Home Office
Policy Unit

Violence Fixated Individuals: Review of Available Interventions

May 2025

All redactions labelled "T1D COB" in this document mean "T1D - Cabinet Office Body"

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Executive Summary

Introduction

Home Office Policy Unit (HOPU) were recently tasked by the Violence Fixated Individuals (VFI) Unit in Homeland Security Group (HSG) to undertake a review of the public services available to the VFI cohort and how the risks or vulnerabilities within this cohort are currently managed. This phase of the project has concluded, with our findings suggesting that the overall demand for services outstrips their availability and that there is a gap in our understanding of which services individuals could be referred onto and managed through. Building upon the services mapping exercise, the VFI Unit requested that HOPU undertake a second phase to review the effectiveness of Home Office and police-led services and interventions. The following report details our findings.

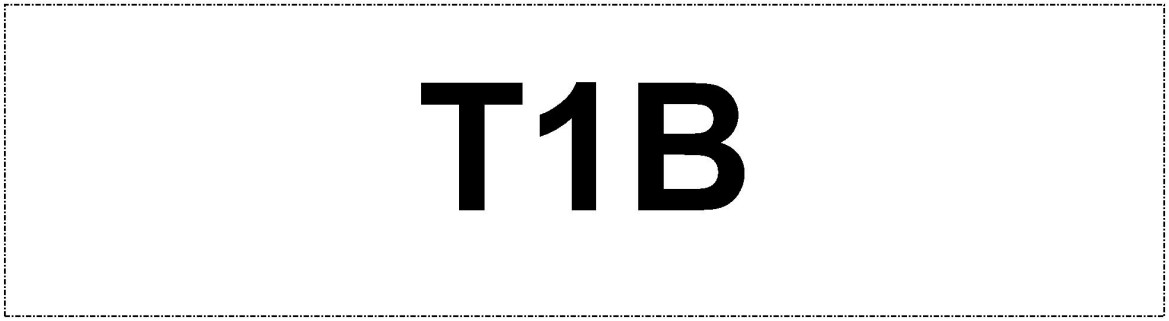
Key points

1) The Home Office and policing-led services and interventions that could be/are utilised to manage VFIs presents an overlapping landscape of services managing parts of but not the whole VFI risk, with the absence of data sharing and risk ownership.
2) Several existing services may already provide interventions to those who could be defined as VFIs, and these should be utilised to more purposefully manage down the risk from VFIs. A better understanding of the service landscape amongst practitioners is fundamental so that they can make effective use of them in managing risk.
3) We have found that a two-tiered approach, which prioritises both early prevention/harm reduction and later-stage threat management, is likely to be most effective in managing those who are already VFIs and mitigation for those who may become VFIs in the future.

Overlapping Landscape

As detailed in HOPU's initial service mapping paper (March 2025), the landscape of service provision nationally is complex, inconsistently implemented and overlapping, with many services providing near duplicative functions with variation across localities in terms of accessibility and capacity.[1] Additionally, there is no clear central repository of the interventions that each service refers cases onto, which adds to the confused picture and further hinders effort to accurately identify and support this cohort – a task which is already difficult given that VFI risk factors are also prevalent in the general, non-dangerous population (for example, those experiencing mental ill health). This is compounded by a lack of understanding of the behaviours and profile of VFIs.

Particularly for those at the earlier stage of a VFI's pathway there is no centralised risk ownership of a case when it is referred onto an intervention; risk ownership depends on the nature of the risk and the lead agency which has the most equities in that risk from a statutory basis. This system runs the risk of allowing cases to fall between the cracks.



The Existing Service Landscape is Adequate

The tight fiscal picture and the overlapping landscape of services will mean that proposing an entirely new and bespoke service would require considerable analysis as to its value-add, above and beyond existing service provision. Additionally, we consider that many existing services as they currently stand could be appropriate to manage the VFI risk, if adjusted accordingly once a working definition of VFIs has been established. This approach has the additional benefit of allowing for creating an evidence-based of 'what works' once services are redirected to including VFIs. Of course, amending existing services will likely require a reprioritisation of funding arrangements to meet the additional risk of a VFI within their own existing functions. The services we explore include:

- Prevention Partnerships Panels
- Multi Agency Safeguarding Hubs (MASH)
- Violence Reduction Units (VRUs)
- Multi Agency Risk Assessment Conference (MARAC)
- Multi Agency Tasking and Coordination (MATAC)
- CT Clinical Consultancy Service (CT CCS)
- Fixated Threat Assessment Centre (FTAC)
- Channel panel
- Potentially Dangerous Person (PDP) panel
- Police Led Partnerships (PLP)
- Multi Agency Public Protection Arrangements (MAPPA) Level 3
- Integrated Offender Management (IOM)

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A Two-Tiered Approach to VFIs

Prioritising prevention and early intervention initiatives is imperative to mitigating a possible VFI who may be on a continuum towards violence. That is why we assess that a two-tiered approach, prioritising both early prevention and later-stage threat management, is likely to be most effective in managing those who are already considered VFIs and mitigate those who are at risk of becoming VFIs in the future. There are several specific adaptations to the existing service landscape which should be considered across these two tiers.

T2D preventing vulnerabilities emerging and addressing them effectively once they have been identified will be the first key challenge. Doing so will likely have 'spillover benefit' on other social programmes/initiatives.[2]

Tier 1: Early Prevention and Reduction

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T1D COB Analytical Assessment

Tier 2: Threat Management

While having access to a wide range of services and interventions that could manage the risk posed by a VFI would be critical to an appropriate response, this approach alone would not be sufficient to support with the identification of VFIs or provide an interventions pathway with assurance or evaluation opportunities. Prevent is the only existing case management system which provides the assurance that risk is being owned and managed through an interventions pathway, while the responsibility of provides interventions is appropriately shared. Without a similar risk ownership and management model, there would remain a significant risk that VFIs would not be identified or that any service would be accountable for their life outcomes.

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Background

1. Home Office Policy Unit (HOPU) were recently tasked by the Violence Fixated Individuals (VFI) Unit in Homeland Security Group (HSG) to undertake a review of the public services available to the VFI cohort and how the risks or vulnerabilities within this cohort are currently managed. This phase of the project has concluded, with our findings suggesting that the overall demand for services outstrips their availability and that there is a gap in our understanding of which services individuals could be referred onto and managed through.

2. Building upon the services mapping exercise, the VFI Unit requested that HOPU undertake a second phase to review the effectiveness of Home Office and police-led interventions, and to determine whether there are any international comparators from which the UK could learn.

3. There are, of course, many services and subsequent interventions which fall outside the remit of the Home Office or the police. These are being reviewed separately by the cross-Whitehall embeds sitting within the VFI Unit. This paper, therefore, should be considered in parallel with their findings.

4. While HMG has yet to agree on an exact definition of what is a VFI, we have included the **T1D - Cabinet Office Body** working definition below for the purposes of this paper:

   'Fascination with extreme violence and intent to inflict extreme violence, where ideology is not the primary driver'

Section 1: Methodology

5. When investigating the landscape of services and their interventions, where possible we adopted a consistent methodology. We undertook desk research, engagement with relevant teams within HO and across government, including National Security Secretariat, ISED and external partners such as CTP. We have used the following key questions to ascertain the utility of each intervention and their possibility to be expanded or reformed to mitigate and address the risk of VFIs. The questions include:

   a. What does the intervention do (e.g the scope, service and deliverables)?
   b. Is the intervention multi-agency?
   c. Does the intervention have a single clear risk owner?
   d. How impactful is the intervention in its current state?
   e. What, if any, changes could be made to the intervention to support and manage the risk from the VFI cohort?
   f. What is the cost?

Section 2: reviewing existing Home Office or police-led interventions by harm/crime type

6. When mapping Home Office or police-led services and linked interventions, HOPU has given specific consideration to how they manage risks posed by the following harms/crime types:

   - Knife crime
   - Violence against women and girls (VAWG)
   - Other violent crime (including anti-social behaviour (ASB))
   - Online harms
   - Radicalisation (including extremism or terrorism)
   - Mental health conditions
   - Child criminal exploitation

Serious Violence/ Prevention Programmes

7. When assessing what interventions are impactful for VFIs, available evidence is more focused on later-stage interventions, rather than earlier preventative models.[3] However, as highlighted by the T1D COB analytical assessment, there are combination of risk factors that are present in a VFI (early trauma, dysfunctional family backgrounds, mental illness, neurodevelopmental disorders and online activities) that, if left unchecked may lead to escalated violence.[4] Grievances have been highlighted as a particularly pertinent risk factor for VFIs which may include circumstances where a VFI sees themselves as a victim of injustice either personally (bullying) or societal (exclusion).

8. Given this context, prevention and early intervention systems could likely be invaluable for addressing the threat of a VFIs. **Violence Reduction Units** and **Community Safety Partnerships** as detailed below are multi-agency bodies set up to develop local strategies to reduce serious violence. **Young Futures Prevention Partnerships 'panels'** focus on capturing children and young people (CYP) who are susceptible to vulnerability, who are otherwise 'unseen'.[5]

9. VRUs and CSPs focus on strategic, population level work, rather than specific case management, which for the purposes of VFIs has utility for longer-term systematic prevention. They both conduct strategic needs assessments (problem profile) to identify the local drivers of serious violence and the cohorts of people most affected within their local area. They both have

[3] GO Science
[4] T1D* Assessment and Go Science Academic Roundtable
[5] Young Futures Panels Delivery Guidance

*Cabinet Office Body

applicability to VFIs if VFIs are included in each CSP and VRU strategic planning assessment so that they directly formulate and implement strategy and delivery options to specifically address the VFI risk, beyond existing serious violence requirements.

10. However, **prevention panels are more suited to manage specific VFI cases** with a well-established referral pathway, multi-agency consideration of the case and the ability of the panel to track the referral, including the impact of the intervention. This capability **provides a clear accountability mechanism** directly to the panel as the key risk owner and is not a capability replicated across other mechanisms.

11. Additionally, the **problem profile for Young Futures Prevention panels specifically includes risk indicators that we would attribute to VFIs** including grievances such as Adverse Childhood Experiences (ACEs), school exclusions and bullying, among many other holistic risk factors. The problem profile could then be adapted to include VFI specific indicators as set out in the T1D COB Analytical Assessment such as online search history of mass shootings/mass violence or deliberative transgressive and aggressive behaviour relating to mass violence for personal notoriety.[6]

Service	Multi-Agency	Risk Owner	Utility for VFIs
Violence Reduction Units	**Yes**	**Yes- Lead agency**	**High**
Young Futures Prevention Panels	**Yes**	**Yes- Panel**	**High**
Community Safety Partnerships	**Yes**	**Yes- Lead agency**	**Medium**

Young Futures Programme including Prevention Partnership 'Panels'

12. The Young Futures Programme is a key facet of the Home Office Safer Streets Mission and is a programme established to ensure CYP between the ages of 10 and 17 who are deemed vulnerable to being drawn into crime are identified early, and provided support in a systematic way.

13. Key elements of the Young Futures programme consist of Young Future Hubs (delivered by the Department for Education) which will bring together services to improve how children and young people access opportunities and support at community level. The programme will also include Young Futures Prevention Partnerships (delivered by the Home Office), which will identify children and young people vulnerable to being drawn into crime and ensure

[6] T1D COB

access to appropriate support, including via Young Futures Hubs. Both are being developed in parallel and will not be live until 2028.[7]

14. As part of the Young Futures Prevention Partnerships, the Home Office is piloting 20 **Young Futures Prevention Partnership 'Panels'** in Violence Reduction Unit (VRU) areas, which are intended to be fully operational by October 2025. The pilots aim to capture those individuals who are otherwise 'unseen', and therefore not adequately supported.[8] The panels are going to serve as the testing phase, to ascertain the impact identifying vulnerable CYP, with the ambition if they will inform the need for prevention partnerships.

15. A **clear referral pathway** is one of the key criteria for the panels, with the key aim to identify a CYP who is beginning to show increased vulnerability, with key cohort identifiers. In line with Greater Manchester's PIED/Engage Panel approach, the guidance states that in the first instance, cases should be referred via the police, who initially identify any CYP who has been a suspect of one or more crimes in the last 12 months resulting in no prosecution or community resolution. Following the panels initial years, they may want to amend the thresholds to identify individual more 'upstream', aiming at prevention earlier.[9]

Intervention

16. As set out in the Young Futures Delivery guidance, local VRUs will have the flexibility to design and implement their respective panel with the minimum requirements to establish **clear referral pathways** and cohort identifier (10-17 years old with increased vulnerability to be drawn into crime); a regular **multi-agency meeting** which convenes statutory and non-statutory partners to assess the CYP's needs and develop an offer of effective support; **track** the outcomes of the CYP who have been referred onwards for support and **establish a feedback loops to the VRU**.

