Criminal Justice Joint Inspection

Twenty years on, is MAPPA achieving its objectives?

A joint thematic inspection of Multi-Agency Public Protection Arrangements

July 2022

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Acknowledgements

This inspection was led by HM Inspector of Probation Noreen Wallace, supported by a team of inspectors from Her Majesty's Inspectorate of Probation, Her Majesty's Inspectorate of Constabulary, Fire & Rescue Services (HMICFRS), and Her Majesty's Inspectorate of Prisons (HMIP). Additional support was provided by operations, research, communications, and corporate staff from Her Majesty's Inspectorate of Probation. Penal Reform Solutions undertook interviews with service users. The manager responsible for this inspection programme is Helen Davies. We would like to thank all those who participated in any way in this inspection. Without their help and cooperation, the inspection would not have been possible. Please note that throughout the report the names in the practice examples have been changed to protect the individual's identity.

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ISBN: 978-1-915468-04-8

This publication is available for download at:

www.justiceinspectorates.gov.uk/hmiprobation

Published by:

Her Majesty's Inspectorate of Probation
1st Floor Civil Justice Centre
1 Bridge Street West
Manchester
M3 3FX

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Foreword

Multi-Agency Public Protection Arrangements (MAPPA) have been part of the criminal justice landscape for 20 years. These arrangements were designed to promote effective information sharing and collaboration between agencies to manage dangerous individuals. While criminal justice agencies can never eliminate risk, the public has a right to expect that they take all reasonable steps to reduce the potential for further harm by individuals who have committed serious violence or sexual offences. The existence of MAPPA formalises the duties of criminal justice and other agencies to work together. In addition, it has paved the way for better communication and joint working outside of the formal meeting structure.

In previous inspections of MAPPA, we were concerned that while information was readily shared, this did not always lead to clear risk management activity. Improvements have been made to the structure of MAPPA, which now incorporates the 'Four Pillars' approach (Kemshall, 2010). When followed, this format places risk management at the heart of the process. Our inspection fieldwork evidences that, where formal meetings take place, MAPPA enhances risk management and protection of the public in the majority of cases. Additional support and resources are often gained that would have been unlikely without the MAPPA forum. Used effectively, multi-agency meetings provide necessary scrutiny and oversight in complex cases. However, MAPPA guidance is interpreted differently in local areas across England and Wales, and varying practices have developed as a result. In some areas, we found that too narrow an interpretation of the criteria and guidance has led to MAPPA becoming marginalised and underused. While the overall MAPPA population continues to grow (by 70 per cent since 2011), the proportion of cases managed at Level 2[1] with full multi-agency oversight has halved and we found evidence that Level 2 is not always sufficiently used to support the management of complex individuals. Over a fifth of the Level 1 cases we inspected should have been managed at Level 2, which was a concern. In addition, there is no single formula to allocate staffing resources to MAPPA work. In some areas, the resource dedicated to MAPPA is insufficient and relies too heavily on operational staff who already have heavy workloads.

The vast bulk of MAPPA cases (98.4 per cent)[2] are managed at Level 1 and, for the first time, we have inspected the value MAPPA Level 1 status adds to the management of an individual. Having been convicted of serious sexual or violent offences, Level 1 cases should be subject to regular reviews, informed by information from all agencies working with the individual. Too often, we found that this activity is not embedded in practice; as a result, in too many cases, practitioners are not aware of vital information, resulting in poor planning and risk management. This was particularly true for individuals being released from prison, where sufficient pre-release planning happened in less than two-thirds of cases we inspected and was often too late and not sufficiently informed by all relevant information to support effective release plans. Too often, good quality management oversight in these cases was lacking. Once in the community, only just over half of the Level 1 cases inspected had sufficient contact to support the risk management plan.

Knowledge and understanding of MAPPA in prisons often does not extend beyond offender management units and, therefore, despite some improvements, there are still gaps in the information supplied by wing staff and security departments. Similarly, in policing, units specialising in the management of sexual offenders engage well in the process, but staff outside these teams lack awareness of MAPPA. As violent offenders being managed under MAPPA are not always allocated to the specialist teams, this can be a barrier to effective multi-agency working. Gaps in information sharing are compounded by the lack of progress in embedding the use of the ViSOR (previously, violent and sexual offenders register) database to record risk-related information for all MAPPA-eligible nominals.

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[1] Details of MAPPA levels are given on p16.

[2] Ministry of Justice. (2021). *Multi-Agency Public Protection Arrangements (MAPPA): annual report 2020 to 2021.*

We concluded that for cases managed at Levels 2 and 3, MAPPA largely achieves its aims of managing the risks that violent and sexual offenders pose to the public; for Level 1 cases, further improvements are needed. Accordingly, we have made a number of recommendations that, if followed, should strengthen arrangements and ensure the value of MAPPA at all management levels.



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July 2022

Contextual facts

Multi-Agency Public Protection Arrangements: key facts

238,500	Total number of people under probation supervision on 30 December 2021[3]
87,657	Total MAPPA population on 31 March 2021[2]
51,489	Total MAPPA population on 31 March 2011[5]

MAPPA categories[4]

64,325	Number of people registered under MAPPA Category 1 on 31 March 2021[2]
37, 225	Number of people registered under MAPPA Category 1 on 31 March 2011[5]
22,944	Number of people registered under MAPPA Category 2 on 31 March 2021[2]
13,785	Number of people registered under MAPPA Category 2 on 31 March 2011[5]
388	Number of people registered under MAPPA Category 3 on 31 March 2021[2]
479	Number of people registered under MAPPA Category 3 on 31 March 2011[5]

MAPPA levels[6]

86,268	Number of people registered under MAPPA Level 1 on 31 March 2021[2]
48,650	Number of people registered under MAPPA Level 1 on 31 March 2011[5]
1,233	Number of people registered under MAPPA Level 2 on 31 March 2021[2]
2,649	Number of people registered under MAPPA Level 2 on 31 March 2011[5]
156	Number of people registered under MAPPA Level 3 on 31 March 2021[2]
190	Number of people registered under MAPPA Level 3 on 31 March 2011[5]

[3] Ministry of Justice. (2021). *Offender Management Statistics quarterly: July to September 2021.*

[4] There are three MAPPA categories: Category 1, registered sexual offenders; Category 2, violent offenders convicted of a specified violent offence and sentenced to 12 months or more in custody, or non-registered sexual offenders; Category 3, other dangerous offenders who require active multi-agency management. As Category 3 does not have automatic eligibility through offence type and sentence length, it only exists at Levels 2 and 3.

[5] Ministry of Justice. (2011). *Multi-Agency Public Protection Arrangements (MAPPA) annual report: 2010 to 2011.*

[6] There are three levels of MAPPA management: Level 1, ordinary agency management which involves the sharing of information but does not require multi-agency meetings; Level 2, where an active multi-agency approach is required; and Level 3, if senior representatives of the relevant agencies with the authority to commit resources are also needed.

Executive summary

Introduction

Originally devised in 2001 and given a statutory footing in 2003, Multi-Agency Public Protection Arrangements (MAPPA) have now been in place for over 20 years. They have created a formal multi-agency framework aimed at bringing together criminal justice agencies and other services to manage the risks that people convicted of violent or sexual offences pose to the public. Under these arrangements, prisons, probation, and police form the responsible authority (RA) in each criminal justice area. They are required to establish a strategic management board (SMB) through which to discharge the duties of keeping the arrangements under review, monitoring their effectiveness, and making any changes to them that appear necessary or expedient. Other relevant specified agencies have a duty to cooperate (DTC) with MAPPA as far as they can, as is consistent with their own statutory functions.

By sharing information in a structured way, an individual's risks can be better recognised and measures put in place to reduce the risk of further serious harm through a jointly agreed risk management plan. The overall number of individuals who fall under MAPPA continues to grow; however, the proportion of cases managed at Levels 2 and 3 has progressively reduced.

Methodology

This joint inspection examined the work of prisons, police, and probation in delivering MAPPA. Due to the Covid-19 pandemic, much of the inspection work was completed remotely, with interviews and focus groups conducted via online platforms. In total, 107 cases were inspected jointly by HM Inspectorate of Probation and Her Majesty's Inspectorate of Constabulary, Fire & Rescue Services (HMICFRS), selected from six MAPPA areas. We interviewed 67 of the probation practitioners responsible for the cases in our sample. Inspectors from HMI Prisons and HM Inspectorate of Probation reviewed the records of 48 prisoners and interviewed 37 of those. We held a range of meetings and focus groups with staff delivering MAPPA at operational and strategic levels across police, probation, and prisons, and representatives from duty-to-cooperate agencies. Finally, inspectors from all three inspectorates held a range of meetings with senior leaders from each of the MAPPA responsible authorities with national responsibilities for MAPPA.

We commissioned Penal Reform Solutions (PRS) to undertake remote interviews with individuals who fall under MAPPA management. Consultants with lived experience of going through the criminal justice system themselves interviewed 41 individuals to gather their views and understanding of MAPPA. A copy of their full report can be found here (report to follow). A detailed breakdown of our methodology can be found in Annexe 2.

Policy, strategy, and leadership

There is a visible national leadership for MAPPA from the HMPPS Public Protection Group (PPG), which includes the National MAPPA team. The team represents each of the RA agencies by bringing together seconded staff from police, prisons, and probation to provide oversight and support SMBs. The National MAPPA team keeps the guidance under regular review and has demonstrated agility, including through the recent development of the new Category 4 for terrorist cases, which has progressed at speed.

The MAPPA team provides and manages the MAPPA website, which offers easy access to the guidance and document set, and hosts discussion forums, opportunities for consultation, and regular updates about any changes to the guidance. At an operational level, the National MAPPA team hosts the MAPPA Improvement Group (MIG), which is well attended by MAPPA coordinators.[7]

[7] The MAPPA coordinator supports, and is accountable to, the local MAPPA strategic management board (SMB) to provide management of MAPPA activity.

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This forum aims to communicate change and share best practices. By necessity, as MAPPA is a set of local arrangements, there is flexibility within the guidance to allow the model to work in each criminal justice area and fit different structures. However, the impact of local variation on the quality of delivery is not sufficiently monitored centrally. Audit processes are not used regularly or consistently and therefore do little to drive effective practice. In addition, there is insufficient coordination of quality assurance at a national level to highlight best practices or shine a light on areas for improvement.

Governance is provided by the Responsible Authority National Steering Group (RANSG), which is jointly chaired by senior leaders from HMPPS and the police. The group brings together senior leaders from each of the RA agencies and representatives from the Youth Justice Board, Department of Health and Social Care, and the Parole Board. The group is responsible for the National MAPPA business plan, which SMBs use as the basis for their own local plans. The business planning process would be further improved by enabling local areas to have more input into national planning, creating a more inclusive process. The National Police Chiefs Council (NPCC) has a nominated lead for MAPPA and management of sexual or violent offenders (MOSOVO) work who drives consistency and performance. Within probation, heads of public protection have responsibility for MAPPA within their region.

Each criminal justice area has an appointed MAPPA coordinator. Their role is to lead operational work and provide a link to the SMB. Given the huge variation in size of the geographical areas that coordinators cover, the demands of this role vary considerably. For example, Cumbria, which on 31 March 2021 had 815 MAPPA-eligible offenders, has one coordinator, as does London, which had 10,131. This means that operational probation managers take on MAPPA-related tasks in addition to their primary roles and, despite their best efforts, can mean less effective liaison with partner agencies due to lack of time.

In contrast, some areas have a more plentiful dedicated MAPPA resource, but we found the way it has been deployed has little impact on the quality of MAPPA management and, in the worst cases, leads to MAPPA being seen as an elite area of work to which most practitioners do not feel connected. Staff in prisons, probation, and policing in a range of roles told us they would welcome more training in relation to MAPPA to give them confidence.

MAPPA identification, level setting and information sharing

The National MAPPA team provides a standard set of documents to support SMBs with local MAPPA delivery. The documents can be amended to suit the local need, although key components must be retained, or reasons provided for not doing so. Where probation or police are the lead agency, effective processes are in place to identify MAPPA-eligible cases automatically at the point of sentence. However, decisions about the appropriate management level are not always made in a timely way with a clear rationale, which can negatively affect risk management and release plans for individuals leaving prison. While case management at Levels 2 and 3 is subject to regular review through multi-agency meetings, not all areas have effective processes to review Level 1 cases.

