

Social Circumstances Report Guidance

What to include in a social circumstances report

SOCIAL CIRCUMSTANCES REPORT

This report must be up-to-date, specifically prepared for the tribunal and have numbered paragraphs and pages. It should be signed and dated. The sources of information for the events and incidents described must be made clear. This report should not be an addendum to (or reproduce extensive details from) previous reports, but must briefly describe the patient's recent relevant history and current presentation, and must include:

A-X of what to include in a Social Circumstances report	
A	Whether there are any factors that might affect the patient's understanding or ability to cope with a hearing, and whether there are any adjustments that the tribunal may consider in order to deal with the case fairly and justly;
В	Details of any index offence(s) and other relevant forensic history;
С	A chronology listing the patient's previous involvement with mental health services including any admissions to, discharge from and recall to hospital;
D	The patient's home and family circumstances;
E	The housing or accommodation available to the patient if discharged;
F	The patient's financial position (including benefit entitlements);
G	Any available opportunities for employment;
Н	The patient's previous response to community support or Section 117 aftercare;
I	So far as is known, details of the care pathway and Section 117 after-care to be made available to the patient, together with details of the proposed care plan;
J	The likely adequacy and effectiveness of the proposed care plan;
K	Whether there are any issues to funding the proposed care plan and, if so, the date by which those issues will be resolved;
L	The strengths or positive factors relating to the patient;
M	A summary of the patient's current progress, behaviour, compliance and insight;

N	Details of any incidents where the patient has harmed themselves or others, or threatened harm, or damaged property, or threatened damage;
0	The patient's views, wishes, beliefs, opinions, hopes and concerns;
P	Except in restricted cases, the views of the patient's Nearest Relative unless (having consulted with the patient) it would be inappropriate or impractical to consult the Nearest Relative, in which case give reasons for this view and describe any attempts to rectify matters;
Q	The views of any other person who takes a lead role in the care and support of the patient but who is not professionally involved;
R	Whether the patient is known to any MAPPA meeting or agency and, if so, in which area, for what reason, and at what level – together with the name of the Chair of any MAPPA meeting concerned with the patient, and the name of the representative of the lead agency;
S	In the event that a MAPPA meeting or agency wishes to put forward evidence of its views in relation to the level and management of risk, a summary of those views (or an Executive Summary may be attached to the report); and where relevant, a copy of the Police National Computer record of previous convictions should be attached;
T	In the case of an eligible, compliant patients who lacks capacity to agree or object to their detention or treatment, whether or not deprivation of liberty under the Mental Capacity Act 2005 (as amended) would be appropriate and less restrictive;
U	Whether (in Section 2 cases) detention in hospital, or (in all other cases) the provision of medical treatment in hospital, is justified or necessary in the interests of the patient's health or safety, or for the protection of others;
V	Whether the patient, if discharged from hospital, would be likely to act in a manner dangerous to themselves or others;
W	Whether, and if so how, any risks could be managed effectively in the community, including the use of any lawful conditions or recall powers;
X	Any recommendations to the tribunal, with reasons.