17. The interventions offered will include services which go beyond targeted prevention interventions (Annex 4) and will include wider statutory, -statutory, universal and targeted youth services. The Young Futures team are commissioning VRUs to work with local authorities (LA) to respond to the National Youth Agencies 'Youth Sector Census' to scope local provision of services by June 2025, which will contribute to an eventual directory of services for each panel to refer to.[10]

Evaluation

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[7] Young Futures Panels Delivery Guidance
[8] Ibid
[9] Ibid
[10] Ibid

18. The Prevention Partnership panels have not yet been launched (expected in October 2025) and therefore we cannot evaluate the efficacy of this initiative. The primary outcome for panels is to reduce knife crime, ASB, and VAWG, as outlined under the Safer Streets Mission and panel guidance.

Utility to VFI

19. Given the nascency of the panels, and the wider Young Futures workstream, there is scope to include the nascent VFI cohort within this work, and it would have an impact in preventing and intervening early in the course of a CYP who may then become a VFI. The problem profile detailed at Annex 2 already includes the majority of indicators that we would likely attribute to a VFI and could be minorly adapted to include explicit indicators of violence fascination as set out in the T1D COB Analytical Assessment. While prevention panels will be unsuitable for VFIs who are already showing a strong propensity towards violence, or poised to launch an attack, this forum will play a integral role for reducing the overall pool of those who may be most vulnerable to becoming a VFI.

20. As a multi-agency front door, the panels fulfil all requirements to accurately manage and accommodate the referred risk with the correct intervention with the additional benefit of the ability of the panel to track the referral, including the impact of the intervention. Given the government ambition to deliver Young Futures as a key manifesto commitment and the additional funding commitments it may receive, it would be strategic to include VFIs into the cohort of individuals picked up by the panels, and subsequent prevention partnerships.

HO Violence Reduction Units

21. In 2019 the Home Office announced as part of the Serious Violence Fund's key investment, that 20 police force areas that represent worst affected by serious violence would receive funding to establish Violence Reduction Units. The investment was to provide leadership and strategic coordination at a local level to support a 'whole systems approach' to serious violence.[11] VRUs provide an infrastructure for multi-agency working which is locally defined based on the drivers of serious violence and the local response required to mitigate that risk. While they provide infrastructure required to meet the serious violence duty, they are not a statutory function.[12] The approach is rooted in prevention and early intervention, which includes:

    a. Multi-agency working
    b. Data-sharing and analysis
    c. Engaging young people and communities
    d. Commissioning (and delivering) evidence based interventions

[11] Violence Reduction Unit Interim Guidance, Home Office Violence Reduction Unit interim guidance
[12] Violence Reduction Unit interim guidance

22. VRUs have a **multi-agency membership** made up of Police Crime Commissioners (PCCs), local government, education and health professionals focused on crime prevention and ensuring a multi-agency response to the identification of local drivers of serious violence. This includes being responsible for driving local strategy and embedding cultural change alongside their commissioning role as a means to make the VRU sustainable.

23. As a structure, VRUs comprise both strategic oversight (in the form of a board) and operational delivery (in the form of a team, implementing VRU activities). Within this work, VRUs are required to develop a multi-agency response strategy to be delivered by the VRU and its members/partners as well as mapping what support is available locally, and any key gaps in provision.

24. VRUs are required to conduct strategic needs assessments (problem profile) to identify the local drivers of serious violence and the cohorts of people most affected within their local area. The problem profile is created via the sharing of appropriate anonymised aggregated data, supported by data sharing agreements, to inform the strategic, tactical and operational response to serious violence in the VRU area. Data could include hospital data on knife injuries, the number of exclusions and truancies in local areas, police recorded crime, missing data and other measures of vulnerability, volume of ACEs, Police Systems data (local crime information), CAD data (emergency call requests), areas of high social services interventions, and information on threats such as county lines including the activity of serious organised crime gangs and on drugs markets, data on reoffending and retaliation[13]. How the data is then used to drive local interventions, is down to the local VRU.

25. To be referred onto a VRU, the referral process varies slightly by region, due to local commissioning. However a referral can be made from the following:
    a. Professionals working with people at risk of violence including (but not exhaustively) education professionals; youth offending teams'; police; children and adult social care; health professionals (CAMHS and GPs).
    b. Indicators of a referral which a VRU would accept include the risk of an individual becoming involved in serious violence; showing violent ideation; behavioural changes including social isolation, wider police intelligence about ASB and low-level criminality, school exclusions; mental health concerns.

Intervention

26. There are a wide range of interventions with different focus, approach, intended target groups and outcomes of interest being supported by VRUs (Annex A). The only central requirement in terms of intervention delivery is that VRUs spend no less than 20% of their funding on interventions. Between 2022 and 2023 327 interventions were delivered, with the number of interventions per VRU ranging from 4 to 61 and this did not correlate with the

[13] Ibid

grant size per VRU. Interventions covered a range of approaches, however preventative and early intervention approaches were most frequently used, with the most common including mentoring social skills training and sports programmes.[14]

27. Interventions aimed at higher-risk groups were, on average, more expensive overall and per young person. Interventions were aligned with the Youth Endowment Fund toolkit and were aimed at these higher-risk groups – for example, focused deterrence, cognitive behavioural therapy (CBT), and hospital navigators and other 'reachable' moment interventions.[15] Cost and intervention breakdown at Annex 3.

Evaluation

28. In an evaluation in 2023, it was found that overall, VRUs have consistently demonstrated good progress and have had a statistically significant reduction in serious violence. VRUs were found to have made progress towards a whole systems approach, successful data sharing and analysis, effective multi-agency working and successful embedment within in the local response to violence prevention. It found that while there was limited impact on the primary outcome of reduction of hospital admissions for a sharp object, there were significant reductions in the secondary outcome to reduce hospital admissions for any violent injury. Since funding began, an estimated 3,220 total hospital admissions for any violent injury had been prevented in funded areas.[16]

29. However, there is a great level of inconsistency across VRUs, due to the variability of service provision per locality, localised challenges to data access (including the need for standardised data capture) and different approaches to community engagement. The preventative nature of their role will also provide complexity in ascertaining the long-term impact of VRUs. Overall, they are considered as successfully fulfilling their function to coordinate the local response to serious violence.

Utility to VFI

30. There is scope to commission HO VRUs to develop an additional problem profile/strategic needs assessment for VFIs specifically, however to do this we need to have clear and agreed evidence and data about the VFI cohort, its drivers and the way VFIs present across the system so as to ascertain their strategic needs. Many VRUs treat the strategic needs assessment as a live document, regularly updated to reflect emerging risk and violence as they arise, therefore once the data picture is clear, with the emerging threat and political interest in the VFI cohort it would not be difficult to address VFIs directly within this work.[17] Involving VFIs within the strategic needs

[14] Violence Reduction Units 2022 to 2023 - GOV.UK
[15] Youth Endowment Fund Toolkit
[16] Violence Reduction Units 2022 to 2023 - GOV.UK
[17] Violence Reduction Units Impact Evaluation Feasibility Study

assessment would result in VFIs being incorporated within the VRU's local strategy and the wider intervention offer.

31. Young Futures and Prevention Partnerships will be facilitated by VRUs, using their existing expertise and funding mechanisms to establish the proposed prevention 'panels' (see page X). Therefore amending the scope of VRUs would have the dual effect of assisting with immediate VRU priorities and also embed VFIs within Young Futures as the programme develops.

32. However, VRUs provide no clear risk ownership of individual cases, nor case management, as they are a facilitator of multi-agency partnerships, not a statutory service themselves. Therefore there remains the risk of cases that are referred to VRUs falling through the cracks.

Community Safety Partnerships

33. Community Safety Partnerships (CSPs) were introduced by Section 6 of the Crime and Disorder Act 1998 and bring together local partners to formulate and implement strategies to tackle crime, disorder and antisocial behaviour in their communities. There are over 300 Community Safety Partnerships in England and Wales, operating as either district, unitary, or borough partnerships. By nature of them being locally led, there is vast variation in how these operate in practice. Furthermore, from 2013-14 CSP funding was redirected to Police Crime Commissioners (PCCs) to use as they see fit to support wider crime prevention partnerships, with no obligation to fund CSPs (although most do in some way). There is no referral process for a CSP as they do not manage individual cases, however issues can be raised at a CSP based on cases to inform systematic failings and inform future strategy and commission additional responses/interventions.

Interventions

34. CSPs are an important role in delivering PCCs' police and crime plan objectives and provide three key activities: **strategic assessment** to identify offender profile and the local needs in the area to inform a partnership plan (to be updated annually); **information sharing**, facilitated by a designated liaison officer (DLO) which informs operational activity and finally **individual level,** case management interventions**.** Alongside this work the CSPs are required to meet the duty to reduce offending, and therefore they must consider the **training needs** of the responsible authorities to reduce offending; review **information sharing protocols** and **engage with the community** to understand public views on local problems.

35. Interventions vary in nature per area delivered by CSP include:

a. targeted early intervention initiatives with families at risk or with the children and families of offenders
b. Youth diversion services, including tackling substance misuse, mental health or learning difficulties
c. developing clear pathways to help offenders experiencing homelessness, mental or physical health problems and debt issues and to help offenders get employment
d. programmes for specific types of offences with high levels of repeat offending such as domestic violence
e. Crime prevention (including neighbourhood watch support) Community engagement and resilience (including hate crime reporting hubs)

36. Analysis of 109 CSP strategic assessments indicated CSPs' top ten strategic priorities to be domestic abuse and violence against women and girls (VAWG), anti-social behaviour (ASB), violent crime/ serious violence, protecting vulnerable people, substance misuse, counter-extremism, hate crime, building community cohesion, reducing reoffending and serious organised crime.[18]

Evaluation

37. While the impact of CSPs on crime and ASB rates is difficult to tangibly quantify, their existence is reported by the Local Government Association (LGA) to have led to positive outcomes, including better information sharing across agencies, better joint working, and, the LGA argues, a meaningful impact on crime and disorder more generally.[19]

38. However, in 2022, the Police and Crime Commissioner Review found that they were not being used as effectively as they could be, including recommendations to consider introducing a new duty for CSPs to report on local ASB strategy and delivery to PCCs as well as a recommendation that the Home Office undertake a full review of CSPs across England and Wales to improve their transparency, accountability and effectiveness.

39. In the internal Home Office review of CSPs it was found that there is clear variation in the delivery of provisions from CSPs as well as difference in how statutory duties are enforced. The scope of their duties would regularly 'creep' to include public health and safeguarding agendas. Currently, the 'Hallmarks for Effective Partnerships,' as set out in the 2007 guidance for CSPs, provides the only benchmark to ensure partnerships are delivering to a common standard. Beyond this, there is no standardised training or minimum requirements for CSP officers beyond the statutory duties, which has led to

[18] Home Office Review of CSPs - Internal Report_2.docx
[19] LGA review of the future of community safety services: summary (May 2018) (local.gov.uk)

inconsistencies in practice across localities. Due to deprioritisation, there have been reductions in funding since 2011 which has had an impact on the ability of CSPs to fulfil their statutory duties. From 2013-14 CSP funding was redirected to PCCs to use as they see fit to support wider crime prevention partnerships, with no obligation to fund CSPs (although most do in some way, these sums are smaller for specific short-term projects).

Utility to VFI

40. Akin to VRUs, CSPs would have clear utility to VFIs if they are included in CSP's strategic planning assessment. CSPs, like VRUs, coordinate interventions but are not the risk owner of each case. Crucially, there is no external referral mechanism for CSPs and therefore it is unclear what role this service could play in identifying VFIs locally.
41. However, CSPs have been de-prioritised in light of the changes to government administration, therefore resurfacing and expanding their scope for VFIs above other interventions such as VRUs is less practical.

VAWG/Safeguarding Services

It is not explicitly clear that the drivers of Domestic Abuse are the same as the drivers of VFI behaviour, however, it this is a relatively well-researched area of harm from which we can learn lessons to potentially apply to a cohort which seems to inflict violence towards other groups. The T1D COB analytical assessment highlights that due to the number of risk factors and the complex nature that exists between them, it is important to take a 'threat based approach', citing an example in the US where they found that identifying specific harmful behaviours was impactful for identifying, assessing and managing those on the pathway to violence.

All services listed below (Domestic Abuse Partnership Boards, MARAC, MATAC and MASH) are important as they work on the basis that no single agency can understand the needs of a victim and thus a coordinated safety plan can be assembled quickly through assembling key safeguarding partners. They all function as multi-agency forums, or in the case of MASH and MARAC a 'front door', which facilitate intelligence gathering and data sharing between services, rapid risk assessment and the development of an action plan to support either the victim or perpetrator.

However, for MASH, DAPB and MARACs, the scope is about safeguarding victims *against* exploitation and abuse, rather than *committing* abuse or harm and therefore the risk framework would need to be broadened/expanded to include VFIs. Additionally, among these services, there is no clear risk owner of a case, as this is usually the agency with primary safeguarding or enforcement responsibility for the case.