There is variation in how SMBs structure arrangements, including the referral process and interpretation of the threshold for management at Levels 2 and 3. The guidance states cases should be considered for Level 2 management where 'formal multi-agency meetings would add value to the lead agency's management of the risk of serious harm posed' and the case is assessed as posing a high or very high risk of serious harm, or a lower risk level but active involvement of other agencies is necessary to manage emerging risks.[8] In our 2011 inspection (HM Inspectorates of Constabulary and Probation, 2011), we said that the threshold should be high due to the resources that go into the management of Level 2 and 3 cases. However, in some areas, it has become too high and too narrow in scope, meaning cases are only adopted for Level 2 management if there is a barrier to accessing a resource that cannot be achieved in any other way. This interpretation means

[8] Level 2 is also available for individuals who have been managed at Level 3 but no longer require management at that level.

that complex cases are rejected when multi-agency oversight and accountability are much needed. In areas with this practice, MAPPA is becoming marginalised, undervalued, and underused by practitioners.

Prior to the Covid-19 pandemic, MAPPA meetings required the physical attendance of representatives from RA and DTC agencies, which could prove a challenge, particularly in rural areas. Most representatives have welcomed the move to online MAPPA meetings and they are usually now well-attended. Key performance indicators (KPIs) are limited in scope but do drive good attendance at MAPPA and SMB meetings. Most areas have a standing panel of representatives who attend Level 2 and 3 meetings to provide expert advice to support discussions. In contrast to previous MAPPA inspections, we found that meetings now usually produce clear actions, which link directly to risk management. Records of the meeting are kept in all cases; however, we found that essential information is not always updated in the minutes, particularly the risk management plan. The template used to capture the minutes is cumbersome and it is not always easy to distinguish current actions from previous ones. A revised document set has been designed to address these issues but is not yet in use.

Due to growing concerns about the high level of domestic abuse, the MAPPA guidance has been expanded to encourage the consideration of using Category 3 in relevant domestic abuse cases; however, this has not yet become routine practice, particularly for those who commit lower-level offences over a sustained period but pose a real risk of harm to their victims through long-term abuse.

The ViSOR database is the designated repository for risk information in relation to MAPPA cases. However, despite being available to all three RA agencies for approximately 15 years, it is not used as intended. Not all MAPPA cases have a ViSOR record created and the police are the only agency that reliably adds risk-related information. ViSOR is rarely used by prison and probation staff, and most are not clear on the benefits or purpose of the system.

Keeping people safe

Overall, we 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. MAPPA management also brings oversight and scrutiny in the most complex cases, which in itself is of value. In cases where there seems little prospect of a dangerous individual making positive changes, it is essential to ensure that all information has been shared and agencies are doing all they can to contain the risks. Despite the positive potential of MAPPA, we found gaps in some cases. Too often, late referrals hamper pre-release planning for individuals being released from prison and mean that important arrangements, such as accommodation, are not in place sufficiently early. Last-minute arrangements do little to ensure that individuals being released are informed about what is expected from them on release or to encourage compliance with licence conditions. 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. Prison staff outside of offender management units (OMUs) do not always fully recognise what information is significant to an individual's risks and, therefore, should be shared, and some security departments do not routinely share important intelligence with offender management staff and MAPPA meetings. In addition, the lack of resources to monitor prisoner communications effectively means there are missed opportunities to identify and address the risks of some dangerous individuals.

Despite the recent publication of a Level 1 Policy Framework for cases managed by the Probation Service, we found room for improvement in the management of Level 1 cases. In most areas, too many of these cases paid insufficient attention to gathering information from other agencies to inform reviews. As a result, in some cases, responsible practitioners were unaware of important information and, therefore, not taking appropriate action to address emerging risks. Too often,

management oversight did not address the deficits in such cases. Where there were robust and well-resourced processes to review Level 1 cases, we found a different and far more positive picture. In these areas, the quality of case management of Level 1 cases was on a par with Levels 2 and 3.

Recommendations

Recommendations should be completed within 12 months.

Her Majesty's Prison and Probation Service Public Protection Group should:

1. amend guidance to require that all MAPPA nominals have a record created in the nominated shared multi-agency database (currently ViSOR, being replaced by MAPPS, multi-agency public protection system)
2. review the MAPPA meeting agenda aide-memoire to include a prompt to hear contributions from the individual who is the subject of the MAPPA meeting
3. collate audit and quality assurance information from strategic management boards and provide national analysis reports to highlight inconsistency and promote more consistent level setting.

The MAPPA Responsible Authority National Steering Group should:

4. develop a self-assessment that strategic management boards can use to review their arrangements to promote consistency and best practice, and ensure that sufficient resources are available to carry out necessary MAPPA work
5. review the MAPPA guidance to extend the range of permitted rank of police SMB chairs.

Strategic management boards should:

6. convene task-and-finish groups to review the resources available for MAPPA in their area to ensure sufficient staffing is available to screen referrals, plan and chair meetings, and deliver accurate meeting minutes promptly
7. analyse local referral data at least twice yearly to ensure that all appropriate cases are referred into MAPPA, and that there is a focus on diversity and disproportionality within the MAPPA cohort
8. ensure that screening practice in their area accepts that multi-agency oversight of complex cases is a valid and necessary reason for cases to be adopted at Levels 2 and 3
9. implement a standing panel for MAPPA Level 2 and 3 meetings with, as a minimum, appropriate representation from responsible authority agencies, children's social care services, mental health services and local authority housing services to ensure there is appropriate knowledge and expertise at each meeting to support risk management
10. provide twice yearly quality assurance and audit of MAPPA cases, including Level 1 cases and rejected referrals to Level 2 and 3, to drive good practice, ensure that all appropriate cases are referred, and develop the skills of MAPPA chairs.

The Probation Service should ensure that:

11. MAPPA level setting for custody and community cases is timely, taking into consideration the earliest possible date of release and any temporary releases, and be fully informed by information from all relevant agencies in all cases.

The Probation Service and prisons should ensure that:

12. all Level 1 cases have sufficient management oversight and there is an appropriate focus on information exchange with other agencies to inform risk assessment and review
13. the ViSOR records for all MAPPA nominals are updated to provide a complete picture of all relevant risk information.

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The Probation Service, police forces, and prisons should ensure that:

14. Category 3 referrals are made to manage individuals who present a high risk of domestic abuse where formal multi-agency management and oversight through MAPPA would add value to the risk management plan
15. there is a comprehensive training strategy for all staff involved in the MAPPA process that fully utilises existing training packages and makes sure they can enable staff in all roles to prepare for and present or contribute to a case in a multi-agency forum and understand how MAPPA fits with other multi-agency forums, such as Integrated Offender Management and Multi-Agency Risk Assessment Conferences (MARACs).

Prisons should ensure that:

16. the application of public protection processes in prison, including the monitoring of communications, should be robust to enable defensible decisions to be made about the management of prisoners using MAPPA
17. the offender management unit should be fully resourced and trained to deliver effective MAPPA work in prisons.

Police forces should ensure that:

18. all MAPPA nominals managed at Levels 2 and 3 are allocated to a suitably trained police offender manager
19. workloads for staff managing sexual offenders are reviewed against national expectations and, where found to be excessive, take steps for mitigation and communicate this to affected staff.

1. Introduction

1.1. Why this thematic?

The Criminal Justice Chief Inspectors' Group commissioned this inspection, which forms part of the current *Joint Inspection Business Plan 2021-2023*.

As of 31 March 2021, there were 87,657 MAPPA-eligible individuals in England and Wales.[9] The majority will be managed by the Probation Service and therefore make up a large part of the current estimated 234,827 Probation Service caseload.[10] Just over half of the prison population are identified as MAPPA prisoners.

Our last inspection of MAPPA (HM Inspectorates of Constabulary and Probation, 2015) highlighted that the vast majority (97 per cent at that time, now 98.4 per cent)[5] of MAPPA-eligible cases were managed at Level 1 and suggested this was an area of work that warranted joint inspection, particularly as the number of cases managed at Levels 2 and 3 had progressively reduced. Our fieldwork, therefore, considered the value of MAPPA for all three levels of management. With the additional input of HM Inspectorate of Prisons, we explored the quality of engagement of all three of the responsible authorities for MAPPA. As most MAPPA cases have contact with police, prison, and probation, the participation of the three relevant inspectorates offered an opportunity to take a holistic view of the effectiveness of MAPPA policies, processes, and communication between each of the agencies.

Since our last inspection, probation services have unified, and there have been changes to the arrangements for people leaving prison under the Offender Management in Custody (OMIC) arrangements. This inspection considered the progress of recommendations made in previous inspections and reviews, and explored how effectively changes to service delivery are working.

1.2. Background

Introduction

MAPPA was introduced in 2001 under the *Criminal Justice and Court Services Act 2000* and subsequently strengthened by the *Criminal Justice Act (CJA) 2003* as the statutory arrangement for managing sexual and violent offenders. It provides a mechanism whereby the agencies involved can better discharge their responsibilities and protect the public in a coordinated way. However, it is not a statutory body, and each agency retains its full responsibilities and obligations. The *CJA 2003* provided for the establishment of MAPPA in each of the 42 criminal justice areas in England and Wales. High-quality public protection work and effective information sharing can minimise but not eliminate the potential for risk of serious harm to citizens.

The responsible authority for MAPPA in each criminal justice area consists of the police, probation, and prisons collaborating to make arrangements for assessing and managing the risks posed by MAPPA-eligible offenders by forming a strategic management board (SMB) to oversee MAPPA in the area.

Other agencies have a 'duty to cooperate' (DTC) with the responsible authority. They are:

- youth offending teams (YOTs)
- Department for Work and Pensions (DWP)
- Ministry of Defence
- Education, social services, and health functions of local authorities

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[9] Ministry of Justice. (2021). *Multi-Agency Public Protection Arrangements (MAPPA): annual report 2020 to 2021.*

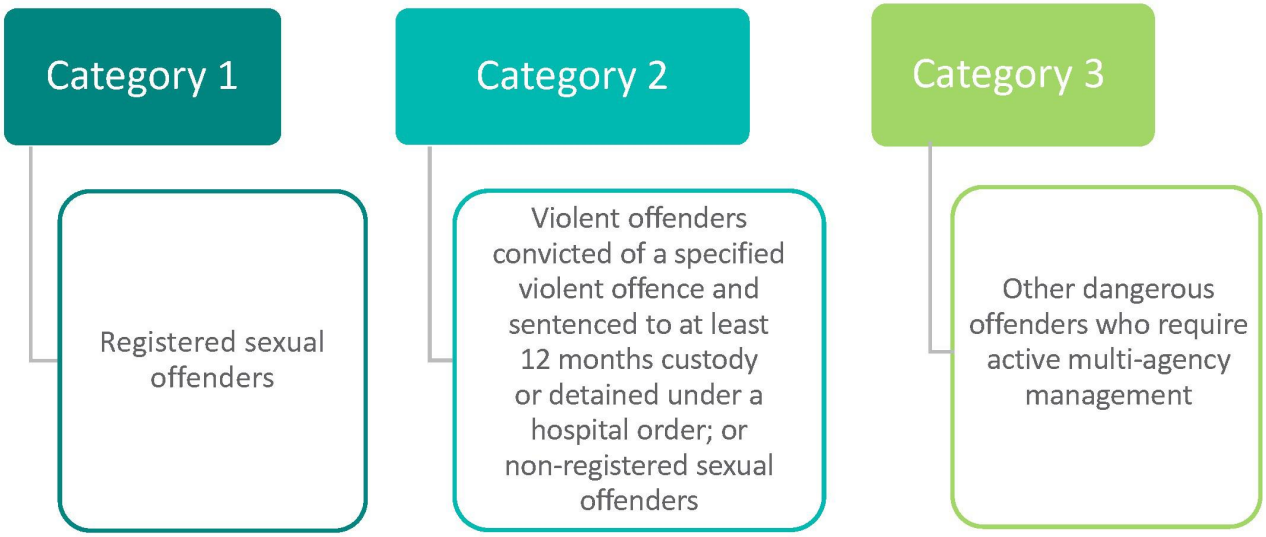
[10] Ministry of Justice. (2021). *Offender Management Statistics quarterly: July to September 2021.*

