, if they breach their license conditions. I understand this was considered as an option but due to his cognitive decline this was not felt to be the most appropriate option. To note the MAPPA meetings were chaired by Essex region due to Essex Probation Service being involved, as Adult X previously resided in this area, however the other organisations were all Norfolk organisations.
- 4.15. Within these early MAPPA meetings some organisations showed a lack of professional respect to colleagues whilst other organisations were trying to focus on a solution. This resulted in the case being escalated to a MAPPA 3¹ due to the high level of dysfunction amongst professionals.
- 4.16. Subsequently the case was escalated in each organisation and enabled engagement at the MAPPA meetings across the necessary organisations however this meant the immediate staff undertaking the case management were not always present and thus built in delays in the discussion as actions were taken away from the meeting that may have been resolved if they had been present.

¹ See Appendix 2 for MAPPA categories

5 Consideration of Mental Capacity and how it was assessed

- 5.1. Adult X's mental capacity was assessed regarding the decision to understand his care and support needs. The initial assessment was conducted in the acute hospital on 20th June and he was deemed not to have capacity. If a person is deemed not to have capacity with regard to a specific decision the Mental Capacity Act details a clear process of undertaking a Best Interest meeting to make decisions on their behalf. There would also be a statutory duty to appoint an advocate for Adult X as he had no one suitable to speak on his behalf.
- 5.2. Best Interest (BI) meetings are expected to include everyone who can contribute to the decision. There is no evidence of a BI meeting being held after this MCA assessment nor an advocate referral made. There was a subsequent assessment on 11th July which also concluded that Adult X did not have capacity with regard to his care and support needs. There was a referral to the advocate service after this assessment, but no BI meeting held. There was a further MCA undertaken on 13th September 2022 and again it deemed he does not have capacity with regard to his care and support needs. Following this assessment a referral was made to the national resource where he eventually was admitted.
- 5.3. There was continual challenge and lack of understanding regarding capacity towards Adult X in an attempt to explore other options as if he had capacity. There was not a formal BI meeting with all interested parties once a placement had been identified, initially it appears due to a specific placement not being identified but then latterly due to the high level of discord in the multi-agency group. However a BI meeting could have been held to explore the options without a specific placement being identified and a further meeting to confirm this once it had been. It was the responsibility of the agency who were the decision makers to lead on this meeting - in this case it was the Local Authority.

6 Was there a clear multi-agency plan which was understood by all agencies and how were professional differences managed if not?

- 6.1. The initial release from prison was delayed awaiting a suitable room at the Approved Premises, there seems to have been a decline in his health in the 6 months from original referral point to admission. Adult X was therefore already finding it difficult within the AP prior to any hospital admissions. During his hospital admissions he had delirium and his cognitive impairment increased therefore a return back to the AP, after his second hospital admission was deemed not possible. Usually a prisoner would remain in an AP for up to 12 weeks and within this time planning for resettlement would occur.

- 6.2. The MAPPA meetings could have been the useful forum to discuss constructively all options to meet the needs of Adult X. There is evidence this happened initially but as the meetings disintegrated and unhelpful behaviours escalated this opportunity to communicate was not fully realised. The challenge to keep the group focussed on working collaboratively and not withdrawing to their own agencies position meant that opportunities were lost for more timely decision making and a clear plan with appropriate timescales in order to achieve discharge.
- 6.3. The discharge planning was clear that he no longer needed to be in acute bed but there continued to be exploration of where he should be. This exploration continued for several months and there appeared to be a lack of clear and timely decision making across the MAPPA group.
- 6.4. This opportunity was refreshed as the meetings were escalated to MAPPA 3 as result of the professional discord however relationships continued to be terse across some organisations.

7 Practise & Policy issues

- 7.1. The MAPPA co-ordinators focus upon working across LA regions to ensure effective cross border relationships and this was evident at the workshop and in the clear communication to achieve good outcomes. This is a challenge for all organisations, particularly when a prisoner is not ordinary resident in Norfolk and another Local Authority and a mixture of organisations from other areas are responsible, as evidenced with Adult X.
- 7.2. Ordinary Residence under the Care Act (2014) section 76 outlines the responsibilities for provision of care and support for adult prisoners and people residing in Approved Premises (which includes bail accommodation). If it appears to a LA that adults in prison or Approved Premises may have needs for care and support, the local authority will be under a duty to assess their needs and where they have needs which meet the eligibility criteria, may be under a duty to meet those needs. This will provide consistency of approach between institutions and ensure prisoners and residents in Approved Premises receive services equivalent to people with similar needs in the community.
- 7.3. A prisoner's previous ordinary residence will not be a consideration while they are in these settings, and responsibility will fall to the LA in whose area the prison or Approved Premises are located without reference to the general ordinary residence criteria.