MATAC is a service which holds much closer applicability to VFIs. It takes a multi-agency approach with one clear risk owner (either the police or probation services) to provide tailored risk management plans and have the ability to track cases from adoption to deselection. However, MATAC is purely to mitigate domestic abuse perpetrators. See below for further details.

Service	Multi-Agency	Risk Owner	Utility for VFIs
DA Partnership Board	Yes	Lead agency	Low
MARAC	Yes	Lead agency	Low
MASH	Yes	Lead agency	Medium
MATAC	Yes	Lead agency	Medium

Domestic Abuse Partnership Boards

42. To meet the statutory functions of the DA Act, which places a duty 'on local authorities in England to provide support for survivors of domestic abuse and their children in refuges and other safe accommodation' each local authority must appoint a multi-agency Domestic Abuse Partnership Board. DA Partnership Boards exist in each local area but focus on improving support to victims by coordinating membership, which includes police and probation, and also to support councils to meet their duty under Part 4 of the DA Act in respect of safe accommodation. There is no referral process to a DA Partnership Board as it is not a case management service of specific cases but provision of local strategy and commissioning decisions.

Multi-Agency Safeguarding Hubs (MASH)

43. MASH are non-statutory entities, but operate within the framework for statutory safeguarding duties.[20] They were created to improve safeguarding practices for children and adults at risk, through bringing together agencies from social care, policing, health, education to share information quickly; risk assess and provide joint decisions on appropriate and timely interventions for those individuals at risk.

Intervention

44. MASH are intended to be a 'front door' multi-agency screening process, facilitating information sharing and decision making about vulnerable adult or child cases that are referred (victims of domestic abuse, neglect, sexual

[20] Multi Agency Safeguarding Hubs (MASHs) - NHS Safeguarding

exploitation and abuse and other related risks). Following an initial screening (to verify the information of the referral; assess urgency and allocate the right professionals to the case) the MASH fulfils three objectives:

a. Information gathering (each agency provides relevant information on the case including contextual health, police, educational attendance records);
b. A risk assessment is then completed via the BRAG (Blue, Red, Amber, Green) framework, ascertaining the level of safeguarding risk and how immediate the MASH information checks should be completed.
c. Action Plan partners are brought together to formulate the proportionate and appropriate action plan, including any immediate actions to safeguard the individual; ongoing support and periodic review points to assess the impact of the intervention. Services include children and adult social care, Child and Adolescent Mental Health Services, Education support services (SEND support), mental health, housing, Independent Domestic Violence Advisor (IDVAs).

45. We currently understand that across 114 local authorities surveyed in 2023, 106 LAs reported having a MASH, however it is likely that something akin to MASH exist across all English local authorities. There is limited detail about the key features of the MASH; the mechanisms within the MASH and whether the context and features of a MASH are different in each locality to support the children and young people in their context.[21]

Evaluation

46. Currently MASH structures across England and Wales are variable in how they are implemented and there are no current existing records on whether there is a MASH in each local area or their characteristics. Although understood as a promising multi-agency system with good territorial coverage, we cannot describe their impact. Due to this, DfE commissioned University College London to conduct an evaluation on local safeguarding arrangements including MASH and their effectiveness in delivering their services; identifying the right children in need at the right time; taking the right steps to safeguard.[22] The evaluation was due to be completed soon, estimated spring 2025.

Utility to VFI

47. The multi-agency front door, data and intelligence sharing and risk assessment capability of MASH would be applicable for addressing and mitigating the risk of VFIs. In particular, the ability of MASH to identify low level repeat referrals,

[21] An implementation and process evaluation of Multi-Agency Safeguarding Hubs (MASH) | IOE - Faculty of Education and Society
[22] An implementation and process evaluation of Multi-Agency Safeguarding Hubs (MASH) | IOE - Faculty of Education and Society

which taken in isolation would not appear concerning could be a valuable tool for VFIs.[23] In light of this, streamlining data sharing from MASH to specifically capture repeat referrals and referrals which exhibit VFI behaviours could be proposed.

48. The analysis applied to other services like MATAC is applicable here, however the scope of MASH is about safeguarding victims *against* exploitation and abuse, rather than *committing* abuse or harm and therefore the risk framework would need to be broadened/expanded.

49. As we know from the T1D COB assessment, **neurodivergence has a 'raised prevalence'** among VFIs, and that it is crucial to contextualising vulnerability and risk in individuals.[24] Given this, a MASH would require embedded specialist psychological and ideological expertise into the multi-agency meeting (which other interventions such as FTAC do) so to ensure that the complexity of a case which may fall between criminal, health and safeguarding systems is accurately picked up and referred appropriately. Additionally, there is a lack of clarity as to whether a referral is appropriately tracked or managed by MASH.

Multi Agency Risk Assessment Conference (MARACs)

50. MARACs are multi-agency meetings where statutory and voluntary agency representatives share information about the highest risk domestic abuse cases in order to produce a coordinated action plan to increase victim safety. Representatives consist of probation officers, local police, health professionals, child protection specialists, Independent Domestic Violence Advisors (IDVAs) and housing practitioners.

51. The role of the MARAC is to provide a forum for effective information sharing and partnership working to enhance the safety of high-risk victims and their children. The key output of the service is a muti-agency action plan to support the victim, information sharing between services and provide specialist support for victims. The full range of services offered is not clearly publicly available but constitutes a range of criminal and civil courts remedies/sanctions and housing options.

52. An individual can be referred to MARAC via any sector that handles domestic abuse cases and where there is a belief that the victim is at serious risk, usually following completion of the DASH checklist. Partners include:
    a. Health professionals
    b. Police officer
    c. Social workers

[23] 0403 merton_mash_leaflet__professional.pdf
[24] T1D* assessment

d. Teachers and safeguarding leads
e. DA support workers (IDVAs)

Evaluation

53. MARACs, when well implemented, are viewed as critical mechanisms for managing and preventing domestic abuse, with 97% of professionals in London rating MARAC highly as a risk management tool.[25] However, there **is a lack of a shared definition of risk**, which has resulted in inconsistencies across boroughs and in decision making and variations in risk assessment approaches. There is **lack of a unified data sharing framework between agencies, which has resulted in missed opportunities to prevent serious harm and siloed decision making. Finally, the safeguarding workforce is at capacity,** and with high caseloads, inconsistent training about risk assessments it has meant that the needs of victims were often not met.[26]

Utility for VFIs

54. MARAC as a multi-agency forum which facilitates intelligence gathering and data sharing with key safeguarding partners, is important as it works on the basis that no single agency can understand the needs of a victim and thus a coordinated safety plan can be assembled quickly. MARAC may provide some utility to VFIs in their capability to gather data on perpetrators and their possibility to identify perpetrator behaviours. However**,** MARACs are specifically for DA victims, therefore referrals are predominantly made for IDVA services rather than interventions for specifically perpetrators. Beyond the utility of a multi-agency forum to manage a VFI case, the overall programme of work does not appear to be applicable to VFIs.

Multi Agency Tasking and Coordination (MATAC)

55. Multi-agency task and coordination is a police-led, multi-agency approach to identify and manage the most harmful perpetrators of domestic abuse. MATAC utilises a range of criminal justice sanctions and other interventions to safeguard adult and child victims of Domestic Abuse (DA). The overall aim of MATAC is to identify serial perpetrators, change offender behaviour, reduce reoffending and safeguard victims.[27]. A perpetrator would be referred to MATAC via the following ways:
    a. From intelligence gathered through data extracted from police databases.

[25] Managing risk of serious harm from domestic abuse in London - SafeLives
[26] Managing risk of serious harm from domestic abuse in London - SafeLives
[27] Multi-agency tasking and coordination domestic abuse programme | College of Policing

b. MATAC partners (including Police, Adult Social Care, Health, CPS) who can make a direct referral for those who may not have reached police attention.
c. Via referrals from MAPPA, MARAC, Custody and IDAs.

Intervention

56. MATAC ascertains the risk of each perpetrator through data analysis generated from police systems, which is then analysed via the Recency, Frequency, Gravity and Victim' Matrix algorithm. The RFGV matrix is used to identify those perpetrators that pose the highest risk through providing them a score based on the frequency and severity of the offences. The highest scoring individuals are then given intelligence profiles to be discussed at each MATAC meeting. **Once the abuser has been adopted onto the MATAC process, they will be monitored from adoption up to 12 months following their deselection**.

57. The MATAC meeting, coordinated by the police, brings together local authorities, health, housing, social services together to discuss each case, assess their risk and develop bespoke intervention strategies per perpetrator. There are a multitude of interventions employed for each case, depending on the individual circumstances (Annex A)[28]. Some interventions for perpetrators who do engage with interventions include:

    a. A referral to a DA prevention programme (including MAPPA)
    b. Support with living arrangements via housing providers
    c. Drug and alcohol support
    d. Social and financial support
    e. Referrals for health including physical and mental health conditions

58. There are several interventions that can be used when a perpetrator does not engage including diversion and disruption techniques such as Restraining Orders, Non-Molestation Orders and surveillance.[29] The process is consensual in the first instance, but should the individual choose to disengage, or refuse the process, enforcement and disruption tactics are employed. These include civil injunctions, civil orders and Clare's Law disclosures.

Evaluation

59. MATACs are set up by individual police forces and usually cover the entire police force area, therefore evaluations are location specific. An evaluation conducted by Northumbria University and a social return on investment carried out by Gentoo SROI practitioners, found MATAC across the North East region to have positive results.[30] The abuser offending data was analysed before and

[28] Multi-agency tasking and coordination domestic abuse programme | College of Policing
[29] MATAC booklet.cdr
[30] Multi-agency tasking and coordination domestic abuse programme | College of Policing

after MATAC intervention, with a reduction across all areas observed between 44% to 83%. Across the force the average reduction in DA offending was 65%. However, in other localities such as Cumbria, partner agencies have expressed that financial difficulties in both staffing and finances have impacted their participation in MATAC.

Utility to VFIs

60. MATACs could certainly be adapted to include VFIs, however to do so, the **RFGV matrix algorithm would need to draw from a wider set of data sources i.e. mental health services, social services, education and health agencies** to widen the remit of the risk profile to include indicators applicable to a VFI. A specialised risk assessment, or common guidance for VFIs would be required, to upskill services on the problem profile for the VFI cohort and therefore produce referrals. The right for services to refer to MATAC is already embedded within the current system so this referral route could be used for VFIs referrals specifically and would be at no additional cost to change. There would need to be an additional tailoring of the interventions delivered specifically for VFIs, to focus on mental health interventions, cognitive behavioural therapy and social support.

National security services (Prevent)

61. There are already existing and well tested programmes and frameworks within the UK national security apparatus which manage high-risk individuals, particularly those at risk of becoming involved in terrorism. Prevent, and the services which fall underneath it, identify and manage many individuals who share similar harmful behaviours to the VFI cohort. In their analytical assessment, T1D COB **note that although Prevent is primarily a counter-terrorism and anti-radicalisation programme, it has identified multiple case of VFIs**[31]**, so there is clear applicability**.

62. The services which fall under Prevent – **Channel, police-led partnerships (PLP)** and the **Desistance and Disengagement Programme (DDP)** – have many of the core aspects to effectively support and manage an individual within the VFI cohort. They are multi-agency services which ensure that rapid risk assessments are developed, and the most appropriate and effective interventions are deployed to manage and support the individual and protect the public.

63. There is **a fundamental question as to whether it is appropriate to utilise national security frameworks, like Prevent, to manage non-national security cohorts like VFIs**. The risk of expanding the scope of Prevent to

[31] T1D* (25)045 - Analytical Assessment: Violence Fixated Individuals

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manage VFIs is that it may detract from its primary objective in preventing people from becoming terrorists. However, given that the framework is well-developed (with public awareness of the scheme being high), **Prevent can identify at least some VFIs that would otherwise have gone unnoticed**. In the year ending March 2024, 4% (19) of those adopted to Channel were for school massacre concerns so there is already existing precedent for utilising Prevent programmes to identify and manage the VFI cohort[32].

64. **Channel has clear utility in being able to effectively manage the VFI cohort**. This may in part be due to VFIs exhibiting some similar behaviours to self-initiated terrorists (e.g. being difficult to identify and having the potential to inflict serious violence). We know from years of Prevent learning that the use of multi-agency partnerships with access to a range of expertise and interventions is one of the most effective ways of delivering early support to address behaviours of concern. Based upon discussions with CTP through the course of research for this paper, CTP officers were clear that where a VFI is deemed vulnerable to becoming involved in terrorism (even if no terrorist ideology is currently present), then they should progress through Prevent to Channel. CTP have also been clear that repeat referrals of a VFI is more likely to result in progression through Prevent.