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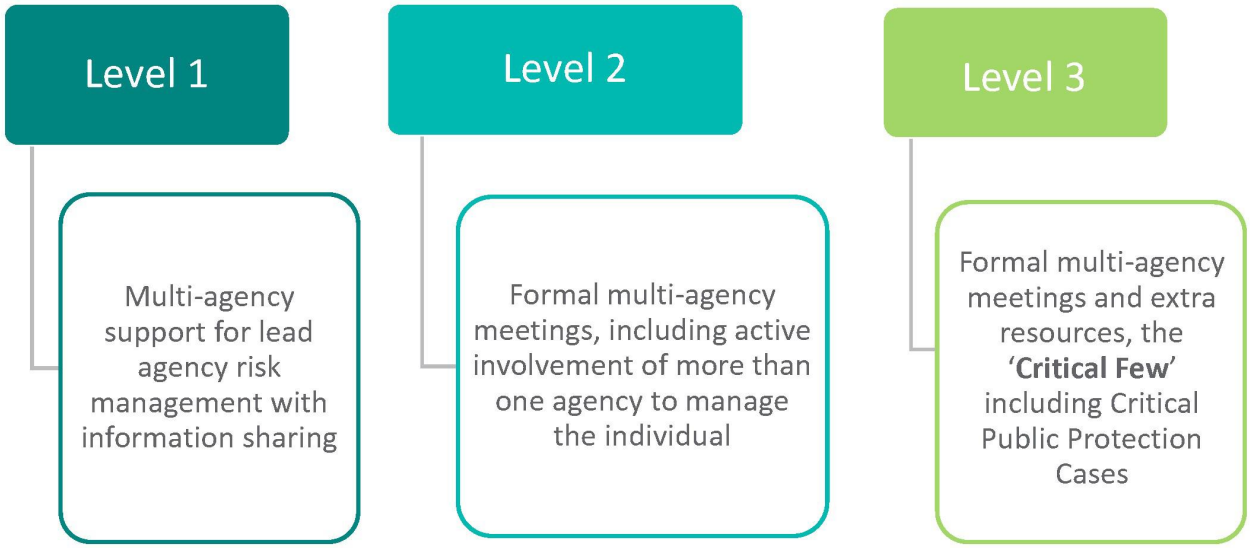
- NHS England
- the health authority
- the clinical commissioning group (CCG) or local health board
- the NHS Trust
- the local housing authority
- private registered providers of social housing and registered social landlords providing or managing residential accommodation in which MAPPA offenders may reside
- providers of electronic monitoring services
- UK Visas and Immigration, UK Border Force, and UK Immigration Enforcement (Home Office).

MAPPA levels and categories

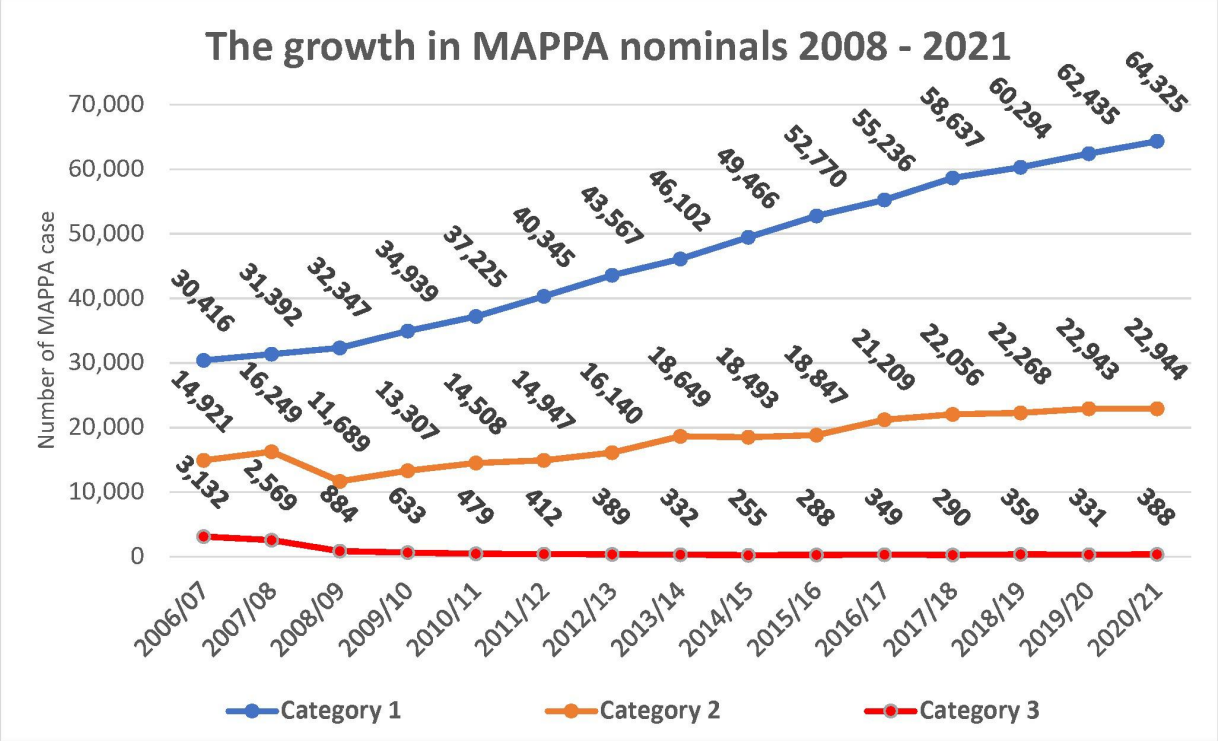
Individuals become eligible for MAPPA management by falling into one of three categories. Eligibility for Categories 1 and 2 is automatic due to the sentence an individual has received.



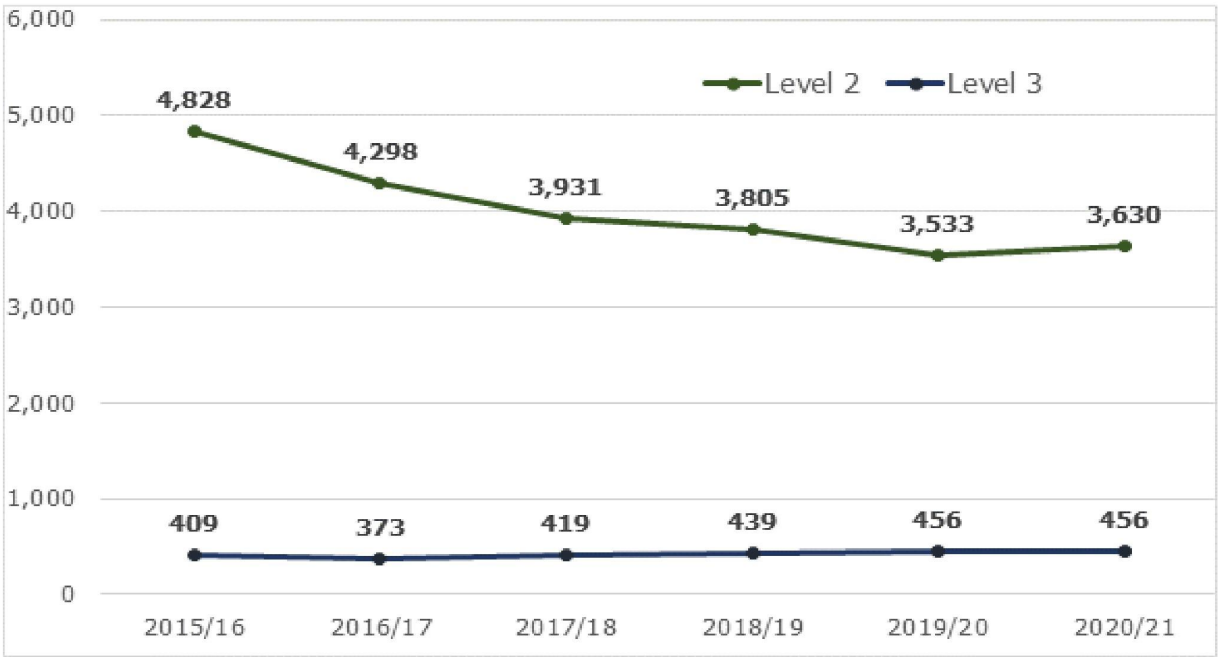
Once identified as eligible for MAPPA, a level of management is determined. Category 3 cases only exist at Levels 2 and 3.



The MAPPA population has continued to grow, largely driven by increases in the number of people convicted of sexual offences who are then subject to lengthy notification periods, and the length of prison sentences for serious violent offences, which have a cumulative impact on the total MAPPA numbers.



In contrast to the overall numbers, the volume of individuals managed at Level 2 has reduced.[11]



[11] The question given to MAPPA areas was changed in 2015/2016 and so figures are not comparable with earlier years. Figures for 2015/2016 onwards only include offenders managed in the community, whereas in previous years some areas included those managed in prison. This graph refers to offenders managed throughout the year and it's not comparable to the data within the 'Contextual facts' which is a snapshot of the MAPPA population at 31 March.

MAPPA document set

The national MAPPA team provides a set of template documents that are used within the MAPPA process. The key documents provided are:

Form Name	Description
MAPPA A - Referral to Level 2 or 3	Initial referral form containing personal details of the individual, a risk assessment and risk management plan, reasons for referral, and agencies that should be invited to attend meetings.
MAPPA B - Meeting minutes	Template for meeting minutes; this is a cumulative document that is added to at each meeting held and includes all previous and current actions.
MAPPA C - Agenda	Also referred to as an aide-memoire for MAPPA chairs to structure meetings.
MAPPA F - Prison report	Information-sharing report completed by staff within prisons to provide information on behaviour and progress during sentence, including security information to MAPPA meetings in the community.
MAPPA K - Case audit	A structured form to conduct an audit of an individual case and consider the quality of management, including providing a numerical rating.
MAPPA L - Meeting audit	A structured form to conduct an audit of an individual meeting and consider how well the meeting was managed, including a numerical score.
MAPPA N - SFO notification	Notification to be completed when a MAPPA-managed individual is charged with a serious further offence and record decision-making about whether a MAPPA serious case review is needed.
MAPPA Q - Screening form	A tick-box form for practitioners to complete which directs consideration of the appropriate level of MAPPA management.

Research and development

Academic research has contributed significantly to the development of MAPPA. Most recently, the structure of MAPPA meetings has been improved by adopting the 'Four Pillars' approach, developed by Professor Hazel Kemshall, as a way of managing and assessing risk in a proportionate, transparent, and balanced way. The Four Pillars approach (Kemshall, 2010) has four key activities or 'pillars': supervision; monitoring and control; interventions and treatment; and victim safety planning. This model has been adopted as the preferred way to structure MAPPA meetings to ensure actions to manage risk, which are often external controls, are balanced with rehabilitative activities to promote internal change and protective factors.

Previous inspections and independent reviews

Our first inspection of early MAPPA work in 2006 established a baseline for progress (HM Inspectorates of Constabulary, Probation, and Prisons, 2006). Inspectors found that MAPPA work in general was done well in the majority of cases. However, work in the community was stronger than that in the prisons. There was a clear need for both prison and probation staff to give more attention to preparing offenders for release. MAPPA had been introduced without a specific budget and resources were inconsistent between areas. Public protection was not in every agency's business plan; there was a need for stronger leadership to raise standards of training, information sharing, and joint working.

Further inspection of MAPPA was completed in 2011 (HM Inspectorates of Constabulary and Probation, 2011) with a follow-up inspection in 2015 (HM Inspectorates of Constabulary and Probation, 2015). Both inspections considered the quality of MAPPA Level 2 and 3 management. Our 2015 inspection concluded that, although there was an improvement in the quality of work undertaken with MAPPA offenders at Levels 2 and 3 compared with 2011, risk management plans were still not good enough. In addition, the quality of minutes remained inconsistent and responsible authorities (RAs) and duty-to-cooperate (DTC) agencies were not always represented at meetings. The use of ViSOR (previously violent and sexual offenders register) had not progressed sufficiently into a shared working tool, and we had particular concerns about the use of ViSOR in prisons, where it was rare to find relevant risk information recorded.

MAPPA practice has come under scrutiny in high-profile reviews and enquiries, including the independent review of MAPPA for terrorist risk offenders (Hall, 2020) and the Fishmongers' Hall coroner's inquests (HM Coroner, 2021). The independent reviews into the cases of Leroy Campbell (HM Inspectorate of Probation, 2018) and Joseph McCann (HM Inspectorate of Probation, 2020) both raised concerns about the MAPPA level setting process and, in both cases, found management at Level 1 was inappropriate. In the latter case, management at Level 2 was reduced 12 days after the individual was released from prison, which was too soon.