- 7.4. This is a national issue with regard to ordinary residence of prisoners where the LA will assess and meet eligible care needs whilst in prison. However, the Parole Board can direct pre-release reports and there is often dispute between which LA should complete this, particularly if the prisoner has not been assessed as requiring support whilst in prison. However, they may require support once living in the community and without the infrastructure of the prison around them. Once they are released from prison their originating LA would be responsible and usual ordinary residence rules would apply. This is outlined in the Care Act (chapter 19).
- 7.5. There is a need for the originating LA to be engaged as early as possible so appropriate planning for release and services can be enabled. The majority of prisoners with social care needs in Norfolk Prisons are not ordinary resident in Norfolk.
- 7.6. It was identified that there are delays at Courts. HMP Norwich report that prisoners can go to Court and be released the same day for time served. However social care will only accept a referral when there is a release date.
- 7.7. The consequences of this are that there have been prisoners with complex social care needs where the Prison Service is not allowed to hold someone legally once their release date has been set by the courts, as they have had time served. So people are released without their needs being assessed and they are then at risk within the community precipitating a crisis intervention.

8 Ageing Prison population and their care & support needs

- 8.1. In 2018 CQC undertook a thematic review which states²;

‘In the course of our routine inspections of prisons we are supplied with information on the assessment of need for health services in the individual prisons. Health needs assessments (HNAs) are an essential driver to ensure service developments in local prisons are related to the needs of the current population. We observe that most HNAs now contain commentary on the social care needs of prisoners.

We have not seen a national or strategic plan for future social care provision in prisons. Such work is necessary to guide those building on initial gains in service provision, and to encourage growth in prisons where social care is yet to be sufficiently embedded. We have not seen strategic consideration of the geographical placement of social care services in prisons, or of the resource planning necessary to meet the emerging need for social care services in individual prisons. We have not seen planning for the likely increase in demand for social care services in prisons as a result of the projected growth in the older prisoner population’.

² <https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2018/10/Social-care-thematic-2018-web.pdf>

- 8.2 There are a limited number of research papers which outline this challenge across LA in England & Wales, for example Developing Services for Older Sex Offenders in Northumbria -2013 -TDI Hannah Bows & Nicole Westmarland (2018) Older sex offenders – managing risk in the community from a policing perspective, Policing and Society, 28:1, 62-74, DOI
The papers that have focussed on this area reflect the challenges highlighted in this SAR, the need for specialist resources and an increasing demographic of older sex offenders.
- 8.3. The most recent HNA for HMP Bure³ (Sex Offenders prison in Coltishall, Norfolk) is May 2023, the current population is 638 with a relatively stable population and the average length of stay is 685 days with the longer lengths tending to be from older age groups. The population is predominantly older with 42% over 50 and 81 prisoners over 70 years of age. There is an increasing prevalence of prisoners with cognitive impairment, primarily dementia, reflecting trends in the wider population whose needs are not being planned for or addressed whilst in the prison estate nor when they are released.
- 8.4. There is concern that the structure of the prison and the buddy service (support from other trained prisoners to aid other prisoners with non-personal care tasks such as collecting meals, cell cleaning, administration tasks) offered can mask the needs of prisoners who require support upon release.
- 8.5. The feedback from the learning event was that HMP Bure were releasing around 15 people per month. Out of the 15, it is estimated that a third have complex needs requiring support from health and social care.
- 8.6. HMP Norwich have 'L wing', which is a healthcare wing for 12 prisoners with healthcare staff present continuously, whereas HMP Bure has access to healthcare staff up to 5.30pm daily. L Wing meets the needs of the most vulnerable prisoners due to this continuous care offer and historically accepted national referrals. However, HMP Norwich have implemented a change in receiving referrals only for Norfolk and Suffolk releases due to a similar case to Adult X where there were particular difficulties ensuring the timely engagement from the originating LA.
- 8.7. There is an acknowledgement that the structure of the prison establishment can mask needs and for long stay older prisoners there needs to be an offer to maximise independence on release.
- 8.8. There was an acknowledgement from colleagues of the pressure across the entire system and lack of appropriate AP places for older prisoners who have physical health needs combined with cognitive impairment.
- 8.9. The responsibility for Local Authorities to assess and offer social care services within Prisons commenced in 2014 under the Care Act. A number of service models developed led by Local Authorities. In Norfolk the model was for a lead

³ [HSNA v2.1 HMP BURE 2023](#)

social care Team Manager, Prison Governor, Social Worker and Occupational Therapist staff to be aligned with each Norfolk prison. This enabled staff to be security cleared and receive training provided by the prison. However there was no additional funding to provide this and it is balanced with the wider work for all residents of Norfolk. This model supported the development of good working relationships, timely resolution of issues and a Memorandum of Understanding (MOU) between the prison estate and NCC was agreed. There is a responsibility for all prisons and LA's to have an MOU.