65. Whilst Channel is currently being used to manage some of the VFI cohort, **there may be utility in creating an entirely new panel within Prevent aimed at managing VFIs specifically**. **This could be very similar to Channel** – referral through the Prevent system, access to the same multi-agency panels across local authorities and tailored support packages offered **– but the interventions would be tailored specifically to manage the risks from VFIs.** The advantages of this would be that Channel is protected solely to manage those at risk of becoming involved in terrorism and the full range of VFI (not just those vulnerable to involvement with terrorism) can be offered support through a multi-agency system.

66. **PLPs** are very similar to Channel (with regards to the use of multi-agency panels to assess risk and establish appropriate interventions), so it would make sense that **in instances where a VFI refuses to engage with Channel, and there are significant safeguarding concerns and wider risks that must be managed, PLPs are utilised to manage these**.

67. **DDP** provides interventions that may have some utility to the VFI cohort, however, the service itself is designed to provide support to those already involved in terrorist activity. **Given that** T1D COB **s working definition of VFIs is that ideology is not the primary driver, it is unlikely that the VFI cohort will have any significant interaction with DDP. It would therefore not be suitable to manage risks from this cohort**.

[32] Prevent and Channel factsheet – 2024 – Home Office in the media

Service	Multi-Agency	Single Risk Owner	Utility for VFI (RAG)
Channel	Yes	Yes – local authorities	High
PLP	Yes	Yes - police	High
DPP	Yes	Yes – CTP or probation	Low

Desistance and Disengagement Programme (DDP)

68. DDP is a voluntary and consent-based Prevent programme for individuals who are subject to national security investigations, where risk assessment has identified DDP as a key component of their risk management plan. The purpose of the Desistance and Disengagement Programme (DDP) is to help manage the risk of individuals who have been involved in terrorism or terrorism related activity. The programme works to reduce the risk they pose to the UK by providing one-to-one rehabilitative support using specialist intervention providers.

69. Individuals on the programme are supervised through a multi-agency approach involving partners across CTP and His Majesty's Prison and Probation Service. DDP runs alongside existing statutory risk assessment and management processes such as Multi Agency Public Protection Arrangements (MAPPA)[33].

70. Depending on which DDP the individual is placed upon, there are several different referral routes, including through Prison Pathfinder, MAPPA/HMPPS T2D.

Intervention

71. The interventions DDP provide include ideological mentoring, practical mentoring, theological mentoring, and mental health support.

Evaluation

72. The Independent Reviewer of Prevent stated that the DDP is a positive addition to Prevent's mission, with tailored interventions providing tangible benefits to an offender's life circumstances. However, he was not satisfied that sufficient precaution was being applied to rehabilitation work and that procedures needed to be built in to prevent optimism bias (he referenced the Fishmongers Hall attack). He outlined that it was vital to avoid complacency around the danger that ideologically driven offenders may continue to pose, and how this could differ from other types of offending. He explained that this

[33] Factsheet: Desistance and Disengagement Programme – Home Office in the media

required staff to understand the ideology itself, how it manifested, and the risks it could pose[34].

Channel

73. Channel is a Prevent programme which focuses on providing early-stage support to people who are identified as being vulnerable to being drawn into terrorism. The provision of Channel panels to support this cohort of people is a statutory duty placed upon local authorities. The programme uses a multi-agency approach to protect vulnerable people by identifying individuals at risk, assessing the nature and extent of that risk and developing the most appropriate support plan for the individuals concerned.

74. Those referred onto Prevent (anyone can refer onto Prevent) who are assessed by Gateway as being vulnerable to being drawn into terrorism will be recommended for Channel panel.

Interventions

75. Channel is a voluntary programme and an individual recommended for Channel must first consent to participate. Where an individual does not give consent, but the police assess there to be a significant enough risk for further action, then these individuals are likely referred onto Police-led partnerships (PLPs) which are covered in greater detail below.

76. If a Channel intervention is required, and the individual is willing to participate, a tailored support package will be offered. This may include:

    - Mental health provision
    - Support in finding stable employment, housing, education or training.
    - Access to anger management sessions, cognitive behavioural provision, family support and career development.
    - The Channel panel may also seek to challenge the individual's ideology or find healthier ways for them to express or explore their grievances, which can include commissioning an intervention provider.

77. A Channel panel will review the progress of an individual in the Channel programme on a monthly basis. If there is an escalation of risk, the police may transfer a case from Channel to police-led partnership management or escalate it into an investigation. The panel decides an individual will leave the Channel programme when there is no further risk of radicalisation. Support to address non-radicalisation-related concerns could continue in some cases but would be managed outside of the Channel programme.

[34] Independent Review of Prevent (accessible) - GOV.UK

78. After an individual has left the Channel programme, their progress will be reviewed after 6 and 12 months as a minimum. If the individual shows further radicalisation-related concerns, they can re-enter the Channel programme and receive further support. [35]

Evaluation

79. Of the 6,922 referrals to Prevent in the year ending 31 March 2024, 13% (893) were discussed at a Channel panel and considered for support, and 7% (512) of all referrals were adopted as a Channel case. Of the 286 referrals adopted as a Channel case that have subsequently been close, 254 (89%) of the individuals concerned exited with no further radicalisation concerns. [36]

80. In his 2023 review of Prevent, the Independent Reviewer of Prevent commented on the effectiveness of Channel in providing support to those who are at risk of becoming involved in terrorism, with many interventions having saved lives. The Reviewer goes on to say he was "encouraged by the efficient structure of Channel panels, the consideration and time allocated to discussing each case, and the multi-agency partnership working evident in the sessions observed. It was clear that the necessary partners were present to consider the range of vulnerabilities present in each case." [37]

Police-led partnerships

81. PLPs are the management of individuals that are not suitable for Channel, but which have identified Prevent-relevant needs requiring safeguarding support or mitigation, led by police but working in partnership with other agencies, like health practitioners.

82. PLPs are usually necessary because the individual refuses to engage with a voluntary Channel support plan but still needs to be safeguarded and the counter-terrorism risk needs to be managed, the individual is a radicaliser/extremist groomer whose activities need disrupting or there is a criminal investigation that restricts the ability of the police or other partners to obtain consent from the individual to participate in Channel.

83. There are several referral routes onto a PLP. This includes from Channel where the programme is not suitable, from Desistance and Disengagement Programmes (DDP) and from the police directly.

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[35] Individuals referred to and supported through the Prevent Programme, April 2023 to March 2024 - GOV.UK

[36] Individuals referred to and supported through the Prevent Programme, April 2023 to March 2024 - GOV.UK

[37] Independent Review of Prevent

Interventions

84. The PLP process provides management and mitigation through multi-agency safeguarding support or disruptive activities.

85. PLPs are led by the police but working in partnership with other agencies and employ many of the same types of approaches used within the multi-agency processes of Channel.[38] They include:

- Ideological mentoring
- CSO support
- Social care support
- Educational support
- Healthcare support
- Mental health support
- T2D

Evaluation

86. PLPs were reviewed within the Prevent learning review following the Southport attack. It became clear within this review that AMR's first Prevent referral case was moved from Gateway Assessment to PLP. The rationale for this was to ensure a visit could be conducted with the individual to carry out a risk assessment and determine the appropriate course of action. However, this was assessed as unnecessary as the policy allowed for visits to take place during the Police Gateway Assessment process if appropriate and by exception.

87. Furthermore, the Review also recommended that consideration should be given to reviewing and strengthening the formalised structure of PLP case management in policy/guidance, and how this structure can be enforced across the different CTP regions in the country to ensure each PLP panel meeting is run in a consistent manner. This could include chairing oversight by a senior ranking officer, recording of those in attendance, minute taking, frequency of meetings, case management plan creation, review of plans and potential for a live review of information placed on PCMTE where appropriate.[39]

88. It is worth noting **that the existing policy and guidance on PLPs has been strengthened on how PLP cases should be managed with the creation of the Police Led Partnership Panel Meeting Plan**. A structure has been created to manage cases in PLP to draw together and oversee case management which will reduce instances of cases being closed prematurely and allow the questioning of decisions made by CTCO's and Supervisors.

[38] Channel duty guidance: protecting people susceptible to radicalisation (accessible) - GOV.UK
[39] Redacted_Southport_PLR_-_amended_version__final2.pdf

This standardised approach will create and better promote consistent practices in the way PLP cases are managed. [40]

Other relevant services

89. The following services and interventions do not fall wholly into either serious violence intervention, VAWG/safeguarding or national security interventions, so we have outlined a broad overview of them and our assessment of their utility to VFIs below.

90. **Fixated Threat Assessment Centre (FTAC)** manages 'fixated' individuals who have an obsessional pre-occupation with a person or a perceived grievance, which they pursue to an irrational degree. There is clearly some overlap with the individuals FTAC manages and the currently understood VFI profile - the T1D COB analysis shows that grievances, or perceived grievances, are likely a risk factor for VFIs [41] and, if unmanaged, both cohorts can be capable of violence to others. However, VFI must be fascinated with extreme violence, whereas FTAC predominantly manage those fixated with an individual.

91. Despite this, **certain VFI-type cases may already be referred to FTAC depending on the motivations of an individual**. For example, a person who is fixated with an individual, yet also holds a fascination with extreme violence and has intent to commit this against the specific individual would seem to fall under their operational remit.

92. Given that T1D COB outline that VFIs may also have co-occurring factors, such as mental illness or neuro-developmental disorders, which need to be considered when tailoring any interventions, **the police/NHS-led referral process for managing this cohort would be directly relevant to both identifying and managing the higher-risk VFI cohort**.

93. To achieve this, the remit of FTAC would either need to be expanded to capture those fascinated with extreme violence (as was done with the Australian FTAC model), or an entirely new unit (modelled upon the joint policing and healthcare principles of FTAC) would need to be created to manage the VFI cohort specifically.

94. **CT Clinical Consultancy Service (CT CCS)** has clear utility in providing medical and other support to VFIs where deemed necessary. **There is already policy for Prevent practitioners which outlines that consideration should be given to a referral to a VSH (previous iteration of CT CCS) where appropriate.**

[40] Ibid
[41] T1D*(25)045 - Analytical Assessment: Violence Fixated Individuals

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95. **Preventing Radicalisation Grant Initiative**: There is likely some utility in encouraging CSOs to run programmes that are specifically targeted at supporting those within the VFI cohort, particularly if they are at an earlier stage of becoming fascinated with extreme violence. **However, given this was funded by the Home Office Prevent programme, and the previously identified issues of evaluating individual projects, there are likely more effective ways of allocating funding to better manage VFIs.**

96. **Cyber Choices** in its current form would not be relevant to the VFI cohort, or indeed those conducting other online harms. However, T1D COB's assessment is that the internet gives access to violence, potentially information to plan an attack, and access to like-minded communities. A case study of active shooters in the USA from 2010 to 2017 found that 19% of these individuals had higher than usual levels of violent media consumption.

97. Therefore, if there was appetite to expand the remit of the scheme, or create something similar but for online harms (like providing information about the Online Safety Act), **there could be utility in increasing the awareness of the real-world harms of accessing and sharing violent or extremist content online. This would have the advantage of addressing harmful behaviours earlier.**

98. **Serious Organised Crime Partnerships** are designed for group, network threats, not lone individuals. Their key function is to disrupt criminal enterprises such as drug trafficking, rather than managing individuals with a fascination with violence.

99. **Integrated Offender Management (IOM)** is focussed predominantly on persistent reoffenders which present the highest threat to local communities. In most cases this involves those committing neighbourhood crime like burglary or theft but can include other offenders too, like those posing a risk of violence. The refreshed IOM process has utility in managing individuals who have already offended and there is a strong likelihood that they will do so again.

100. In relation to VFIs, the IOM model is likely well placed to manage those who have a criminal history of violent behaviour, which may include some individuals falling under the current definition of a VFI. However, this **wouldn't provide any management for VFIs who have not been convicted for a previous offence. IOM could not, therefore, be used solely to manage risks from VFIs.**

101. **Potentially Dangerous Person (PDP) panel:** Where a VFI has been identified, and there is reasonable belief they pose a risk of serious violence to others (yet have not previously offended), **there is utility in using PDP**

panels to actively manage some of these concerns and lower the risk to the public. This is what they were designed for and the frameworks says they should be used for.

102. The T1D COB analytical assessment makes clear that a VFI must have an intent to inflict extreme violence, which is very similar to the threshold that must be met for an individual to be referred onto a PDP panel. Furthermore, T1D COB are clear that a threat-based, not profile-based, approach should be used to manage risks from VFIs. This is the model that PDP panels use.[42]

103. **However, the effectiveness of using PDP panels to manage VFIs is dependent on several factors.** The first is that a local area must have a panel in the first instance – we know many do not and the ones that do are mainly in London. Police forces must also have the necessary, trained personnel to implement any interventions deemed necessary to manage potentially dangerous individuals – again, this has previously been raised as an issue in some areas and will require funding to mitigate.