1.3. Aims and objectives

The inspection sought to answer the following questions:

- Do the governance and leadership from the responsible authority agencies support and promote the delivery of a high-quality, personalised, and responsive approach to delivering MAPPA?
- Do the skills of all staff involved with MAPPA support the delivery of high-quality arrangements?
- Is timely and relevant information available to support high-quality MAPPA?
- Are arrangements with statutory partners, providers, and other agencies established, maintained, and used effectively to deliver high-quality services?
- How effective are MAPPA at keeping people safe?

1.4. Scope of the inspection

The scope of this inspection covered the management of cases at all MAPPA levels and categories where probation or police were the lead agency. Our community case sample included cases on licence following release from prison, as well as those serving suspended sentence orders or community orders. Cases where mental health or youth justice services were the lead agency were not included given our focus was on the prisons, probation, and police management of cases. We did not include cases convicted of terrorist offences, which have been extensively considered by the independent review of Multi-Agency Public Protection Arrangements used to supervise terrorist and terrorism-risk offenders carried out by Jonathan Hall QC, published in 2020 (Hall, 2020).

1.5. Report outline

Chapter	Content
2. Leadership, strategy, and policy	This chapter considers the national leadership and governance arrangements for MAPPA. It examines the arrangements within each of the responsible authority agencies and the roles and responsibilities of the MAPPA strategic management boards and lay advisors.
3. MAPPA identification, level setting, and information sharing	This chapter reviews the arrangements to identify eligible MAPPA offenders and assignment of management levels. It considers the processes and tools that underpin the delivery of MAPPA.
4. Keeping people safe	This chapter details the findings from our case inspections and explores the effectiveness of MAPPA at each level of management.

2. Leadership, strategy, and policy

This chapter considers the national leadership and governance arrangements for MAPPA. It examines the arrangements within each of the responsible authority agencies and the roles and responsibilities of the MAPPA strategic management boards and lay advisors.

2.1. National leadership and governance

The Responsible Authority National Steering Group (RANSG) provides governance for MAPPA nationally. Its terms of reference include ensuring that MAPPA processes are developed and shared with all responsible authority (RA) and duty-to-cooperate (DTC) agencies and other stakeholders. The group is jointly chaired by the head of the Her Majesty's Prison and Probation Services (HMPPS) Public Protection Group (PPG) and the lead for Management of Sexual and Violent Offenders (MOSOVO) from the National Police Chiefs' Council (NPCC). It aims to promote consistent implementation of best practice across England and Wales. Those who attend the meetings report them to be valuable and informative. The RANSG develops the national MAPPA business plan (reviewed every two years), which strategic management boards (SMBs) use as the basis for their local plans. We heard frustrations about the national business planning cycle from some SMB chairs who felt insufficiently involved with the process; however, across regions, there are inconsistencies in who attends the RANSG, which may impact on how information is disseminated within local areas. The arrangements provide clear direction and effective communication when changes are made to MAPPA at a national level. However, they could become more effective by reviewing the membership and requiring a better feedback loop for SMBs to share data and referral trends to support consistency.

A range of unforeseen events have hampered the progress of the current national MAPPA business plan. The independent review of MAPPA for terrorist or terrorist-risk cases directed the focus of the national team to this area of work and to create a new MAPPA category. Despite this, the team has revised the document set and progressed the guidance on domestic abuse and stalking. The team has also made good use of the efficiencies of online meeting opportunities and developed more regular contact with SMB chairs. There are also plans to strengthen the guidance about prison staff attending MAPPA meetings. SMB chairs and MAPPA coordinators in areas we visited reported that the National MAPPA team was easily accessible and responsive when they needed support.

MAPPA strategy and policy

Responsibility for statutory MAPPA guidance and policy sits with the Secretary of State for Justice and is drafted by the National MAPPA team, a multidisciplinary team consisting of civil servants and seconded staff from police and HMPPS. The team develops policy and guidance for responsible authority agencies in collaboration with NPCC and the College of Policing where appropriate. In addition, the team provides opportunities for those involved in the delivery of MAPPA to come together and discuss best practice and the development of arrangements; these include the MAPPA Improvement Group (MIG), attended by MAPPA coordinators, and a forum for SMB chairs. The team also hosts the MAPPA website, which provides online communities that interested parties can join to engage in discussions. The website is also an easily navigable way of accessing the MAPPA guidance. As MAPPA are a set of local arrangements, SMBs can choose how they implement guidance. However, the national MAPPA team could do more to promote best practices through its ability to see the overall national picture using the data at its disposal. For example, there is a considerable variation between MAPPA areas in the volume of cases managed at Levels 2 and 3. This could be examined to understand the driving factors and support the SMBs to ensure the right cases are managed at the right level.

The national MAPPA team consults with stakeholders about any changes to MAPPA guidance or the document set through focus groups and the MAPPA website. Despite this, relatively small numbers respond to consultations on changes, and we felt there was scope to involve more frontline staff in

piloting changes. We also heard mixed views from senior leaders in the Probation Service about the timing and method of the roll-out of the Probation Service Level 1 Policy Framework, coming swiftly after the unification of services at a time of significant change. In addition, every region developed different methods of implementation, which was inefficient and would have been better delivered through a national approach.

Performance management

There is no centrally held database of MAPPA nominals, making comprehensive reporting or data analysis impossible. Not all MAPPA nominals have a ViSOR record, and a range of information is stored across probation, police, and prison information systems with a limited interface between them. Each SMB must collect and analyse data on key performance indicators (KPIs). These relate to cases being reviewed within defined frequencies, disclosures having been considered and decisions recorded, and agencies appropriately attending SMBs and Level 2 and 3 meetings. Our 2015 inspection (HM Inspectorates of Constabulary and Probation, 2015) recommended that these KPIs be reconsidered as they do little to measure or demonstrate the outcomes of MAPPA. The National MAPPA team accepts the limitations of the current KPIs and has considered them, but has not progressed changes due to what it says is the complexity and challenge of identifying additional measures that consider the impact of MAPPA, as opposed to the work of the constituent agencies. While we accept this difficulty, a more coordinated approach to quality assurance and audit is therefore needed to ensure that outcomes are properly considered as a measure of the effectiveness of MAPPA.

A Ministry of Justice analysis of reoffending data for MAPPA-eligible offenders, completed in 2015 (Bryant, Peck, and Lovbakke, 2015), concluded that, due to the limitations of the data and methods of analysis used, it was not possible to isolate the impact of MAPPA on reoffending. However, it found that MAPPA may have played a part in reducing reoffending and was positive about the potential of multi-agency work to support the effective management of violent and sexual offenders in the community. Rather than create additional KPIs to assess quality, the MAPPA team has commissioned research into the effectiveness of MAPPA, which was due to be published in July 2022. In addition, it has developed a quality assurance tool for SMBs to check if the quality of local work is sufficient, although this has not yet been implemented.

Level 1 Policy Framework

On 31 March 2021, there were 86,268 people registered at MAPPA Level 1,[12] representing approximately 98 per cent of the total MAPPA population. In August 2021, HMPPS published the *Probation Service Management of MAPPA Level 1 Cases Policy Framework*[13] to set minimum standards for managing cases at Level 1. Before the publication of this document, there was no single shared approach to managing Level 1 cases in the Probation Service. However, some areas had developed local procedures. HM Inspectorate of Probation's 2021 Annual Report (HM Inspectorate of Probation 2022) reiterated longstanding concerns that cases assessed as posing a medium risk of serious harm are managed less well than those assessed as high risk. Given that many MAPPA Level 1 cases will be assessed as medium risk, we welcome a structured approach to these cases; however, we have concerns that this framework will not do enough to drive positive change.

The framework requires probation practitioners to review the MAPPA level at least every six months, after significant changes, or receiving important information, but it still does not require a practitioner to discuss medium-risk cases with their manager. In addition, these cases will often be managed by Probation Service officers, staff undertaking the professional qualification in probation (PQiP) or newly qualified staff who may not have the experience to recognise the significance of events or the resulting impact on risk management. Our concern remains that the Level 1

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[12] Ministry of Justice. (2021). *Multi-Agency Public Protection Arrangements (MAPPA): annual report 2020 to 2021.*

[13] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1030209/mappa-level-1-pf.pdf

framework will not achieve the scrutiny and oversight that medium-risk MAPPA Level 1 cases require. We found no evidence that quality assurance processes included in the framework have yet been established in most areas.

2.2. Leadership in the responsible authorities

Prisons

The leadership of MAPPA within prisons was gradually improving. This could be partly explained through the recent work of the national HMPPS Prison Public Protection lead within the National MAPPA team, who had started to engage well with prison governors to encourage oversight of their own public protection processes, as well as the introduction of senior probation officers (SPOs) within prison offender management units (OMUs) who brought their own knowledge and experience of working within MAPPA. However, some gaps in leadership remained. Responsibility for MAPPA within a prison sits within the OMU, which is led jointly by the head of offender management services (HOMS) and the head of offender management delivery (HOMD). Some of the prisons we visited had suffered from a lack of staff in these key roles. For example, at one site, there had been no HOMD for around eight months, which undermined oversight of the prison's contribution to the community MAPPA meetings for Level 2 and 3 prisoners, weakened the effectiveness of the interdepartmental risk management meeting (IRMM), and reduced the supervision and support available to prison offender managers (POMs), including the facility to escalate issues to more senior managers in the community when there was a concern about the risks posed.

HMPPS data reporting systems do not support leaders' ability to explore the number and range of MAPPA cases in their prisons to inform resource allocation and management. At the start of our review, around 20 different flags on NOMIS[14] could be used to identify MAPPA prisoners. This had led to duplication and confusion, and in some prisons, leaders told us that they did not trust the reports to provide them with the information they needed. More positively, work is now under way to improve matters. At the time of our fieldwork, HMPPS had started to move to a new range of flags that aimed to bring consistency and clarity to identifying MAPPA cases.

Inadequate staffing levels in some prisons impacted on the quality of MAPPA work. The lack of POMs in some OMU teams led to very high caseloads; we found some individual caseloads of over 100 prisoners, which undermined the quality of risk management work with MAPPA prisoners. We found wide variations in the size of caseloads for POMs, but notably better management of MAPPA prisoners at sites that had lower, more manageable caseloads. For example, each POM at New Hall and Feltham B had reasonable caseloads of 16 and 25 prisoners, respectively. As a result, they were more likely to be familiar with the individual circumstances of the prisoners they were managing as they had regular contact with them. They were, in turn, far more able to identify changes in attitudes or behaviours that may indicate increasing risk and could respond accordingly, such as escalating to the HOMD or referring for discussion at the IRMM.

The Offender Management in Custody (OMiC) model was implemented from April 2018 as a framework to coordinate and sequence an individual's journey through custody and post release. Under this model, each eligible prisoner is allocated a key worker, usually a prison officer, whose role is to promote rehabilitative and constructive relationships between staff and prisoners in order to foster positive behaviour. Overall, the planned model of key work was not yet effective in supporting the management of risk. However, in a better practice example at HMYOI Feltham B, the key work model was functioning reasonably well and supported the POM to manage risk. Around 65 per cent of the allocated key work sessions had been delivered in the month before we visited. In addition, we found evidence from case reviews and interviews with prisoners that they received regular sessions, mostly with consistent members of staff who were familiar with their circumstances.

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[14] NOMIS is the national offender management information system used to record details about a prisoner during their custodial sentence.

However, it was rare to find this good-quality work in other establishments. For example, at one prison, only two per cent of the allocated key work sessions had been delivered in the month before our visit. Such low levels of contact limited the potential for key work to contribute to risk management.

Finally, we found that the handover of cases from the prison to the community did not always occur early enough before release, which was a missed opportunity to share information. In cases where handovers did take place, this was often an informal exchange, sometimes via email, between the prison and the community. Better quality handovers involved the prisoner in a three-way meeting in sufficient time before release and included discussions about MAPPA. This meant that the prisoner would have met the person who would supervise them in the community and had a chance to discuss their licence conditions.

The Probation Service

Strategic oversight of MAPPA sits with regional heads of public protection (HoPPs) in the Probation Service. Arrangements vary across regions, largely due to geographical differences. For example, most regions span a number of MAPPA areas which can prohibit the HoPP from attending all SMB meetings for each MAPPA area they cover. London and Greater Manchester are the exception, with only one SMB for the region. Some HoPPs manage the MAPPA coordinators in the region, while coordinator line management sits with the head of probation delivery unit (PDU) in other areas. In Cumbria, the MAPPA coordinator is a member of the police staff, and therefore the HoPP for the North West manages all other coordinators in the region except in Cumbria. The London region has an additional leadership role, the head of the London MAPPA executive office, who chairs the SMB and provides a link to the other RAs and the Mayor's Office for Policing and Crime (MOPAC). While arrangements vary, communication was generally effective. Each region had a strategic approach to delivering changes that affected MAPPA via their regional delivery plans.