There are a number of different social care assessment models across England & Wales, notably Nottingham LA have social work staff located in their prisons to support this work. However there is no agreed best practice model for this provision.

9 Conclusions

- 9.1 Adult X is part of a growing number of ageing sex offenders across the country of which it is acknowledged that the services they require are more specialist than a standard residential care home setting due to the behaviours they may display and the risks, as noted by The Justice Committee (2020)

The Justice Committee in 2020 stated:

'At the very least, older prisoners will remain a significant proportion of the prison population. It is likely that the size of the cohort will rise further after increases in police numbers and changes to sentencing come into effect. It is important that the size of the older prisoner population can be predicted as accurately as possible, so the prison system can prepare and be resourced most appropriately. In its response to this report, the Government should publish updated projections for the ageing prison population for the next five years. These should factor in, as far as possible, the effects of its planned increases to police numbers and changes to sentencing policy'.
Ageing Prison Population -published 27th July 2020.

Therefore, there is a need to plan locally and nationally for this increasing group on release.

- 9.2 With regard to the planning for Adult X this was facilitated under the umbrella of the MAPPA meetings, however the timeliness and progress between meetings of identifying a placement and agreeing a discharge plan appears cumbersome. Progress between some meetings was hard to evidence.
- 9.3 There is a need for all organisations to challenge professionally and respectfully which must be assertively managed by the chairs of the meeting to ensure that all attendees feel safe and able to contribute therefore delivering the optimum outcome. The effectiveness of the meetings was certainly affected initially by the inappropriate behaviour by some of the attendees, which seems to have been fuelled by the lack of progress on discharge and concerns regarding the ongoing risk of Adult X's behaviour.

- 9.4 The cohort, illustrated by Adult X, require a specialist resource, there is evidence that there were discussions regarding and acknowledging this. At the same time there was also parallel planning to seek out general residential care settings who were clearly not going to be equipped to meet these needs and a significant amount of energy focussed on this plan, this resulted in increasing tension across the organisations. There appeared to be delay in timely decision making to refocus energy onto a specialist resource solely and this resulted in the multi-agency work becoming more stressed and difficult rather than less. The need to proactively recognise the role of specialist services should not be underestimated.
- 9.5 An early acknowledgement and knowledge of specialist resources nationally is required within the placing authority to support timely decision making and subsequent action.

10. Recommendations

- 10.1. By the end of 2025 Adult Social Service Department (ASSD) and Norfolk Prison Service and Probation Service will have set up a process to continually map Norfolk ordinary residents in Norfolk Prisons with eligible social care needs to understand the projected need and proactively plan how to meet that need via social care commissioning.
[Lead Agency - ASSD working with Prison Service and Probation Service.](#)
- 10.2. The Norfolk Safeguarding Adults Board (NSAB) (working via the National Network for Safeguarding Adults Board Chairs (NNSC)) invites the Ministry of Justice (MoJ), HM Prison and Probation Service (HMPPS) and the Department of Health and Social Care (DHSC) to identify the cohort currently in prison who will require care and support on release to understand the projected need and proactively plan 12 months post publication of this report. They should publish evidence of strengthened mechanisms to support that cohort and clear evidence of fulfilling their statutory responsibilities. NSAB and NNSC to seek a joint meeting with MoJ and DHSC to review progress.
[Lead Agency – Ministry of Justice \(MoJ\), HM Prison and Probation Service \(HMPPS\) and Department of Health and Social Care \(DHSC\)](#)
- 10.3. Adult Social Service Department (ASSD) to conduct a local options review of arrangements to explore the feasibility of a co-located model placing social care staff in prisons including options for joint funding. Currently there is a dispersed social work and occupational therapy resource across all localities, focussing on HMP Bure and HMP Norwich L Wing where demand is highest. A co-located social worker model is present in Nottingham prisons which has been shown to offer a timely and co-ordinated response. A progress report to be presented to NSAB at 6 months post publication of this review with the review to be completed within 12 months post publication of this review, and the findings presented to NSAB. [Lead Agency – ASSD.](#)