104. **Multi Agency Public Protection Arrangements (MAPPA) level 3 is a potential pathway to manage down the risks from VFIs, but it cannot be the responsible service for VFIs because it only covers those who have offended or received a police caution**. The system is already well integrated (it has been in place for over 20 years) so it is well placed to manage violent offenders who fall into the VFI cohort with not extra costs. MAPPA takes a multi-agency approach with one clear risk owner (either the police or probation services) to provide tailored risk management plans.

Service	Multi-Agency	Single Risk Owner	Utility for VFI (RAG)
FTAC	Yes	Yes – FTAC	Medium
CT CCS	Yes	Yes - CTP	High
PRGI	No	No	Low
Cyber Choices	No	Yes – NCA	Low
SOC partnerships	Yes	?	Low
IOM	IOM	Yes – police force	Medium
PDP panel	Yes	Yes - CTP	Medium
MAPPA	Yes	Police/Probation	Medium

[42] T1D* 25)045 - Analytical Assessment: Violence Fixated Individuals

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Fixated Threat Assessment Centre (FTAC)

105. FTAC is a joint NHS/Police unit which assesses and manages the risks from lone individuals who harass, stalk or threaten public figures. The Metropolitan Police Service are the overall risk holder and receive funding from the Home Office to staff this unit and the NHS personnel are funded by the Department for Health and Social Care. The Unit is referral based (on average 1000 a year, with a 50% action rate) and helps people get the care they need and, by doing so, decreases any risk they might pose to others. [43]

106. It was established following the recognition that, whilst there were well-established systems in place to assess the threat from terrorists and criminals, no such mechanism existed to address the problems posed by this cohort of individuals.

107. Referrals may come from the affected individuals themselves, from their correspondence offices, from the parliamentary authorities or from police forces.

Interventions

108. FTAC utilises a range of different types and levels of intervention, including:

- Referral to health service providers (hospital admission and other forms of psychiatric care)
- Organising arrest and prosecution where this is desirable (a criminal charge can often lead to greater health care interventions for the individual).

109. To decide upon the type and level of intervention, an initial assessment is made of the individual which is then used to allocate a concern level (from low to high). From here a management plan is agreed and implemented.

110. Alongside police personnel, FTAC consists of senior forensic psychiatric nurses, social workers, consultant psychiatrists and psychologists to ensure the most appropriate medical intervention can be administered depending on the individual case.

Evaluation

111. To review the efficacy of FTAC interventions, in 2010 the Unit conducted a study of 100 cases that it assessed as being moderate or high concern. In summary, 57% of referrals were admitted to hospital because of FTAC intervention, with a further 26% receiving care from mental health services in the community. A further 4% received care from their GP. This illustrates the efficacy of the intervention.

[43] FRG | Fixated Research Group

112. A follow up study of 100 FTAC cases looked at inappropriate communications and approaches and compared figures for the two years before and after FTAC intervention. The total number of inappropriate communications in the two years after FTAC intervention compared with the two years before was reduced by 47%. Approaches were reduced by 68%. The conclusion was that FTAC intervention was effective in reducing problematic communications and approaches and, in doing so, brought about a significant reduction in police time spent on lone individuals. [44]

CT Clinical Consultancy Service (CT CCS) (formally Vulnerability Support Hubs)

113. The CT Vulnerability Support Hubs (VSHs) were pilot partnership services between NHS Forensic mental health teams (in London, Birmingham and Manchester) and Counter-Terrorism Police, funded by CTP. Their aim was to improve the health and criminal justice outcomes for individuals referred into PREVENT and, by doing so, help mitigate the risk of terrorism to communities.

114. Evaluation found the hubs to be effective in rapid identification and management of mental disorders and other psychological vulnerabilities associated with radicalisation and extremism, thus supporting the mitigation of counter terrorism risk.

115. The Clinical Consultancy Service was established following the close of these pilots, at the end of 2024 to provide national service provision. CT CCS aims to mitigate CT risk, where mental disorder and/or other complex psychological vulnerabilities are a factor, through the provision of an enhanced understanding of vulnerabilities and appropriateness of health intervention options to CTP case holders. The CT CCS is delivered by CTP HQ in conjunction with a collaboration of three NHS mental health trusts (known as the Health Provider Collaborative (HPC)). HPC provides a team of specialist, forensic mental health practitioners, embedded within, and working in partnership with CTP. To deliver CT CCS' aims effectively, the parties to this agreement are required to share information with each other.[45]

116. Typically, referrals to CT CCS are made through Prevent.

Interventions

[44] THE FIXATED THREAT ASSESSMENT CENTRE – IMPLEMENTING A JOINT POLICING AND PSYCHIATRIC APPROACH TO RISK ASSESSMENT AND MANAGEMENT IN PUBLIC FIGURE THREAT CASES
[45] Purpose Specific Data Sharing Agreement

117. The CT CCS provides a highly specialist service, where clinical staff work in close collaboration with CTP in support of their and partner agencies' risk management through processes defined as Identify, Assess and Intervene:

- **Identify** – firstly through screening of referrals, identify individuals amongst those referred by a CTP case holder who could benefit from a full clinical formulation; secondly by attending regular regional CTP meetings (by agreement) where casework discussion may lead to CT CCS referral recommendations being made (e.g. regional Prevent case management review meetings)
- **Assess** – review evidence of known / suspected mental disorder and its relevance to the exhibited behaviours and potential CT risk, using a combination of police and mental health information to provide a 'formulation'4. On the basis of that formulation the CT case holders are provided with a list of any options available for referral into mainstream health provision.
- **Intervene** - Facilitate engagement with mental health and other services to - help mitigate the impact of mental disorder on terrorism risk; reduce the risk of serious harm to the individual concerned or third parties; safeguard the mental health and wellbeing of individuals referred, to improve their health and criminal justice outcomes.

118. They support individuals referred to Prevent with poor mental health by:

- Ensuring they have access to a range of appropriate services and treatments such as support for mental health, housing, substance misuse or offending behaviours
- Building up their protective factors such as social support or engagement in work or education
- Ensuring there is appropriate mental health safeguarding in place.
- Doing this at the earliest opportunity.[46]

Evaluation

119. Whilst CT CCS is relatively new, and therefore no in-depth evaluation has been made, VSHs hubs (formally known as Prevent Mental Health Hubs) were evaluated by the then National Counter Terrorism Policing HQ (NCTPHQ) in 2017. The report concluded that these hubs added value to the Police CT and Prevent pathway. The benefits demonstrated included safeguarding vulnerable individuals via liaison and diversion with mainstream mental health services, identification of vulnerable individuals in a pre-criminal

[46] Report published into the functioning of Vulnerability Support Hubs | Counter Terrorism Policing

context, and supporting other CTU functions as required including risk assessment and management, consultation, assessment and formulation, training and supervision for complex cases. [47]

120. It is worth noting that within the Prevent learning review of the Southport attack, it was apparent that Axel Muganwa Rudakubana (AMR) was to be referred to a VSH. Although a VSH had been approached, it appears no VSH referral was received. It is not known if one was made but not received, or if it was never made. [48]

Preventing Radicalisation Grant Initiative

121. The Preventing Radicalisation Grant Initiative was developed through the Home Office Prevent Programme to support local authorities in their work with communities to build resilience to radicalisation. The Home Office funded this initiative, but was run by civil society organisations (CSOs).

122. The programme has now closed for applications from charities and companies.

Interventions

123. The initiative funded CSOs to support young people at risk of radicalisation (but crucially those unsuitable for Channel) to gain qualifications, re-engage with education, employment, training, mental health support and therapeutic activities.

Evaluation

124. Although the Preventing Radicalisation Grant Initiative is not mentioned specifically, the Independent Reviewer of Prevent was critical of similar CSO-run projects in his 2023 Review. In summary, he concluded:

- He was consistently unable to determine how many Prevent-funded CSO and community projects were achieving impact – there were inadequate mechanisms to evaluate individual projects.
- Funding too often goes towards generic projects dealing with community cohesion and hate crime, and few CSOs could be seen publicly to contest extremist discourse.
- Of particular concern, the Reviewer discovered that some CSOs had promoted extremist narratives.

125. His overall recommendation was to restrict Prevent funding to groups and projects which challenge extremist and terrorist ideology via counter-narratives and activities, and that Prevent budgets should not be allocated

[47] PMHHFinalReportDec171-Redacted.pdf
[48] Redacted_Southport_PLR_-_amended_version__final2.pdf

towards general youth work or community initiatives that do not meet these criteria. [49]

126. Furthermore, although all local authorities could bid for funding, only 20-30 areas did so as uptake is dependent on capacity and capability to oversee programmes.

Cyber choices

127. Cyber Choices is a National Crime Agency run programme to help children and young people make informed choice of their use of the internet. The service provides advice to children, schools and parents, and is referral based (with referrals typically made by parents, schools, or via a young person's contact with the police). The programme is aimed at increasing awareness of and preventing cyber-crime and cyber-fraud by encouraging young people with technical skills to be aware of the law and what is and isn't legal.[50] It is not currently aimed at addressing online harms more generally.

Interventions

128. Where there is evidence that a young person has engaged in cyber-crime they can be placed onto the Cyber Choices programme. The programme includes:

- Teaching young people about the Computer Misuse Act and what the real-world serious consequence of cyber-crime is.
- Promoting positive, legal cyber opportunities
- Providing job opportunities and guidance for young people with skills in cyber.

Serious Organised Crime Partnerships

129. SOC Local partnerships are local multi-agency groups aiming to prevent, tackle and reduce serious and organised crime. They bring together agencies such as the Police (particularly ROCUs), LAs, YOTs, Health and probation to share intelligence, coordinate disruption tactics and deliver interventions to stop organised crime networks (OCNs).

Intervention

[49] Independent Review of Prevent
[50] Cyber Choices - National Crime Agency

130. A **SOC local profile** is created at each locality to present the local threat to SOC, this includes the harm and threat emanating from SOC, as well as the vulnerabilities that could cause SOC to emerge and take hold in communities.[51] The profiles are coordinated by police forces in conjunction with local agencies (health, education, local authorities) who will proactively share partner data to complete the threat picture locally. Local profiles are seen as iterative documents which should be updated with emerging threats and are the bedrock of the multi-agency response to local SOC threat in the area.

131. Using the local profiles a **4P delivery plan** (prevent, pursue, protect prepare), to identify and prioritise the appropriate action among multi-agency partners involved in reducing SOC: from preventing crime in the first place, to pursuing OCGs, and helping victims and communities recover from the impact.[52] Key interventions to disrupt SOC and protect communities include:

- Prepare interventions (Training for frontline professionals; community intelligence campaigns to report SOC)
- Prevention interventions: 'Prevent' (Youth intervention programmes; diversionary schemes; education campaigns; community resilience initiatives)
- Protection interventions (Neighbourhood policing; threat to life notices)
- Criminal Justice Interventions: 'pursue' (Targeted arrests and prosecutions; Serious Crime Prevention Orders; Civil Orders)

132. Ownership of the local profile and 4P delivery plan varies across each area depending on the 'most appropriate muti-agency partnership', key responsibilities include reviewing the profile and holding partner agencies as well as police to account for developing content and actioning intelligence gaps.

Evaluation

133. There have no formal evaluation of SOC partnerships and the evidence is mixed and emerging. HMICFRS in their SOC inspections in 2021 and 2023 highlighted that multi-agency approaches to SOC are promising and are stronger than police only models.

Integrated Offender Management (IOM)

134. Integrated Offender Management (IOM) brings a multi-agency response to the crime and reoffending threats faced by local communities. The most persistent and problematic offenders are identified and managed jointly by partner agencies working together. [53]

[51] Serious and organised crime local profiles: a guide - GOV.UK
[52] Serious and organised crime local profiles: a guide - GOV.UK
[53] Integrated offender management (IOM) - GOV.UK

135. As well as the police and the National Probation Service, IOM involves agencies who work in the field of drug and alcohol dependency; debt; health; housing, benefits; education and accommodation services. [54]

Interventions

136. The Integrated Offender Management approach aims to provide an enhanced level of surveillance and control in relation to those offenders identified as at risk of reoffending, coupled with a focus on rehabilitation for those who are willing to accept help.

137. Interventions delivered under Integrated Offender Management can usually be described as either rehabilitative or having a restrictive/enforcement focus. Most areas usually adopt a joint management approach to individual offenders, deploying police, probation and other staff.