As the regional structure had only been created with the unification of the Probation Service in June 2021, some HoPPs had been in post for less than a year. As a result, some did not feel assured that they were attending the right meetings; for example, some are part of the RANSG (Responsible Authority National Steering Group), and others attend the national SMB chairs' meeting (although they do not chair the local SMB). However, in most regions, we found appropriate connections to the national team, although some would benefit from agreeing on the most productive meetings to attend to maximise the productiveness of meetings.

We found a considerable variance in resources dedicated to MAPPA. In one area, police and probation have invested in a multi-disciplinary MAPPA team based in police premises. This team has two coordinators, one from police and one from probation. There is also a deputy coordinator, two ViSOR administrators, three probation officers, and administrative staff. By comparison, most other areas have one MAPPA coordinator supported by administrative staff. These roles are usually filled by probation staff. Necessarily, expectations of the coordinator role vary considerably due to the size of the MAPPA area they cover and the overall structures in place. Most SMB chairs told us their resources are legacy arrangements that have not been reviewed in recent years. Most commonly, we found that the MAPPA coordinator provided a link between operational delivery and the strategic focus of the SMB. Often this involved collating KPI data, liaising with DTC agencies, and offering support to those chairing the MAPPA meetings.

In London, we found that the MAPPA coordinator was under considerable pressure covering the arrangements in each of the 32 boroughs. In West Yorkshire, the Probation Service had invested in a MAPPA manager (of SPO grade) in each PDU whose role was to screen referrals and chair Level 2 meetings. In most other areas, operational SPOs chair Level 2 meetings (sometimes supported by a police co-chair) as an additional task alongside managing a team of probation staff. Many in this position told us they struggle to prepare for meetings adequately due to their other workload pressures and often rely on administrators to brief them immediately before meetings.

Good practice example – North Wales

Recognising the workload pressures on SPOs, North Wales PDU had invested in additional case administrator roles specifically to support them, referred to as 'CASPOs'. Their role includes organising Level 1 reviews, tracking transfer cases, and uploading management oversight contacts on to nDelius (the probation case management system) following staff supervision to ensure good case recording. Relieving SPOs of administrative tasks allows them a better focus on supporting staff and case oversight. Staff in North Wales feel that this additional resource has been key to the effectiveness of the long-standing Level 1 review process.

Our casework inspections provide evidence that the quantity of resource alone does not ensure the best quality of MAPPA management. In areas where there was a well-resourced distinct MAPPA team, generic practitioners felt removed from the process and lacked confidence in decision-making about MAPPA levels. They were cautious about challenging the perceived expertise in the team and therefore did not always push back when cases were rejected for Level 2 management. Where we saw the best MAPPA practice, a culture had been created in which practitioners and managers felt ownership over the decision-making and MAPPA was embedded in their general case management practice.

We heard some concerns from practitioners that senior leaders did not fully appreciate the impact on their welfare when working with a caseload of primarily high-risk cases. In our practitioner interviews, 37 per cent said they did not feel appropriate attention was paid to their safety and wellbeing in working with MAPPA cases. While we occasionally saw examples of co-working arrangements in complex and demanding cases, more use could be made of this arrangement to support practitioner staff.

Information systems in the Probation Service can provide comprehensive management information reports if the correct registrations are added to case records. We found isolated examples of inaccurate registrations, but case records generally had appropriate risk markers attached.

Police

We found strong leadership at a national level. The National Police Chiefs' Council (NPCC) lead co-chairs the RANSG, underpinned by police attendance at regional groups. Any regional MAPPA issues can be escalated to the national group. Information concerning policy and guidance is circulated via these meetings. The NPCC lead drives changes through the NPCC network of chief officers. A recently formed Home Office sex offender management board directly links to the violence and public protection group to provide consistency.

We found that all forces we visited were aware of the National MAPPA team and the role of the NPCC. All forces attended a national Management of Sex Offender and Violent Offender (MOSOVO) meeting and were included in regional working groups linked to the RANSG. We found appropriate SMB memorandum of understanding and information-sharing agreements in every force.

Each force we visited had a designated strategic lead for MAPPA at an appropriate senior officer grade. In all forces, the strategic oversight and governance of MAPPA nominals were managed through departmental performance meetings, which then fed into the overall force oversight and performance. The data analysis included workloads and staffing levels, specifically for MOSOVO or equivalent sexual offender management units, providing assurance these issues are monitored.

In most forces, the oversight of MAPPA at an operational level was the responsibility of the public protection or protecting vulnerable people units. There was appropriate adherence to national and local policies concerning MAPPA. We found that guidance is disseminated by bulletins or email at an operational level and offender managers knew where to access relevant information. In some forces, forums and continuous professional development processes to raise awareness of MAPPA were in place.

There is no guidance to police forces on how to structure the responsibilities of MAPPA within force areas, and therefore arrangements vary. In all the forces we inspected, there was a specialist unit to manage sex offenders; however, not every force had extended this to include the management of violent offenders. Category 2 and 3 violent offenders, including domestic abuse perpetrators, are often managed across different policing portfolios, invariably across integrated offender management (IOM), serious and organised crime, local policing teams or adult safeguarding teams.

A recommendation from the previous thematic inspection of MAPPA was that police forces should ensure all violent offenders managed at MAPPA Levels 2 and 3 are allocated a named police offender manager; we were disappointed to find this had not been achieved. The current arrangements lead to disjointed management of violent offenders. There is a lack of understanding from units outside of those that manage registered sexual offenders regarding the benefits of MAPPA, resulting in a low number of MAPPA referrals to Levels 2 and 3 from police. In Cumbria, we saw positive practice in managing this complexity. All offender management came within the same organisational portfolio and, therefore, the same leadership. We found all staff had a clear understanding of the roles for IOM and MOSOVO in managing MAPPA nominals. However, IOM staff managing Category 2 and 3 nominals had not received ViSOR training.

The workloads of police MOSOVO and equivalent management units were high and, in some forces, excessive. Offender manager workloads ranged from approximately 50 each to double this number. Where workloads were significantly more than recommended levels, we felt this compromised the effective management of offenders. Some forces with excessive workloads maintained national performance expectations which created excessive strain and pressure on staff. One force had taken an approach to recognise the conflict between resources and expectations and had therefore decided to limit activity for low- and medium-level offenders. As a result, it completed fewer risk assessments, fewer home visits, reduced the number of active risk management system (ARMS) assessments, and moved more nominals to reactive management, contrary to the national standards. The force recognises significant risk in this approach and, to partly mitigate this, conducts monthly dip-sampling, including unannounced visits and polygraph testing of medium-risk offenders.

Police offender managers described multiple sources of growing additional work, such as polygraph testing and the need to implement ESafe.[15] Also, police offender managers commented that, in some forces, internet offence-based sexual harm prevention orders (SHPOs) were generated by courts (without police input) with 17-20 separate conditions to be monitored. Staff felt this was unmanageable.

We recognised a clear correlation between workloads and effectiveness of activities. High workloads affect the wellbeing of staff, the attractiveness of the role, and the ability to recruit staff into these specialist teams. Although all offender managers we spoke to were aware of the availability of wellbeing support, their views of its effectiveness varied. Some teams felt that their senior leaders did not fully understand or appreciate the complexities of the offender manager role. For example, one offender manager said there was little recognition of how the role of managing sex offenders could affect their personal lives and relationships, including with their children.

2.3. MAPPA training

MAPPA guidance sets out that the RA agencies are responsible for training their own staff and ensuring that all SMB members, the MAPPA coordinator, and MAPPA administrators receive appropriate training. In addition, the SMB must assist DTC agencies in identifying training needs for their staff regarding MAPPA. Most probation Level 2 and 3 chairs told us they had received good-quality training, usually delivered by the local MAPPA coordinator.

In the police forces we inspected, police standing panel members and police MAPPA chairs told us they had received little training for their roles in MAPPA. Some had shadowed other people or had

[15] ESafe is a software application which can be installed on to mobile telephones and computer equipment to allow police to monitor and alert them to any prohibited behaviours.

discussed the role with the MAPPA coordinator. In some forces, the detective training course (PIP2) gave an awareness of MAPPA. In Cumbria, we heard that all student officers had a two-week attachment to the MOSOVO team to gain insight into this work. In our focus groups, police offender managers felt sufficiently prepared to engage in MAPPA meetings and were confident about information sharing. Police staff can also access online guidance from the College of Policing, covering key roles and principles of MAPPA. The content is subject to scrutiny by the college's legal services unit to ensure that it is legally accurate and compliant with diversity good practices.

In our probation practitioner interviews, 45 per cent of the staff we spoke to said their organisation did not provide them with sufficient access to MAPPA training. Staff in most areas told us they had not had formal face-to-face training for some time, even before the pandemic. We heard that online training covers basic awareness of MAPPA levels and categories, but most staff felt they would benefit from more in-depth practical input on preparing for and presenting cases at MAPPA meetings. Key staff, including victim liaison officers and approved premises staff, do not routinely receive MAPPA training to equip them for their role, and this should be rectified. Some staff also felt a need for multi-agency MAPPA training to help them understand the roles and responsibilities of other agencies involved in MAPPA delivery, particularly mental health agencies and adult social care services.

In prisons, we found a lack of training and experience in relation to MAPPA, and most prison offender managers described learning through informal discussions with probation offender managers. In an attempt to address this, HMP High Down had arranged some POM development days that focused on MAPPA, including risk analysis. Leaders at Feltham had delivered some local training in relation to the Four Pillars approach to risk management (see Glossary). Overall, however, training was limited, and this sometimes resulted in a lack of confidence in challenging community offender managers when deciding the most appropriate MAPPA management level.

2.4. Strategic management boards

Probation heads of PDU chaired the SMB in three of the six areas we visited; in Cumbria, the chair was a police superintendent, in Greater Manchester a chief superintendent, and in London, the head of the MAPPA executive office filled the role. The MAPPA guidance requires that police chairs be of assistant chief constable grade; those we saw undertaking the role had sufficient seniority and, most importantly, subject knowledge to undertake the task to a high standard despite not being of the required grade. In addition, the current expected rank of a police SMB chair is considerably higher than for probation chairs. Most areas rotate the chairing between the responsible authorities, although police or probation leaders most often undertake the role. In some areas, SMB chairs felt they had insufficient time to dedicate to the task, particularly those who were new to both the position of head of the PDU and SMB chair.

We found that all SMBs met regularly and had representation from key DTC agencies. However, some local authorities nominate one representative to cover more than one specialism due to resources pressures, for example, children's social care and youth justice, which was not helpful as they were not fully equipped to speak for both services.

A vital role for the SMB is to monitor and evaluate MAPPA operations to ensure that MAPPA is working well within its area; how this is done is determined locally. Each SMB we visited told us it would welcome a more central direction to create greater consistency across areas. All SMB chairs recognised that while there would always be some local variation, more parity would benefit the transfer of cases, which can sometimes be problematic when there is a different view of MAPPA level between regions.

Each SMB considers management information reports as part of its monitoring and evaluation processes. The content of the reports varies considerably between areas. Where we found good practice, the SMBs were scrutinising the rate of referrals and trying to understand patterns and trends, focusing attention on where it appeared MAPPA was not being used sufficiently. In other areas, we found this rigour lacking. In addition, none of the areas we visited had a sufficient focus on monitoring protected characteristics of MAPPA cases or considering any issues of

disproportionality. Cumbria SMB had recognised this and had plans to use independent advisory panels to review a sample of referrals and consider diversity issues.

All SMBs pay close attention to the KPIs and investigate and address failures to attend meetings where required. The KPIs do not provide evidence about the quality of MAPPA meetings, and therefore each SMB had some audit processes in place, using the templates from the national document set. The frequency and quality of this work varied, and the National MAPPA team could do more in most areas to ensure the audit process provided individual development for MAPPA chairs and themes for overall MAPPA improvement. One SMB had developed a good working relationship with its neighbouring SMB to scrutinise practice, as shown below.

Good practice example – Cumbria

Cumbria SMB had developed a joint Lancashire and Cumbria MAPPA audit, which it completed yearly. MAPPA coordinators, lay advisors, and staff from RAs and DTC agencies looked at a sample of MAPPA Level 2 and 3 cases. They evaluated a range of meetings, minutes, and referrals, identified findings applicable to each area or both, and made recommendations. Their report also comments on the progress made since the last audit. Completing the audit jointly was an effective way to gain external scrutiny, share learning, and develop best practices.