- 10.4. Local Authority Adult Social Care to accept referrals from Norfolk's prison earlier to pre-plan release when it is clear that a person may be released with eligible social care needs and is ordinarily resident in Norfolk. ASSD to provide a progress report to NSAB within 6 months of publication of this review and a commitment to this change in practice within 12 months.
Lead agency – ASSD.
- 10.5. Norfolk MAPPA chairs should ensure that all organisations attending a MAPPA meeting should be clear about their role and responsibility and ensure that any challenge to other professionals is respectful. The escalation policy will be used where this does not happen. The MAPPA lead agency should seek to raise awareness of the MAPPA process and its remit by targeted awareness/training to all organisations included in this review. Progress should be updated to NSAB within 6 months of publication of this review.
Lead agency – Norfolk Constabulary on behalf of the MAPPA Strategic Management Board (SMB).
- 10.6. A Memorandum of Understanding (MOU) between Norfolk probation and the Norfolk acute hospitals Safeguarding Teams to be agreed to ensure that information about a prisoner who has been released with ongoing involvement with the Probation Service, and any risk, is shared in a timely manner. A copy of the MOU to be shared with NSAB 9 months after publication of this report.
Lead Agency – Probation and Acute Safeguarding Teams.
- 10.7. The Norfolk Safeguarding Adults Board (NSAB), working in collaboration with the Local Government Association (LGA), invites the Ministry of Justice (MoJ) and the Department of Health and Social Care (DHSC) to publish clarifying guidance to address the longstanding issue of "Ordinary Residence rules" in relation to prisoner assessment of care needs under the Care Act. NSAB will seek support for this guidance. The issue requires escalation through the National Network of Safeguarding Adult Board Chairs and ADASS Justice Network.
Lead Agency – NSAB
- 10.8. Norfolk County Council Adult Social Care to strengthen closer joint working with Suffolk County Council Adult Social Care to ensure a smooth and timely process for the release of prisoners from HMP Norwich L Wing is in place. Through such a process any issues with prisoner release from HMP Norwich L Wing can be addressed in a proactive and positive way.
Lead Agency – Norfolk ASSD.

Appendix one – initialisms and acronyms

AP – Approved Premise
ASSD – Adult Social Care Department
CQC – Care Quality Commission
DHSC – Department of Health and Social Care
HMPPS – HM Prison and Probation Service
HNAs – Health needs assessments
LA – Local Authority
MAPPA – Multi-Agency Public Protection Arrangements
MoJ – Ministry of Justice
NCC – Norfolk County Council
NNSC – National Network for Safeguarding Adults Board Chairs
NNUH – Norfolk and Norwich University Hospital
NSAB – Norfolk Safeguarding Adults Board
NSFT – Norfolk and Suffolk Foundation Trust
SAB – Safeguarding Adult Board
SAR – Safeguarding Adult Review
SAR1 – Safeguarding adult review – referral form
SARG – Safeguarding Adult Review Group

Appendix two – MAPPA categories

There are three categories of MAPPA offender, as follows:

- Category 1: sexual offenders subject to notification requirements (often called registered sex offenders).
- Category 2: violent offenders who have been sentenced to 12 months or more in custody or a hospital or guardianship order. This category also includes some sexual offenders who do not qualify for category 1.
- Category 3: other dangerous offenders - who have been cautioned for/or convicted of an offence which indicates that he or she is capable of causing serious harm AND which requires multi-agency management.

The process for the management of MAPPA offenders being released from prison under the supervision of Community Offender Managers is set out in the MAPPA Guidance. A MAPPA offender will have an identified Offender Manager who will assess the level of MAPPA management the offender requires prior to the offender's earliest possible release date from prison. This level of management will continue to apply when the TSFNO is transferred to the detention estate, with the Offender Manager remaining responsible for the case until the licence expires.

The 3 levels of management for dealing with MAPPA offenders are as follows:

- Level 1: ordinary agency management, where the offender can be managed by the lead agency in consultation with other agencies involved.
- Level 2: for cases where active interagency management is required in order to manage the risk of serious harm posed.
- Level 3: for the most complex cases which require active interagency management by Senior Managers from the agencies involved

Appendix three – NSAB Assurance Framework

NSAB have ensured that this report follows the guidance as published in the SCIE Safeguarding Adult Review quality markers, link here:

[Safeguarding Adult Reviews Quality Markers | SCIE](#)

Thematic Learning for Safeguarding Adult Reviews