Evaluation

138. The IOM underwent a refresh in 2021, partly in response to a joint inspection by HM Inspectorate of Probation and HM Inspectorate of Constabulary and Fire and Rescue Services which had found that IOM had 'lost its way' following a 2015 relaunch titled *Transforming Rehabilitation*. Specifically, their inspection concluded that:

- There was no centralised leadership (from HO or MoJ) of IOM following the 2015 relaunch, with strategy and leadership being driven at local levels. *Transforming Rehabilitation* had a negative impact on partnership working.
- Investment in training and development for IOM teams was lacking, and this impacted quality of practice.
- Significant funding cuts to services meant that some schemes lacked involvement from key partners to deliver rehabilitative interventions, and IOM status no longer always resulted in priority access to services as it had once done.
- In some areas, the police appeared to have taken over rehabilitation work traditionally carried out by probation services.
- Case recording practice of both police and probation, including the reasons for inclusion in the IOM cohort and of activity to keep people safe, was found to be lacking at times.
- There was an absence of any comprehensive evaluation to evidence that IOM was effective. [55]

139. The 2021 refresh aimed to provide a unified approach to offender supervision in the community focused on neighbourhood crime, whilst

[54] What is Integrated Offender Management? | Leicestershire Police
[55] HMI Probation and HMICFRS - A joint thematic inspection of Integrated Offender Management

retaining discretion for local priorities. The strategy stressed the importance of effective governance structures and a consistent approach to supervision and support.[56]

Potentially Dangerous Person (PDP) Panel

140. PDP panels are a non-statutory, Counter-Terrorism Police (CTP)-run programme which aims to manage cases that do not meet the MAPPA threshold, and unlike MAPPA, it is not for offenders. The panels are mainly in London and not all local areas have the capability. There are around 100 people referred to PDPs per year.

141. A PDP is a person who is not currently managed under one of the three MAPPA categories, but reasonable grounds exist for believing that there is a risk of them committing an offence or offences that will cause serious harm. An example of a PDP on the College of Policing's authorised professional practice includes:

- Where a mental health worker shares information with the police that a patient has disclosed fantasies about committing serious violent offences. The patient is not cooperating with the current treatment plan, and the informant believes serious violent behaviour is imminent.

142. A PDP could benefit from active management which is usually multi-agency, although there may be cases where only the police are involved. There must be a risk of the subject causing serious harm for their case to be managed. Although there is no statutory multi-agency framework to govern PDPs, a multi-agency approach is considered good practice.

143. A PDP may be identified and referred to these panels in several ways, including:

- Where there is an unproved allegation of a violent offence
- Information or intelligence acquired or received by police
- Cases referred to MAPPA which don't qualify for MAPPA management but meet PDP criteria
- Referral from another agency, such as mental health services, childcare services or social services
- Referral from any individual or unit in the police force with information that someone meets the PDP criteria

Interventions

[5656] Integrated Offender Management: Process Evaluation Report - GOV.UK

144. As a PDP may pose an immediate threat, an initial risk assessment is made to ensure effective management. Consideration should be given to using existing risk management systems for offending types and MAPPA processes. Therefore, interventions may be similar to those under MAPPA level 3 (covered below) depending on the individual case.

145. Police forces determine how PDPs are managed. This includes risk management strategies that are developed between the force and partner agencies, who work closely to share information regarding the PDP. This usually includes convening PDP meetings, which should include all relevant agencies. [57]

Evaluation

146. As outlined above, PDP panels are mainly in London and not all local areas have the capability. This will result in an inconsistent use and knowledge of PDP panels and how they can be utilised to manage sub-MAPPA dangerous individuals.

147. In 2023, the Justice Inspectorate found that knowledge of the College of Policing PDP framework was sometimes poor. A senior officer in one force told them that there was "poor awareness of the scheme, and it is not fit for purpose". That force had only one person designated as a PDP. Another force they inspected had a PDP policy but had yet to identify anyone fitting the definition.

148. However, South Yorkshire Police had introduced meetings in two areas to help manage the risk presented by PDPs. It used a matrix to help officers allocate high-risk, medium-risk or low-risk rating to the person. This meant it could prioritise people more likely to commit a homicide and allocate resources to protect the public.

149. The HMICFRS reported that most forces inspected compiled lists of offenders likely to present a high risk of harm to women and girls, or people likely to commit domestic abuse offences. However, the **Inspectorate concluded that once lists of dangerous people were created, they found that some forces failed to allocate police personnel to manage the risk**. This was primarily due to resourcing issues. [58]

MAPPA Level 3

[57] Potentially dangerous persons | College of Policing

[58] Homicide prevention: An inspection of the police contribution to the prevention of homicide - His Majesty's Inspectorate of Constabulary and Fire & Rescue Services

150. Multi-Agency Public Protection Arrangements (MAPPA) are designed to protect the public, including victims of crime, from serious harm by sexual or violent and other dangerous offenders. **Violent individuals who fall below Prevent thresholds can be put onto MAPPA at the discretion of CTP**.

151. MAPPAs are located in each of the 42 criminal justice areas of England and Wales. The risk owners, or responsible authorities (RAs) for MAPPA are the police and His Majesty's Prison and Probation Service. They have a duty to ensure that the risks posed by a qualifying offender are assessed and managed appropriately.

152. It is the police or probation services who ensure the appropriate individuals are referred onto MAPPA.

153. Every MAPPA offender must qualify as one of three categories. Category 3 is most likely to be appropriate to a VFI as it applies to dangerous offenders. This is defined as **a person who has been cautioned for or convicted of an offence that indicates they are capable of causing serious harm and that requires multi-agency management. [59] This has direct parallels to the current working definition of VFIs (intent to inflict extreme violence) which** T1D COB **have set out.**

Interventions

154. All category 3 offenders require a MAPPA risk management plan (RMP). A MAPPA risk assessment will first identify all areas of risk of serious harm and the MAPPA RMP will then set out all the single and multi-agency actions agreed at the MAPPA meeting to manage those risks. An RMP often addresses supervision, monitoring and control, interventions, victim safety and contingency plans.

155. Interventions and treatment under MAPPA are activities that focus more on developing the offender's own ability to avoid and manage risk situations and to build strengths and protective factors that enable desistance from offending. These may be mandatory or voluntary and span attendance at programmes that address the causes of offending behaviour to referral for medical or psychological interventions and identifying a role for family, parents and carers.

156. An RMP may also include elements of supervision, including office-based supervision, home visits by police and probation and other regular visits to the offender's premises, contact with healthcare professionals and help from DWP/housing services in finding work or tenancy support.

- Monitoring and control are strategies which the RMP utilise to control and reduce opportunities for harmful behaviour. They include the use of licence conditions, such as a licence condition placing restrictions on residence, restrictions on association, activities and movements, and surveillance and electronic monitoring.

[59] Multi-agency public protection arrangements (MAPPA) | College of Policing

157. Finally, RMPs also include victim safety strategies designed at protecting previous and potential victims from harm.[60]

Evaluation

158. In 2022, the Criminal Justice Joint Inspection (CJJI) published their joint thematic inspection of MAPPA. This reviewed whether, twenty years on, MAPPA was still achieving its objectives. The joint inspection examined the work of prisons, police and probation in delivering MAPPA in 107 cases from six MAPPA areas. Overall they found that where the right individuals are referred, MAPPA adds value to the management of cases at levels 2 and 3. Cases at level 2 and, particularly at level 3 are well-managed and demonstrate that having the collective knowledge of agencies focused on a case can accelerate access to services and, in some cases, gain support that would not have been available otherwise.

159. Despite the positive potential of MAPPA, they did find gaps in some cases. Too often, late referrals hamper pre-release planning for individuals being released from prison which meant that arrangements were not in place sufficiently early. Furthermore, they found that the quality of information that prisons supply to MAPPA meetings is improving, but it still does not always provide sufficient detail on how an individual has behaved throughout their sentence.

160. They concluded that for cases managed at MAPPA levels 2 and 3, MAPPA largely achieves its aims of managing the risks that violent and sexual offenders pose to the public. [61]

Section 3: Findings and Recommendations

Summary of key findings and recommendations:

Finding 1: *there is an overlapping landscape of HO and police-led services and interventions that could be/are utilised to manage a VFI*

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T1B

[61] Twenty years on, is MAPPA achieving its objectives? A joint thematic inspection of Multi-Agency Public Protection Arrangements

- T1B

Finding 2: *the current service/intervention landscape may already provide interventions to VFIs, and these should be utilised*

- T1B

Finding 3: *a two-tiered approach, prioritising both early prevention/reduction and later-stage threat management, is likely to be most effective in managing those who are already considered VFIs and mitigate those who are at risk of becoming a VFI in the future. There are several specific adaptations to the existing service landscape which should be considered.*

Tier 1: prevention & reduction

- T1B

Tier 2: threat management

- T1B

Finding 1 – an overlapping landscape

1. By conducting this review, it is clear that the landscape of Home Office/police-led services and interventions that could be/are utilised to manage the VFI cohort is extremely overlapping. The proliferation of local multi-agency partnerships, boards and groups has left the landscape complex and crowded, with partnerships and forums often providing near duplicative functions. Additionally, there is no clear central repository of the interventions that each service refers cases onto, which adds to the confused picture and further hinders effort to accurately identify and support this cohort. All interventions we have gathered can be found at Annex 1.

Recommendation 1 - National data sharing and case management system

2. T1B

T1B

3. T1B

Recommendation 2 - risk ownership code of practice

4. T1B

5. T1B

6. T1B

Recommendation 3 - survey of service landscape (including Channel panels)

7. T1B

Finding 2 – existing service landscape is adequate

8. Given consideration of the overlapping landscape and tight fiscal picture, developing a totally new bespoke service should be a solution only considered in the longer term, with considerable analysis as to how it may interact with the existing landscape so to mitigate the risk of cutting across existing effective practice and not meet the needs of all localities. Additionally, we assess that the current service **landscape already may provide, or could potentially provide, interventions to manage VFIs** (or those at risk of becoming VFIs) include:

    - Prevention Partnership Panels
    - Multi Agency Safeguarding Hubs (MASH)
    - Violence Reduction Units (VRUs)
    - Multi Agency Risk Assessment Conference (MARAC)
    - Multi Agency Tasking and Coordination (MATAC)
    - CT Clinical Consultancy Service (CT CCS)
    - Fixated Threat Assessment Centre (FTAC)
    - Channel panel
    - Potentially Dangerous Person (PDP) panel
    - Police Led Partnerships (PLP)
    - Multi Agency Public Protection Arrangements (MAPPA) Level 3
    - Integrated Offender Management (IOM)

Recommendation 4 - overarching VFI intervention guidance

9.

10. T1B

11.

12. Taking recommendations 1-4 together, these crosscutting options would better ensure the right services and interventions are utilised to manage down risks, and where multi agency services are referred onto, it would be clearer who the overall risk owner is to ensure cases are accurately tracked and owned. Underpinning this, a national case management system would bridge the

information gap between earlier and late-stage services and interventions to ensure cases do not fall between the cracks.

Finding 3- A Two-Tiered Approach to VFIs

13. We know that prevention and early intervention is imperative to mitigating a possible VFI who may be on a continuum towards violence. That is why, we suggest a **two-tiered approach**, involving cross-cutting universal changes; preventative options to mitigate the risk of those who are yet to become a VFI and threat management recommendations to mitigate those who we would already consider a VFI and pose an acute risk. There are several specific adaptations to the existing service landscape which should be considered across the two tiers. T1D

T1D

Tier 1 - prevention and vulnerability reduction

14. Ensuring that those who could be susceptible to violence are identified early is imperative to addressing risk of an individual becoming a VFI; incorporating the risk profile of VFIs into localised prevention initiatives will be essential to fulfilling this goal. As emphasised in the T1D COB Analytical assessment, having a wider risk profile for VFI's may result in 'false positives', however, on balance the impact of this is preferable than those who may slip through the net. The impact of identifying such VFI risks early, T1D COB assess, will also have a 'spillover benefit' on other social programmes, particularly if addressed in adolescence.[62]

Recommendation 5 - VFI involvement in Prevention Panels

15. T1B

[62] T1D*, p6

*Cabinet Office Body

16. T1B

Recommendation 6 - VRUs adapted to include VFIs

17. T1B

Tier 2 - threat management

13. While having access to a wide range of services and interventions that could manage the risk posed by a VFI would be critical to an appropriate response, this approach alone would not be sufficient to support with the identification of VFIs or provide an interventions pathway with assurance or evaluation opportunities. Prevent is the only existing case management system which provides the assurance that risk is being owned and managed through an interventions pathway, while the responsibility of provides interventions is appropriately shared. Without a similar risk ownership and management model, there would remain a significant risk that VFIs would not be identified or that any service would be accountable for their life outcomes.

Recommendation 7 - alternative Channel-like panel for VFIs

14. T1B

15.

Recommendation 8 - expansion of the Fixated Threat Assessment Centre (FTAC)

16 T1B

17.

T1B

18.