2.5. Lay advisors

The *Criminal Justice Act 2003* requires that SMBs appoint unpaid lay advisors in each MAPPA area. Their role is to contribute to the monitoring and evaluation of MAPPA and act as a 'critical friend' to the SMB. We were able to meet with lay advisors in four of the six areas we visited; the remaining two were appointing new people into their posts. As a voluntary role, some SMBs told us they had struggled to recruit people to it, and as a result, there have been periods where posts have been unfilled. However, where the right people are found, it is clear they can make a valuable contribution to the quality of arrangements. For example, in Cumbria, we found dedicated individuals who had helped develop management information reports for the SMB and had made suggestions about the structure of Level 2 and 3 meetings, which led to victim issues being covered earlier in the discussions to ensure they were fully considered. In North Wales, the skills and experience of the lay advisors had enhanced the knowledge and understanding of mental health processes and neurodiversity, and had also contributed to building positive relationships with local agencies.

2.6. Conclusions and implications

By design, MAPPA requires local ownership and governance to ensure it is responsive and attuned to local priorities. MAPPA guidance provides a permissive framework, setting out the responsibilities of responsible authority agencies in forming an SMB and the role it should play. Responsive national governance arrangements with solid representation from police, prisons, and probation are in place. MAPPA guidance is reviewed and updated in line with findings from independent reviews and other sources of learning.

However, there is an inconsistent interpretation of MAPPA guidance across England and Wales, which affects MAPPA delivery negatively in some areas. In addition, quality assurance processes are not sufficiently embedded locally or collated nationally to highlight the deficiencies in some areas. In essence, this renders the practices in some MAPPA areas isolated and lacking in scrutiny, with practice diverging too far from that of other areas. Some SMBs recognise this position and would welcome more being done centrally to promote best practices and provide a clearer steer for SMBs to address these issues. Training for MAPPA is varied, and not all staff involved in the MAPPA process with the three responsible authority agencies have access to sufficient input to give them confidence in their roles. There is no formula to determine the resources that should be dedicated to MAPPA, which puts additional pressures on operational managers who are required to chair meetings and also undertake coordination tasks in some cases.

3. MAPPA identification, level setting, and information sharing

This chapter reviews the arrangements to identify eligible MAPPA offenders and assignment of management levels. It considers the processes and tools that underpin the delivery of MAPPA.

3.1. Identification and level setting

Automatically MAPPA-eligible (Category 1 and 2) cases were identified by court-based probation staff at the point of sentence via a well-established, efficient process in all the areas we visited. For community cases, probation guidance then requires an informed decision to be made, within 15 days of the first appointment, about the appropriate management level for the individual. In some areas, we were concerned to find that administrators were tasked with adding a default Level 1 registration rather than flagging MAPPA eligibility at the allocation stage. The consequence of this was that practitioners received the cases presuming that an informed decision had already been made and did not undertake their own assessment or discuss the MAPPA level with the manager.

In prison

For custody cases, the level should be determined six months prior to release to allow for appropriate pre-release work. Communication and liaison between the prison offender manager (POM) and the community offender manager (COM) are vital to ensure effective risk assessment and management throughout the sentence and on release. This should be particularly relevant at points such as when the prisoner's suitability for release on temporary licence (ROTL) is being assessed. However, the need to align ROTL, Offender Management in Custody (OMIC), and MAPPA processes presented challenges in practice. For prisoners serving long sentences, ROTL can happen a long time before both the OMiC handover from the prison to the community and the MAPPA screening has taken place. This means that prisoners are sometimes granted ROTL without a confirmed MAPPA management level or a probation officer in the community to report to, and with no decision about multi-agency involvement. At two prisons we visited, a total of 58 MAPPA prisoners had regular ROTL, of whom 46 did not have a confirmed management level. Although discussions between the prison and the community regarding risk were generally prompted by the suitability assessment, too little attention was given to considering the MAPPA management level before starting ROTL, despite the changes in risks this might pose. The MAPPA guidance does not require a management level to be set until the pre-release phase, by which time ROTL may already have taken place.

In our community inspection cases, we assessed that pre-release work was sufficient in three-quarters of our sample, however it was noticeably poorer in Level 1 cases where there was also less adequate communication between the POM and COM.

Poor practice example

Aftab was serving a sentence for section 18 wounding. He was identified as falling into MAPPA Category 2, but no management level had been determined. He was in open conditions, 15 months away from release, and had been using ROTL to spend time at his family home. There was no requirement for a MAPPA screening or handover to the community, given the time left until release. However, we would have expected better communication and risk assessment before ROTL was agreed upon, considering potential restrictions and arrangements that would be part of the release on licence. Although the prisoner had a good amount of contact from the POM, there had been no offer of community probation appointments during ROTL, despite the prisoner requesting this.

More input from the COM would have offered a smoother transition on release, an opportunity to build a relationship and help to establish expectations and boundaries for his licence period.

The assessment of prisoners' risks and needs is completed using the OASys assessment tool (see Glossary) and is key to informing decisions and making plans to manage risk of harm upon release. We found deficiencies in this area, all of which undermined the ability to make well-informed, timely decisions. In the poorest examples, there was no OASys at all and it was difficult to see how any defensible decisions about MAPPA management could be made. Out of the 48 cases we reviewed, three prisoners had no OASys at all and assessments for around one-third of prisoners in our sample were over a year old. Furthermore, around half of prisoners in our sample had not had a review of their risks and needs following a significant change in circumstances. For example, in one case, a prisoner had returned to closed conditions following drug use while on ROTL, and neither the risk management plan nor assessment had been reviewed to reflect any changes in risk. In some cases, we found better assessment and management – predominantly for those serving life sentences and those who needed to appear before a parole board.

In the community

The MAPPA Q document is provided as part of the national MAPPA document set to support decision-making about MAPPA levels, but its use is not mandated. Over two-thirds of the probation cases we inspected did not have a MAPPA Q form available on case records.

The MAPPA guidance sets out the criteria for determining MAPPA levels but does not define how this should be done. For example, the guidance stipulates that agencies should consider cases for Level 2 management where formal multi-agency meetings would add value to the lead agency's management of the risk of serious harm, but allows SMBs to judge what 'added value' means. The availability of resources in the local area will, to some extent, affect whether cases need to be escalated to obtain necessary services. Therefore, it is inevitable that the proportion of individuals managed at each level will vary between areas. The offending profile in a geographical location may also affect the MAPPA caseload profile. However, we found considerable differences in how the criteria are interpreted, leading to different, sometimes unhelpful, MAPPA cultures and practices.

In some areas, the criteria have been interpreted too narrowly, and a referral to Level 2 or 3 is only deemed necessary to unblock access to a specific service, for example, if accommodation is needed and has not been found through usual referral routes. In our view, this is too narrow a definition that overlooks the value of multi-agency oversight and scrutiny for some complex cases in their own right. Where we found a restrictive interpretation, probation practitioners were more pessimistic about MAPPA and saw little value in the arrangements, except in rare circumstances. The views of practitioners are summed up in the following comments.

> *"There is no reason to take [a case] to a MAPPA Level 2 unless agencies are refusing to engage. I would know that a Level 2 referral would not be agreed and so wouldn't refer."*

> *"Referral forms are just a copy and paste exercise which takes forever and referring to MAPPA isn't something that's encouraged. I have only had about three [Level 2s] and do not see the benefit."*

There were overly bureaucratic screening processes in some areas. These also tended to be where we found the highest thresholds, resulting in the lowest proportion of cases managed at Levels 2 and 3. For example, in one metropolitan area, 99.5 per cent of all nominals were managed at Level 1. By comparison, across all MAPPA areas the proportion of cases managed at Level 1 varies from the lowest at 94.2 per cent to the highest at 99.8 per cent.[16] While these variances are small in percentage points, the number of individuals they represent can be significant, depending on the size of the MAPPA population in the area.

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[16] Data taken from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1028933/MAPPA_Annual_Report_2020-21_Area_Tables.xlsx

One area holds formal multi-agency meetings with representatives from at least four agencies present to discuss referrals. In this area, practitioners felt excluded from the decision-making process, and many reported a lack of confidence in MAPPA arrangements. One told us:

"We are lucky to get someone to Level 2. I don't know who is at the screening panels, we're not told. It just goes into the ether. Sometimes we get a rationale explaining the decision and sometimes we don't get anything. People tend to avoid MAPPA at all costs. Referrals take forever to then be rejected and be told we can just do it ourselves."

Poor practice example

Kurt was being managed on licence following a sentence for stalking. He also had links to serious organised crime and drug offences. The probation practitioner completed a referral to MAPPA Level 2, and the local screening panel accepted the referral. After several meetings, the MAPPA panel at Level 2 felt the risks warranted escalation to Level 3 to ensure sufficient resources were available to manage the case safely. The practitioner was required to complete a further full MAPPA referral to request Level 3 management. The referral was discussed at the local screening panel and rejected because they assessed Level 2 management to be sufficient. This was an inefficient and overly bureaucratic process which undermined the decision of the Level 2 panel. The case should have been escalated directly to Level 3, without further involvement of the screening panel.

One probation area encouraged practitioners to consult with a probation officer from the MAPPA team before completing a referral. Practitioners told us that an expected outcome of such discussions was that they were advised not to refer but to hold a professionals' meeting instead; this left them feeling deskilled. By this stage, they had already discussed the case with their manager and had agreed that the case should be referred. Practitioners told us they did not feel empowered to challenge the decisions made due to the perceived expertise within the MAPPA team. Where practitioners expressed more negative views of MAPPA, we found a higher proportion of cases that, in our assessment, had not been held at the right MAPPA level, to the detriment of the management of the risk of serious harm.

Where probation practitioners were most optimistic about MAPPA, they expressed a clear understanding of its purpose, and were supported by a transparent, straightforward screening process. In emergency cases, coordinators were able to make executive decisions about referrals to expedite the process. As a result, practitioners felt part of the process and were able to challenge if they disagreed with a decision about a referral. This was summarised by one practitioner as follows:

"I think it works really well and we have easy access to Level 2, at times even at short notice if needed. Our MAPPA coordinator is very approachable."

Staff saw clear benefits of accessing Level 2 and 3 meetings as information sharing, accountability, and reassurance that they were doing all they could to support and manage complex cases that pose a risk of serious harm. One told us:

"MAPPA enables us to learn and reassess based on information from others we work with. We have really good relationships with our partner agencies here, but it is always good to get other people's perspectives through Levels 2s and it helps us develop relationships with those that we aren't working that closely with."

Operationally within police forces, we found a mixed understanding of the processes for escalating cases to Level 2 or 3. For example, it was rare for police-managed Level 1 cases to be escalated in some forces. Our focus groups with RSO police offender managers highlighted a varied understanding of the benefits of escalating police-led nominals to MAPPA Level 2 or 3; some

offender managers told us it was not a consideration for police-managed Level 1 cases. In some forces, there was a view that Levels 2 and 3 focused on probation-led cases or that police-generated referrals would not be approved; this was especially true where there was a perceived limit to the number of cases that could be realistically managed at these levels. As a result, there was a reliance on less formal meetings of professionals. Some police offender managers felt that this missed the point that the MAPPA meetings add structure, focus, and impetus in cases where an officer may already be failing to make progress through less formal approaches. Conversely, we found that some offender managers would discuss individuals with their line managers and the MAPPA coordinator and were confident in making referrals.

In some areas, the MAPPA coordinator (or MAPPA manager) and a detective inspector from the police jointly screen referrals to make a decision. We felt this efficient and responsive process benefited from two key agencies' input without being overly bureaucratic. Practitioners in these areas welcomed this approach. We observed that the most positive cultures existed where MAPPA was at the heart of practice in the PDU, and practitioners felt part of the decision-making.

3.2 The MAPPA document set

The National MAPPA team provides a document set that includes a form for each stage of the MAPPA process. Use of the document set is encouraged; however, SMBs can, and do, depart from the templates to suit local arrangements, but are still required to retain a minimum set of information in critical documents, such as the referral form (MAPPA A).

Practitioners view the MAPPA A referral form as cumbersome and time-consuming to complete. Some practitioners told us that the time it takes to compile the referral is an obstacle and some actively avoid referring as a result. In addition, the forms require detailed information, much of which is available on OASys or nDelius, yet they must manually transfer it into the referral form. Citing heavy workload pressures, many practitioners questioned why this was necessary and expressed frustration that information systems were not sophisticated enough to use the existing information automatically to save time.