Annex 1: table of services

	Service	Function	Interventions	Multi-agency?	Risk Owner	Devolved?	Scope to include VFIs
Pathway- low to high	**Preventing Radicalisation Grant Initiative**	Developed through the Home Office Prevent Programme to support local authorities in their work with communities to build resilience to radicalisations. The Home Office fund this initiative, but it is run by civil society organisations (CSOs).	The initiative funds CSOs to support young people at risk of radicalisation to gain qualifications, re-engage with education, employment, training, mental health support and therapeutic activities.	No	N/A	UK-wide	Low scope
	Young Futures Prevention 'Panels'	20 Prevention Partnership panels to capture vulnerable children and young people (CYP). Consists of a regular multi-agency meeting which convenes statutory and non-statutory partners to assess the CYP's needs, develops an offer of effective support, assigns a support agency or individual to engage them, and makes an onward referral.	The interventions offered will include services which go beyond targeted prevention interventions (Youth Endowment Toolkit) and will include wider statutory, - statutory, universal and targeted youth services	Yes	Panel	N/A	High scope
	Cyber Choices	Cyber Choices is a National Crime Agency run programme to help children and young people make informed choice of their use of the internet.	Teaching young people about the Computer Misuse Act Promoting positive, legal cyber opportunities	No	NCA	UK wide	Low scope
	HO Violence Reduction Units (VRUs)	VRUs provide an infrastructure for multi-agency working which is locally defined based on the drivers of serious violence and the local response required to mitigate that risk.	Youth Endowment toolkit	Yes	Risk is owned by the agency that referred the case	VRUs in Wales but not in Scotland or NI Scotland has existing Scottish VRUs set up in 2005	Medium scope
	Community Safety Partnerships	Community Safety Partnerships (CSPs) were introduced by Section 6 of the Crime and Disorder Act 1998	Crime prevention (including neighbourhood watch support)	Yes	Referring statut	Scotland and NI have	Low scope

		and bring together local partners to formulate and implement strategies to tackle crime, disorder and antisocial behaviour in their communities.	Domestic abuse services (refuges, outreaches, diversion schemes) Gang exit programmes County lines disruption and safeguarding projects Diversion for young people and offenders with substance misuse, mental health or learning difficulties Community engagement and resilience (including hate crime reporting hubs)		ory agenc y owns the risk, CSP coordi nates interv entio	different models under different legislatio n.	
	Multi Agency Safeguarding Hubs (MASH)	They were created to improve safeguarding practices for children and adults at risk, through bringing together agencies from social care, policing, health, education to share information quickly; risk assess and provide joint decisions on appropriate and timely interventions for those individuals at risk.	Immediate actions to safeguard the individual and referral to the following services: Children and adult social care CAMHS Education support services (SEND support), mental health Housing IDVAs	Yes	Prima ry risk owner ship depen ds on risk identif ied	Scotland and NI do not have MASH but similar structure s exists – e.g Multi-Agency Screenin g Groups	Medium scope
	Domestic Abuse Partnership Boards	A DA Partnership board provides a needs assessment for victims and assesses the victim's requirement for safe accommodation.	Advocacy support – development of personal safety plans, liaison with other services (for example, GPs and social workers, welfare benefit providers); Domestic abuse-prevention advice – support to assist victims	Yes	Prima ry risk owner ship depen ds on risk	Yes model is devolved in principle, but different	Low Scope

			to recognise the signs of abusive relationships, to help them remain safe (including online) and to prevent re-victimisation; Specialist support for victims with relevant protected characteristics and / or complex needs, for example, interpreters, faith services, mental health advice and support, drug and alcohol advice and support, and immigration advice; Children's support – including play therapy and child advocacy; Housing-related support – providing housing-related advice and support, for example, securing a permanent home and advice on how to live safely and independently; and Counselling and therapy for both adults and children.		identif ied	structure s exist	
	Multi-Agency Risk Assessment Conference (MARAC)	MARACs are multi-agency meetings where statutory and voluntary agency representatives share information about the highest risk domestic abuse cases in order to produce a coordinated action plan to increase victim safety.	Provided support via a referral to Independent Domestic Violence Advisors	Yes	Prima ry risk owner ship depen ds on risk identif ied	Yes all parts of the UK have MARACs	Low Scope

	Multi-Agency Tasking and Coordination (MATAC)	Multi-agency task and coordination is a police lead, multi-agency approach to identify and manage the most harmful abusers of domestic abuse. The MATAC meeting, coordinated by the police, brings together local authorities, health, housing, social services together to discuss each case, assess their risk and develop bespoke intervention strategies per perpetrator	When engaged: Referral into a DA prevention programme Support with living arrangements Drug and alcohol support When disengaged: Non-Molestation Surveillance	Yes	Police	Scotland and NI have no standard MATAC model.	Medium Scope
	Integrated Offender Management (IOM)	Integrated Offender Management (IOM) brings a multi-agency response to the crime and reoffending threats faced by local communities. The most persistent and problematic offenders are identified and managed jointly by partner agencies working together.	The Integrated Offender Management approach aims to provide an enhanced level of surveillance and control in relation to those offenders identified as at risk of reoffending, coupled with a focus on rehabilitation for those who are willing to accept help. Interventions delivered under Integrated Offender Management can usually be described as either rehabilitative or having a restrictive/enforcement focus.	Yes	Police forces	England & Wales	Medium scope
	Serious Organised Crime Partnerships	SOC Local partnerships are local multi-agency groups aiming to prevent, tackle and reduce serious and organised crime. They bring together agencies such as the Police (particularly ROCUs), LAs, YOTs, Health and probation to share intelligence, coordinate disruption tactics and deliver interventions to	Prepare interventions (Training for frontline professionals; community intelligence campaigns to report SOC) Prevention interventions: 'Prevent' (Youth intervention programmes; diversionary schemes; education campaigns; community resilience initiatives)	Yes	The lead agency most appropriate has ownership	England and Wales	Low Scope

		stop organised crime networks (OCNs).	Protection interventions (Neighbourhood policing; threat to life notices) Criminal Justice Interventions: 'pursue' (Targeted arrests and prosecutions; Serious Crime Prevention Orders; Civil Orders)		of the local profile and 4P delivery plan		
	CT Clinical Consultancy Service	CT CCS aims to mitigate CT risk, where mental disorder and/or other complex psychological vulnerabilities are a factor, through the provision of an enhanced understanding of vulnerabilities and appropriateness of health intervention options to CTP case holders. The CT CCS is delivered by CTP HQ in conjunction with a collaboration of three NHS mental health trusts.	Providing access to a range of appropriate services and treatments such as support for mental health, housing, substance misuse or offending behaviours Building up their protective factors such as social support or engagement in work or education Ensuring there is appropriate mental health safeguarding in place.	Yes	CTP	England & Wales (3 hubs in England)	High scope
	Fixated Threat Assessment Centre (FTAC)	A joint NHS/police unit which assesses and manages the risks from lone individuals who harass, stalk or threaten public figures	Referral to health service providers Organising arrest and prosecution where desirable	Yes	FTAC	UK-wide, although based in London.	Medium scope
	Channel panel	A Prevent programme which focuses on providing early-stage support to people who are identified as being vulnerable to being drawn into terrorism.	Mental health provision Support in finding stable employment, housing, education or training. Access to anger management sessions, cognitive behavioural	Yes	Local authorities	Channel England and Wales. Scotland has PMAP which is essentiall	High scope

			provision, family support and career development. Commissioning an intervention provider to challenge an individual's ideology/find healthier ways to express grievances			y the same thing.	
	Potentially Dangerous Person Panels (PDPs)	A CTP-run programme which aim to manage cases which do not meet the MAPPA threshold.	Interventions are typically similar to those under MAPPA level 3 (depending on the individual case).	Yes	Police	UK wide (although most in London area)	Medium s scope
	Police Led Partnerships (PLPs)	PLPs are the management of individuals that are not suitable for Channel, but which have identified Prevent-relevant needs requiring safeguarding support or mitigation, led by police but working in partnership with other agencies, like health practitioners.	The PLP process provides management and mitigation through multi-agency safeguarding support or disruptive activities. PLPs employ many of the same types of approaches used within the multi-agency processes of Channel, including: Ideological mentoring CSO support Social care support Educational support Healthcare support Mental health support **T2D**	Yes	Police	UK-wide	High scope
	Desistance and Disengagement Programme (DDP)	DDP is a voluntary and consent-based Prevent programme for individuals who are subject to national security investigations, where risk assessment	The interventions DDP provide include ideological mentoring, practical mentoring, theological	Yes	CTP or Proba tion	UK-wide	Low scope

		has identified DDP as a key component of their risk management plan. The purpose of the Desistance and Disengagement Programme (DDP) is to help manage the risk of individuals who have been involved in terrorism or terrorism related activity.	mentoring, and mental health support.				
	Multi-Agency Public Protection Arrangements (MAPPA) Level 3	MAPPA are designed to protect the public, including victims of crime, from serious harm by sexual or violent and other dangerous offenders. Violent individuals who fall below Prevent thresholds can be put onto MAPPA at the discretion of CTP.	Interventions and treatment under MAPPA are activities that focus more on developing the offender's own ability to avoid and manage risk situations and to build strengths and protective factors that enable desistance from offending MAPPA also utilises Monitoring and control strategies to control and reduce opportunities for harmful behaviour. They include restrictions on association, activities and movements and surveillance and electronic monitoring.	Yes	Police /Probation	UK-wide with Scotland having MAPPA structures in place.	Medium scope

Annex 2: Indicators of Vulnerability for CYP used for Prevention Partnership Panels

Individual factors associated with a relative risk of future involvement in crime, as both a victim and a perpetrator (evidence suggests a *stronger* relationship to involvement in crime)[1]:

- Adverse Childhood Experiences (ACEs[2]) – particularly where multiple ACEs are present
- Alcohol/drug use misuse (particularly among younger ages e.g. 14 and below)
- Anti-social behaviour (perpetration of)
- Attending alternative provision
- Being permanently excluded from school
- Being suspended from school (particularly where they have received multiple suspensions before Year 7)
- Disrupted journey through school (including moving between different schools and systems or being out of school)
- Links to adult criminals or peers who have had contact with the police
- Previous offending (including lower-level crimes such as stealing & minor theft)
- Previous victim of a crime (particularly those who were victims of serious violence involving a weapon)
- Severe persistent absence from school
- Time in care/looked after children (the link is particularly strong for boys looked after between the ages of 10-17)

Individual factors associated with a relative risk of future involvement in crime, as both a victim and a perpetrator (evidence suggests a *moderate* relationship to involvement in crime[3]):

- Academic under attainment (e.g. not achieving KS2/KS4 benchmarks compared to peers)
- Behavioural difficulties (disruptive, high daring, aggression)
- Bullying (both as a victim and perpetrator)
- Involvement with gangs, or drug supply, including county lines and criminal exploitation.
- Severe mental health difficulties (in particular, anti-social personality disorder, paranoid ideation, conduct disorder and anxiety)

Individual factors associated with a relative risk of future involvement in crime, as both a victim and a perpetrator (limited evidence to suggest a *moderate* or *stronger* relationship to involvement in crime):

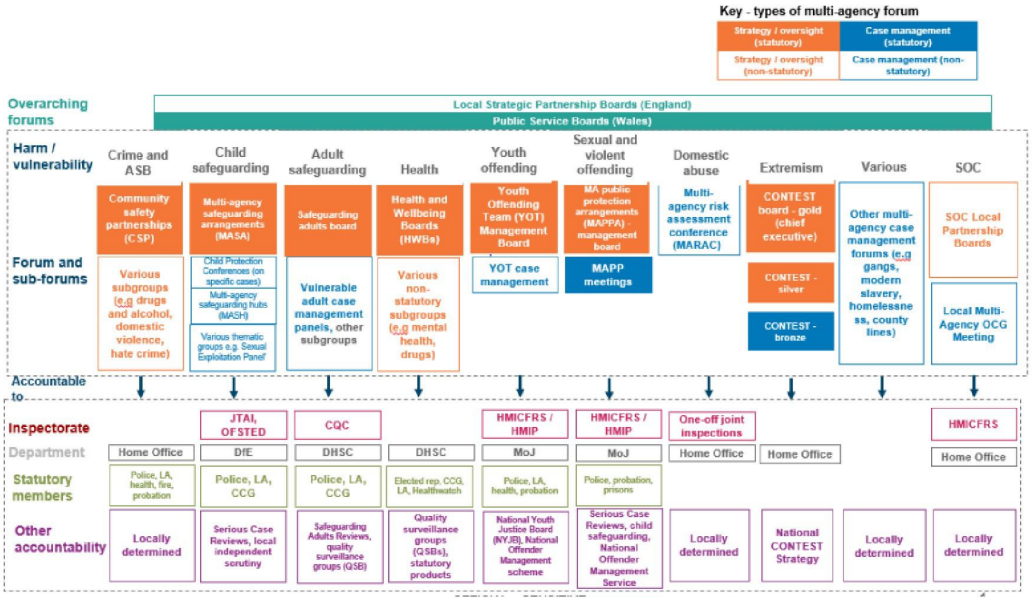
- Housing instability or homelessness
- Missing episodes (running away)
- SEND (both non-diagnosis related needs and diagnosable conditions in need of extra support)

Systemic factors should be considered alongside the indicators of vulnerability to help identify which children are more likely to be missed or not prioritised for intervention within the current system. These should include:

- CYP that have received a 'No Further Action' from the police, particularly where this is due to insufficient evidence; key witnesses being unwilling to testify; or when the police/CPS decide pursuing the case is not in the public interest.
- CYP that do not meet the threshold for support from statutory services or have received a 'No Further Action' from a statutory service.
- CYP who have spent significant time on a waiting list for support or are waiting for an assessment (e.g. CAMHS, speech and language).