In previous inspections, we highlighted issues with the quality of minutes of meetings. Improvements have been made to address some shortcomings; however, we remain concerned that important information is not always updated, notably the risk management plan. The cumulative nature of the document (MAPPA B) means that for cases that have been reviewed several times, the minutes become long and cumbersome, making it hard to identify the current actions and updates as distinct from those from previous meetings. We assessed that in approximately one-third of the cases we inspected, the minutes were not sufficiently detailed, with clear actions and updates recorded. In most cases, we found that minutes were produced promptly; however, there were differences between areas. In Cumbria, actions are distributed straight after meetings, which we felt was good practice to enable those allocated with tasks to have the details immediately rather than waiting to receive the full minutes.

Following consultation via focus groups and the MAPPA website, the National MAPPA team has revised key documents to reduce the length of the initial referral and simplify the way minutes are produced. The new templates look promising but are not yet in use, so their impact is not yet clear.

3.3. MAPPA meetings

Agenda

The national MAPPA guidance and documents now encompass the 'Four Pillars' approach to the planning and delivering of risk management developed by Professor Hazel Kemshall (Kemshall, 2010), based on: supervision; monitoring and control; interventions and treatment; and victim safety planning. Initially, not all MAPPA areas adopted this approach in running their meetings, and the extent to which it is embedded is still varied. Most practitioners welcome the approach as it aligns with risk management training, although not all have seen the impact on MAPPA meetings. One told us:

"I haven't noticed MAPPA meetings embrace the Four Pillars, but I do find it useful as a practitioner to remind me."

Some chairs told us they incorporate the Four Pillars in the contingency plan but do not use it to structure the whole meeting. When used well, we found that the approach provides structure and clarity, and helps balance the risk management plan to ensure each 'pillar' receives equal attention. Without this approach, meetings can become overly focused on restrictions without giving due regard to interventions and treatment.

Some victim liaison officers (VLOs) we met had concerns that victim issues were often left to the end of the agenda and therefore were not always given sufficient time and focus. They also reported that the chair would often come to them last for meeting updates. However, we saw examples where the chair of the meeting confirmed their involvement as part of their introduction and requested that the VLO provide their information update early in the meeting. This was a good practice that put victim considerations at the heart of the meeting.

We heard some criticism during our focus groups that MAPPA meetings run over their allotted time, often with too much sharing of information not critical to risk at the start of the meetings. The impact of this is that updating the risk management plan, arguably the most crucial part of the meeting, is rushed or, in some cases, not covered.

Attendance

Since the outset of the Covid-19 pandemic, MAPPA meetings have been hosted online through video conferencing. Most attendees welcome this change, reporting that it reduces the travel time that can be barrier to attendance, especially in rural areas.

Most areas we visited have standing panels for Level 2 and 3 meetings. These consist of RA and DTC agency representatives who attend every MAPPA meeting, including those whose agency is not directly involved. The alternative approach is that every meeting has a bespoke panel made up of staff working directly with the case or who have been invited as their involvement is needed. We found the standing panel approach to be most beneficial as it develops knowledge and expertise among the representatives in MAPPA. They act as a single point of contact for their agency and can support their frontline staff who may have infrequent contact with a MAPPA case and find the process daunting. We saw many examples where the standing panel provided detailed and specialist advice, which avoided wasting time in allocating additional actions. Their value was particularly apparent in housing advice and navigating the mental health and adult social care pathways.

Our casework inspections found good and active engagement from most relevant agencies in MAPPA meetings. However, in a small number of cases, we found gaps in attendance from children and adult social care services, health services, and housing authorities. Most MAPPA chairs reported that they could escalate issues to the SMB to address absences, although some Level 3 chairs told us that issues would often be referred back to them in their role as the head of the PDU.

3.4. Category 3

For individuals who do not meet the criteria for Category 1 or Category 2 but who have committed an offence indicating that they are capable of causing serious harm and require multi-agency management at Level 2 or 3, a referral can be made via Category 3. A report by HMICFRS in 2021 (HMICFRS, 2021), commissioned by the Home Secretary in response to the murder of Sarah Everard, identified a lack of multi-agency management of individuals who posed the most significant risk of harm through domestic abuse. As part of its inspection, HMICFRS asked forces to identify the five individuals who they considered posed the highest threat to women and girls within the local force area. Of the 40 individuals identified, only three were being managed under MAPPA.

To explore this issue, we asked each probation area to provide us with a list of all individuals assessed as posing a high or very high risk of serious harm and had domestic abuse markers on

their record but were not registered under MAPPA. We selected 20 cases from each (where the list provided exceeded this) and looked at the risk management plan for the individual. We aimed to explore whether practitioners were familiar with using Category 3 for this cohort and actively considered making referrals. In 83 out of 117 cases we examined, there was no evidence that MAPPA had been considered in the risk management plan. In a small number of cases, we found recording errors where cases were managed under MAPPA but had not been recorded as such in the nDelius case management system. In 18 cases, there was evidence that MAPPA had been considered but determined not to be necessary, although some included a referral as a potential action in the contingency plan. In 15 examples, the risk management plan had a line saying, 'not MAPPA eligible', which was inaccurate and unhelpful.

The Probation Service Level 1 Policy Framework and recent additions to the MAPPA guidance have sought to remind practitioners to consider Category 3 in cases where domestic abuse or stalking may be an issue. In London, there had been an increase in Category 3 cases from 61 in March 2020 to 103 at the time of our interviews. At the outset of the pandemic, the Wales probation region completed some focused audit work on domestic abuse and asked all practitioners to consider if MAPPA referrals were needed for high-risk domestic abuse perpetrators. Familiarity with use of Category 3 was greater there than in other areas. During our focus group with Level 2 chairs in North Wales, we heard that:

> *"MAPPA is seen as an open door to push on when you have complex short sentence cases that are high-risk domestic abuse and need multi-agency oversight."*

Within policing we found a general lack of awareness of the potential for using Category 3, although some isolated examples demonstrated how valuable this option can be for individuals who are not automatically eligible but nevertheless require multi-agency scrutiny and oversight to manage their risks.

Good practice example – Devon and Cornwall Police

Alban was convicted of criminal damage offences to vehicles and had been linked to other similar offences. He had a history of mental health issues and neuro-divergent conditions which manifest in anger, frustration, and repetitive behaviours. He disclosed that he damages vehicles as an alternative to acting on his compelling urges to harm lone women. Through proactive engagement with local policing, MOSOVO officers identified that the case warranted a referral to MAPPA. Management at this level brought the attention and experience of the MOSOVO team and access to a range of necessary support services which local police officers may not have been aware of.

There was some evidence that the pathways between MAPPA and other multi-agency forums are not fully understood. For example, cases with emerging risks that are not automatically eligible for MAPPA may be referred to MARAC or IOM. However, they are rarely reconsidered for referral to Category 3, Level 2 management, even where the risks and needs escalate and warrant multi-agency oversight and management.

There appear to be some concerns about opening the floodgates to Category 3 referrals. One coordinator told us an influx of new cases could be a "*systemic threat to the operation of MAPPA*". While we did not share these concerns, local areas would benefit from reviewing the resources available for MAPPA and considering whether the staffing, roles, and responsibilities meet the need and volume of work appropriately.

3.5. ViSOR and information sharing

ViSOR is a national dangerous persons database that holds information on all offenders with sexual offender registration conditions imposed on them following criminal conviction, and violent and potentially dangerous persons. ViSOR was implemented across police forces in 2005 and was

subsequently rolled out to the Probation Service in 2007 and the prison service in 2008. ViSOR aims to ensure that MAPPA agencies contribute and share intelligence and case information on MAPPA offenders to improve communication that supports effective risk management, public protection, and transfers. It is also the designated repository for MAPPA minutes.

In our last inspection of MAPPA, we found that prisons and probation were not using ViSOR as a shared working tool. Where they did use the system, the quality of the information provided was rarely of a high standard. Disappointingly, little has changed, and the recommendations we made in our last inspection have not been achieved. In this inspection, we assessed that ViSOR was being used actively as an information-sharing tool in only 38 per cent of the cases we inspected. As in previous inspections, we found that the police use of ViSOR was well-established, with relevant risk-related information from a range of police systems added to it in almost all of the cases we inspected. However, this was not always the case for nominals managed outside of MOSOVO or equivalent units, as staff in IOM or other teams rarely had ViSOR access or training. According to the ViSOR guidance, Level 1 Category 2 nominals do not have to have a ViSOR record, which means that information is not always recorded on one central system accessible by police and probation.

A number of problems have hindered progress with increasing ViSOR use in probation. First, there have been delays in putting staff through the required level of vetting. According to staff records contained on the SOP[17] system, approximately 2,000 staff are currently vetted, although the national ViSOR team thinks the actual number is higher as records are incomplete. As of 31 December 2021, there were 4,490 probation officers, 5,739 probation services officers, and 1,218 senior probation officers in post in the Probation Service. Additionally, there will be a number of case administrators who should have access to ViSOR, meaning there are a substantial number of people who still require vetting and training.[18]

Access to ViSOR-enabled computer terminals was previously a prohibitive factor for probation staff as they were limited in number. Due to the Covid-19 pandemic, more probation staff are working from home. While they can now access ViSOR from their laptop computers, remote access is not permitted; they must be connected via a networked cable in an office location. Planned training events were cancelled or delayed due to the pandemic, so the ambition of having 14,000 probation ViSOR users up and running by the end of 2020 has not been achieved.

In addition to the structural barriers to using ViSOR, the majority of staff we spoke to do not see value in the system. They reported frustration with having to duplicate information that is held on probation case management systems and reported that they share information with police and prison colleagues via email instead. Of the 67 probation practitioners we interviewed, none told us they used ViSOR directly, 11 said they had access via an administrator, four had access but did not use the system, and 52 (78 per cent) said they did not use ViSOR at all. Overwhelmingly, practitioners told us that ViSOR did not feature in their practice and did not know what value it would add. Some told us they were aware that they could select information from nDelius to be exported to ViSOR, but few used this or understood when they should. One practitioner told us:

> *"Although I used to flag entries for ViSOR on nDelius, I haven't done this for a long time and don't really know why. I tend to just email the information directly. Sharing information on ViSOR isn't something that is ever discussed or encouraged."*

The impact of failing to use ViSOR was highlighted in several cases we inspected. We found examples where probation practitioners were unaware of crucial risk-related information contained in ViSOR and cases where police had not been updated about important changes.

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[17] SOP is the human resources case management system used by the Probation Service.
[18] MOJ. (2021). *HMPPS workforce quarterly: December 2021.*

Poor practice example

Albert was convicted of murder and had been released on a life licence after serving a prison sentence. He was initially managed at MAPPA Level 2 due to concerns that he was at risk of harm from members of the community in the area where the murder took place. MAPPA meeting supported a move to a new location and devised a trigger plan which directed police actions if Albert were to contact them in an emergency. The MAPPA level was reduced because all necessary arrangements were in place. However, Albert moved address, and the probation practitioner did not update the police with his new address. This information was not recorded on ViSOR, and therefore the trigger was no longer effective.

Poor practice example

Daryl was released on licence for sexual offences against a child. He had a history of other offences, including domestic abuse, possession of weapons, robberies, and drug offences. As a registered sexual offender, he had an allocated police offender manager and a probation practitioner. Daryl told his probation practitioner that he had started a new relationship; however, she had not obtained any details of his new partner nor shared information about the relationship with the supervising police officer. The practitioner told us she anticipated that if he had come to the attention of the police, they would contact her. Checks made on police intelligence systems revealed that police had attended Daryl's address on several recent occasions due to reports of incidents between him and his partner. This information had not been recorded on ViSOR. Therefore, neither the responsible police nor probation staff were aware and had not taken any action to manage this risk.

In prisons, we found that ViSOR use was limited for most MAPPA prisoners and did not support multi-agency working. Although all prisons we visited could access ViSOR, this was usually limited to one or two people in departments such as the OMU or security. We checked ViSOR records for prisoners in our sample and found that, generally, Category 1 cases had a ViSOR record, as did those in Category 2, Level 2. However, prisoners in our sample who were Category 2, Level 1 cases rarely had a ViSOR record. In addition, not all security departments had access to ViSOR, which was a gap, and leaders said that vetting for access to ViSOR took too long. Finally, quality assurance checks to ensure effective recording practices were not implemented at every prison. Limited access meant staff could not quickly access MAPPA meeting minutes in some cases.