CYP who have received an offer of support but have had difficulty in engaging

[1] Factors are considered to have a stronger relationship to future involvement in crime (as both a victim and a perpetrator) where statistically significant findings have linked the factor to crime.
[2] There is no universally agreed definition of an adverse childhood experience. Most studies addressing the issue have mostly converged on a similar set of experiences falling under these terms:
verbal abuse; physical abuse; sexual abuse; physical neglect; emotional neglect; parental separation; household mental illness; exposure to domestic abuse; violence; household substance misuse; alcohol abuse; household drug abuse; and incarceration of a household member.
[3] Factors are considered to have a moderate relationship to future involvement in crime (as both a victim and a perpetrator) where there is evidence of a link to crime, but the evidence may not always be significant or may be difficult to specifically attribute to crime.



[63]

Annex 3: Number of interventions delivered by VRUs across 2023-2024 with cost breakdown

[63]

Table 6.2: Number of projects delivered, total spend to date (April 2023) and number of individuals supported, by target group, year ending March 2023

Target group	No. of projects	No. of young people supported	Mean cost per young person supported	Mean cost per young person supported
Involved in violence/crime	44	20,039	£1,556	£737
Known risk	68	59,141	£1,173	£682
Potentially high risk	67	49,280	£1,024	£323
Universal	94	105,497	£337	£116
Not specified	15	37,826	£748	£398
Total	288	271,783		

Annex 4: College of Policing and Youth Endowment Fund Interventions

Youth Endowment Fund Toolkit

Violence prevention approach	Impact rating	Estimated reduction %	Evidence security rating	Cost
Focused deterrence	High	33%	High	High
Social skills training	High	32%	High	Moderate
Cognitive Behavioural Therapy	High	27%	Moderate	High
Sports programmes	High	52%	Low	?
A and E navigators	High	43%	Very low	Moderate
Trauma-specific therapies	High	45%	Very low	Moderate
Summer Employment Programmes	High	36%	Very low	High
Pre-court diversion	Moderate	13%	High	Low
Relationship violence prevention lessons	Moderate	17%	High	Low
Custody aftercare and resettlement programmes	Moderate	14%	High	High

Mentoring	Moderate	21%	Moderate	High
Multi-Systemic Therapy	Moderate	16%	Moderate	High
Restorative justice	Moderate	13%	Moderate	Low
Hot spots policing	Moderate	14%	Moderate	?
Stop and Search	Moderate	13%	Moderate	Low
Bystander interventions to prevent sexual assault	Moderate	14%	Low	Low
Functional Family Therapy	Moderate	12%	Low	High
After-school programmes	Low	8%	High	Low
Interventions to prevent school exclusion	Low	2%	Moderate	Moderate
Parenting programmes	Low	14%	Low	Moderate
Anti-bullying programmes	Low	3%	Low	Low
Adventure and wilderness therapy	Low	10%	Low	Moderate
CCTV	Low	4%	Low	High
Street lighting	No effect	0.8%	Low	Low
Boot camps	Harmful	+6%	High	High
Prison awareness programmes	Harmful	+3%	High	Low
Knife crime education programmes	Unknown	Insufficient evidence to rate		Low
Police in schools	Unknown		?	
Trauma informed training and service redesign	Unknown		?	
Media campaigns	Unknown		?	
Knife surrender schemes	Unknown		?	
Arts programmes	Unknown		Low	
Summer schools	Unknown		Moderate	

College of Policing Crime Reduction Methods

Approach	Type of Approach	How Well Does it Work	Effect on Crime Scale	Impact on Crime Rating	Economic Cost	Implementation Rating (how easy it is to do it)
Alcohol Pricing	Prevention	Works	Overall Reduction	Strong	N/A	N/A
Alley Gating	Prevention	Works	Overall Reduction	Very Strong	Moderate	Strong
CCTV	Prevention	Works	Overall Reduction	Very Strong	N/A	Strong
Drink-drive stops	Prevention	Works	Overall Reduction	Very Strong	N/A	Strong
Firearm Laws	Prevention	Works	Overall Reduction	Low	N/A	Moderate
Focused Deterrence Strategies	Prevention	Works	Overall Reduction	Very Strong	N/A	Strong
Health Visitors	Prevention	Works	Overall Reduction	Moderate	Low	Low
Healthcare screening for domestic abuse	Prevention	Works	Overall Reduction	Very Strong	N/A	Moderate
Hot spots policing	Prevention	Works	Overall Reduction	Very Strong	N/A	Low
Increasing police patrols over large areas	Prevention	Works	Overall Reduction	Very Strong	N/A	Low
Measures to reduce repeat victimisation - Burglary	Prevention	Works	Overall Reduction	Very Strong	N/A	Strong
Neighbourhood Watch	Prevention	Works	Overall Reduction	Strong	N/A	Low
Problem-Oriented Policing	Prevention	Works	Overall Reduction	Very Strong	N/A	Strong
Red Light Cameras	Prevention	Works	Overall Reduction	Very Strong	N/A	Moderate
Speed Cameras	Prevention	Works	Overall Reduction	Very Strong	N/A	Low
Sports programmes designed to reduce reoffending	Prevention	Works	Overall Reduction	Very Strong	N/A	Low
Street Lighting	Prevention	Works	Overall Reduction	Very Strong	N/A	N/A
Violence and Injury Observatories	Prevention	Works	Overall Reduction	Very Strong	N/A	Low
Brief interventions for alcohol use disorders within	Prevention	Promising	Some Reduction	Moderate	N/A	N/A

criminal justice settings						
Crime prevention through environmental design	Prevention	Promising	Some Reduction	Low	N/A	Low
Drink-driving media campaigns	Prevention	Promising	Some Reduction	Low	Low	Moderate
Drink-driving school-based programmes	Prevention	Promising	Some Reduction	Moderate	N/A	Low
Educational interventions to prevent relationship violence	Prevention	Promising	Some Reduction	Very Strong	N/A	Moderate
Increased police patrols to reduce drink-driving	Prevention	Promising	Some Reduction	Strong	N/A	Low
Social skills training for children	Prevention	Promising	Overall Reduction	Strong	N/A	Moderate
Body-worn cameras	Prevention	Mixed Impact	Mixed Findings	Very Strong	Low	Low
Drug substitution programmes	Prevention	Mixed Impact	Mixed Findings	Strong	N/A	Moderate
Limiting alcohol sales	Prevention	Mixed Impact	Mixed Findings	Moderate	Low	Low
Lockouts for reducing alcohol-related violence	Prevention	Mixed Impact	Mixed Findings	Low	N/A	N/A
Minimum legal drinking age laws	Prevention	Mixed Impact	Mixed Findings	Low	N/A	Low
Retail tagging to prevent shop theft	Prevention	Mixed Impact	Mixed Findings	Strong	N/A	Strong
Youth curfews	Prevention	Mixed Impact	Mixed Findings	Very Strong	Low	Low
After-school programmes	Prevention	No Impact	Mixed Findings	Very Strong	N/A	N/A
Multi-agency interventions to address radicalisation	Prevention	No Impact	No Overall Change	Strong	N/A	Strong
Mentoring	Diversion	Works	Overall Reduction, Some rises	Very Strong	N/A	Strong

Police-initiated diversion for young people	Diversion	Works	Overall Reduction	Very Strong	N/A	N/A
Problem-oriented policing	Diversion	Works	Overall Reduction	Very Strong	N/A	Strong
Therapeutic foster care	Diversion	Works	Overall Reduction	Strong	N/A	Strong
Accident and emergency navigators	Diversion	Promising	Some Reduction	Moderate	N/A	Low
Multisystemic therapy	Diversion	Promising	Some Reduction	Very Strong	N/A	Low
Wilderness challenge programmes	Diversion	Promising	Overall Reduction	Strong	N/A	Moderate
Crisis intervention teams (CITs)	Diversion	Mixed Impact	Mixed Findings	Very Strong	N/A	N/A
Drug substitution programmes	Diversion	Mixed Impact	Mixed Findings	Strong	N/A	Moderate
Police-initiated diversion for adults	Diversion	Mixed Impact	Mixed Findings	Low	N/A	N/A
Alternative education programmes	Diversion	No Impact	Mixed Findings	Strong	N/A	Low
Compulsory community treatment	Diversion	No Impact	No Overall Change	Strong	N/A	N/A
Music making	Diversion	No Impact	No Overall Change	Low	N/A	Strong
Scared Straight programmes	Diversion	Harmful	Overall Rise	Very Strong	N/A	Low
Car breathalyser lock	Reoffending	Works	Overall Reduction	Strong	N/A	Strong
Cognitive behavioural therapy (CBT)	Reoffending	Works	Overall Reduction	Strong	N/A	Strong
Dog training programmes in prison	Reoffending	Works	Overall Reduction	Moderate	N/A	Low
Drug courts	Reoffending	Works	Overall Reduction	Very Strong	N/A	N/A
Education in prisons	Reoffending	Works	Overall Reduction, Some rises	Very Strong	N/A	Low
Electronic tagging for sex offences	Reoffending	Works	Overall Reduction	Very Strong	Very Strong	Very Strong
Halfway house programmes	Reoffending	Works	Overall Reduction	Very Strong	N/A	Low

Mental health courts	Reoffending	Works	Overall Reduction	Very Strong	N/A	Moderate
Moral reconation therapy (MRT)	Reoffending	Works	Overall Reduction	Strong	N/A	Low
Motivational interviewing for domestic abusers	Reoffending	Works	Overall Reduction	Strong	N/A	Low
Prison visits	Reoffending	Works	Overall Reduction, Some rises	Strong	N/A	Low
Probation officer training	Reoffending	Works	Overall Reduction	Strong	N/A	Low
Problem-oriented policing	Reoffending	Works	Overall Reduction	Very Strong	N/A	Strong
Psychosocial treatment for sex offenders	Reoffending	Works	Overall Reduction, Some rises	Very Strong	N/A	N/A
Restorative justice conferencing	Reoffending	Works	Overall Reduction	Strong	Low	Strong
Sports programmes designed to prevent crime and reduce reoffending	Reoffending	Works	Overall Reduction	Very Strong	N/A	Low
Therapeutic communities	Reoffending	Works	Overall Reduction, Some rises	Strong	N/A	Strong
Victim-offender mediation	Reoffending	Works	Overall Reduction, Some rises	Strong	N/A	Low
Brief interventions for alcohol use disorders within criminal justice settings	Reoffending	Promising	Some Reduction	Moderate	N/A	N/A
Circles of support and accountability for sex offenders	Reoffending	Promising	Some Reduction	Moderate	Low	Low
Cognitive behavioural therapy (CBT) for domestic violence	Reoffending	Promising	Some Reduction	Strong	N/A	Moderate

Drink-driving courts	Reoffending	Promising	Some Reduction	Strong	N/A	N/A
Release on temporary licence	Reoffending	Promising	Some Reduction	Low	N/A	Low
Second responder programmes to prevent domestic abuse	Reoffending	Promising	Some Reduction	Strong	N/A	Low
Wilderness challenge programmes	Reoffending	Promising	Overall Reduction	Strong	N/A	Moderate
Aggression replacement training (ART) for reducing anti-social behaviour	Reoffending	Mixed Impact	Mixed Findings	Moderate	N/A	N/A
Criminal sanctions to prevent domestic violence	Reoffending	Mixed Impact	Mixed Findings	Low	N/A	N/A
Day reporting centres	Reoffending	Mixed Impact	Mixed Findings	Very Strong	N/A	Low
Drug substitution programmes	Reoffending	Mixed Impact	Mixed Findings	Strong	N/A	Moderate
Electronic monitoring of offenders	Reoffending	Mixed Impact	Mixed Findings	Very Strong	Moderate	Strong
Zero-tolerance policing	Reoffending	Mixed Impact	Mixed Findings	Very Strong	N/A	Low
Boot Camps	Reoffending	No Impact	No Impact	Very Strong	Low	Strong
Psychological treatment of adults convicted of sex offences against children	Reoffending	No Impact	Mixed Findings	Low	N/A	N/A
Teen courts	Reoffending	No Impact	Mixed Findings	Very Strong	N/A	N/A
Trying youths as adults	Reoffending	No Impact	Mixed Findings	Strong	N/A	Moderate
Young offender aftercare	Reoffending	No Impact	Mixed Findings	Strong	N/A	Very Strong
Imprisonment and other custodial sanctions	Reoffending	Harmful	Overall Rise	Strong	N/A	N/A