A ViSOR replacement system, MAPPS (multi-agency public protection system), is in development and anticipated to be launched at the end of 2023. The system as described is positive. It is built on a more modern platform and will have significantly better functionality and information sharing from other information systems, offering users a far more efficient experience. However, the new system will rely on data migrated from ViSOR and, therefore, its success depends on ViSOR use in the interim.

Information sharing

We generally found good communication between police and probation staff, and focus groups with operational staff in both organisations told us they had positive and supportive working relationships. However, in areas with high staff turnover in MOSOVO teams and probation offices, this caused problems. We saw examples where police offender managers recorded numerous attempts to contact the allocated probation practitioner without success. Similarly, we saw instances where probation staff were emailing police offender managers who no longer worked in the relevant team. That said, attempts have been made in some areas to foster close working relationships by co-locating staff or putting measures in place to ensure regular communication.

Good practice example – North Wales

During the Covid-19 pandemic, police and probation started holding daily multi-agency tasking and coordination meetings to discuss emerging police or probation intelligence. SPOs attend the remote meetings to agree on appropriate risk-related actions with police colleagues at the earliest opportunity. The meetings ensure a swift exchange of information following any significant events and allow both agencies to agree on any necessary resulting actions. Having proved so useful, they have now been adopted as a permanent practice.

3.6. Serious case reviews

Most of the areas we inspected had a process for identifying cases that require a mandatory MAPPA serious case review (SCR) or should be considered as a discretionary case. We were concerned to find that one area did not have an active process in place, which they assured us they had rectified after we brought it to their attention.

Nationally, the number of SCRs is small but reported to be increasing due to more discretionary cases being reviewed. The MAPPA national annual report for 2021 disclosed that 168 probation-managed MAPPA-registered individuals were charged with a serious further offence (SFO), 88 per cent of whom were managed at Level 1. In the same year, 15 cases were subject to a SCR.[19] Discretionary cases are accepted if there is a concern that there have been failings in the MAPPA management of the case. Some SMBs used a sub-group to consider whether a review should be commissioned, which we felt was a robust process. SCRs are lengthy and costly, and should only be instigated where other reviews would not have sufficiently explored the role of MAPPA and any learning that should be taken from the case. In most cases where someone under MAPPA management commits a serious offence, the RA agencies involved will each complete an internal review. We saw little clear evidence that learning from the probation SFO reviews and parallel police internal management reviews was shared across RA and DTC agencies when an SCR was not completed, and this could be improved.

3.7. Conclusions and implications

The identification of automatically eligible MAPPA cases routinely takes place at the point of sentence; however, decisions about the level of management are not always made soon enough or with a clear rationale behind them. For individuals being released on licence, this has a detrimental impact on the quality of risk management on release.

MAPPA practice has become divergent, leading to a fractured understanding of the purpose and benefits it brings among practitioners in some areas. Professionals' meetings are sometimes used in place of MAPPA meetings; however, they are often without management oversight and are not formally recorded. While they are a useful additional way to aid coordinated working, they should not be seen as an alternative in complex cases where a formal, structured approach bringing accountability is needed.

MAPPA meetings are usually well-attended, and agencies are accountable for any failures through the KPIs. However, the current method of minuting meetings produces documents that are cumbersome to use; as a result, essential information is not always updated.

Awareness of Category 3 among practitioners is growing. However, it is still not a clear enough pathway for those who pose a risk of harm through domestic abuse, particularly for those who commit lower-level offences over a sustained period of time but pose a real risk of harm to their victims through long-term abuse.

While information sharing and relationships between responsible authority agencies are generally good, ViSOR is not used adequately, other than by police staff. Plans to address this are behind schedule, which poses a threat to the success of the replacement system.

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[19] Ministry of Justice. (2021). *Multi-Agency Public Protection Arrangements (MAPPA) annual report 2020 to 2021.*

4. Keeping people safe

This chapter details the findings from our case inspections and explores the effectiveness of MAPPA at each level of management.

4.1. The voice of people on probation

We commissioned Penal Reform Solutions (PRS) to gather the views of people on probation who fell under MAPPA. All the researchers who joined us had lived experiences of the criminal justice system. We are grateful for the insights of the 41 individuals who took part and provided feedback via structured telephone conversations with researchers.

The most striking finding was that over half the people contacted did not know they were subject to MAPPA. In fact, after our first week of fieldwork, we were concerned that contact by PRS was, in effect, making this disclosure; we asked the Probation Service to ensure participants were aware of the work we were undertaking. This may have influenced the responses in the following weeks. Even among those aware of their MAPPA status, what this meant for them was often unclear. Some felt frustrated that meetings were being held about them and they were not able to contribute. A range of participants spoke of the stigma of having the MAPPA label attached to them due to their perception that this meant they were dangerous or, as some described, 'a monster'.

Some participants were more positive and spoke about the support they had received from a range of agencies that they presumed were part of MAPPA. Key themes among positive experiences were a sense of being listened to and having consistent support. Most found it unsettling when workers changed, and they struggled to engage on a meaningful level when there were regular changes in staffing. Where relationships worked well, they could be transformational. One participant said of her probation practitioner:

> *"[they] 110 per cent helped me with my mental health, they opened doors that were never open before … I can't explain how proud I am of my probation officer. People comment on how well I am now."*

Positive comments were also made about relationships with police offender managers, who offered guidance about disclosing offending to potential employers in a supportive way.

The views expressed support our inspection findings that individuals are often not given sufficient information about MAPPA or offered an opportunity to contribute.

4.2. Level 1 management in the community

During our inspection meetings, we asked probation staff of all grades about the Level 1 Policy Framework; some welcomed the structure and clarity of expectations it provides, while others felt it presented unnecessary bureaucracy by introducing another form to be completed. Some managers had concerns that it will not progress the aim of robustly reviewing cases when the practitioner undertakes this activity alone. We have stated earlier that we share their concerns. One manager said:

> *"The responsibility is put on to them [practitioners]. It's not opening up the analysis of the case if it just sits with the practitioner."*

Our inspection of Level 1 cases did little to reassure us that they are given sufficient attention and focus. Of the 60 Level 1 cases we inspected, only 23 (41 per cent) had benefited from a formal review of that level. In over half of Level 1 cases, there was no MAPPA Q on the case record and the rationale for the level of management was unclear. We found 13 cases (22 per cent of the Level 1 cases we inspected) that we felt should have been managed at a higher level.

In relation to Level 1 cases, one probation practitioner summed up what we heard from a number of people:

> *"[I] tend to forget they are MAPPA; less emphasis is given to these cases."*

Level 1 cases used to be described in the MAPPA guidance as 'single agency managed' cases to reflect that formal multi-agency meetings were not required. This description has now been adjusted to 'multi-agency support for lead agency risk management with information sharing' to reinforce that these cases still need active information sharing between agencies despite the lack of formal meetings. However, our case inspections found that there was sufficient information sharing to support the management of risk of harm in only just over half of the Level 1 cases we considered. One probation practitioner told us:

> *"Level 1 management is something that needs to improve. Nine times out of 10 if there is an arrest there is no communication of information around this. Information sharing is poor. There is a lot of staff turnover both in probation and police which makes accessing the right person difficult".*

Poor practice example

Vince was sentenced to a suspended sentence order with a requirement to complete an accredited programme to address his sexual offending. He has repeatedly reoffended while subject to supervision. He was assessed as posing a high risk of harm to children. There was no review of the MAPPA level or discussion following further offending, despite ongoing evidence that Vince continues to engage in risky behaviour and has ongoing inappropriate sexual preoccupation.

To protect the public, inspectors felt that there needed to be a coordinated multi-agency approach to containing the risks Vince presents, given his risk of harm and proven reoffending. Therefore, increasing the MAPPA level to provide multi-agency scrutiny and potentially additional resources should have been considered.

In order to understand and address the reasons for an individual's offending, a thorough assessment of their risks and needs is essential. We found that assessments for Level 1 cases generally had a good focus on factors linked to offending, risk of harm, desistance, and engaging the person on probation in most cases. However, too often sufficient domestic abuse checks had not been undertaken, and in almost one-third of cases where it was required, there had not been sufficient child safeguarding information shared. In most areas, victim liaison officers (VLOs) told us that they are not routinely asked for information to inform Level 1 reviews. Our case inspections found that victim needs in Level 1 cases were less well considered than those managed at Levels 2 and 3.

Pre-release planning for Level 1 cases was also less effective than in Level 2 and 3 cases. We assessed that sufficient pre-release planning had taken place in 65 per cent of Level 1 cases compared to 88 per cent of Level 2. Too often planning came too late or did not address the specific risks in the case.

Poor practice example

Guy was sentenced to 12 months' imprisonment for a wounding offence against a young child. He was managed at Level 1. Records indicate a significant history of domestic abuse linked to substance misuse, against several partners and his mother. He was released on home detention curfew (HDC) to his partner's address. He was recalled 16 days later for removing his tag during a row with his partner while under the influence of alcohol. At his release date he was again

permitted to live with his partner and had no recorded appointments for two months following his release. No intervention work was completed with Guy to address his offending behaviour.

Assessment for HDC should have ruled out his partner's address as an option due to domestic abuse, and an alternative address should have been sought. In addition, pre-release planning should have included regular appointments and arrangements to monitor relationships carefully and address his abusive behaviour.

Planning in Level 1 managed cases was weaker than Level 2, with only 56 per cent of cases having effective contingency plans, compared to 69 per cent at Level 2.

Our sample spanned the period of the Covid-19 pandemic and therefore for much of the time probation services were operating under exceptional delivery models, which reduced the expectations of face-to-face contact and instead permitted telephone or videoconferencing appointments, in some cases, to limit social contact and reduce the spread of the virus. We took this into account when we considered cases. Despite this, we judged that the level and nature of contact were sufficient to support the risk management plan in only 53 per cent of Level 1 cases. Reviewing practice was also less effective for Level 1 cases. We saw too many cases where there had been insufficient consideration of how significant events or new information affected the risks in the case. We assessed that reviewing activity focused sufficiently on keeping people safe in just under half of the cases we inspected.

The quality of police management and supervision of Category 1 MAPPA cases was consistent and generally of good quality across all levels. At Level 1, as at Level 2 and 3, we saw detailed and consistent recording of information on ViSOR and other police systems, accurate risk assessments and appropriate risk management planning. Professionals' meetings were used to good effect, replicating the structure of MAPPA meetings in some cases.

While the quality of Level 1 case management in most areas we visited was less positive than we saw in Level 2 and 3 cases, there were notable exceptions. In North Wales, the quality of case management across each of the three MAPPA levels was comparable, and strong at each level. North Wales has a well-embedded process for reviewing Level 1 cases, which involves the practitioner and their SPO.

Good practice example – North Wales PDU

Eamon was serving a custodial sentence for sexual offences against a child. Prior to release, suitable accommodation was needed and referrals were made to housing services. Eamon is quite isolated in the community and support has also been given to access education services and to seek employment. Despite being assessed as posing a high risk of harm to children, and there being a number of agencies involved, Eamon has been successfully managed at MAPPA Level 1. There has been strong joint working between police and probation to undertake home visits and the required ARMS [active risk management system] assessments. Regular reviews of his MAPPA level have been undertaken and recorded by the probation practitioner and their SPO using information from the programmes team and other agencies working with Eamon. Reviews have driven purposeful actions and added to the quality of case management. Eamon was able to secure and maintain permanent accommodation and successfully complete an accredited programme during his licence period.

Our overarching question of whether MAPPA status had enhanced the management of the risk of harm and protection of the public was only answered positively in 32 per cent of Level 1 cases.

4.3. Level 1 management in prisons

Information sharing between the prison and the community about an individual's behaviour and ongoing risk was too limited in many of the cases deemed to be Level 1. There was often a lack of a considered or informed assessment underpinning the decision to manage the case at Level 1, and the rationale for this decision was rarely recorded. Furthermore, we found little evidence that the community offender manager had sought information from the prison in deciding to manage a prisoner at Level 1, and POMs told us that it was rare for them to be consulted – despite the prison often having the most up-to-date evidence and observations about ongoing behaviours and risks that could lead to a referral to MAPPA level 2.

Poor practice example

Gulshan was serving a sentence for sexual assault of a child and had six weeks left in custody. He had been identified as MAPPA Category 1, Level 1. The prisoner did not have an OASys, sentence plan, or a risk management plan. Communication between the prison and the community had been poor; there was no evidence of collaborative management of risk of harm or resettlement needs. The POM had not spoken to the prisoner face to face and instead relied on the prisoner's information – there had been no checks on the release address to ascertain whether there may be a risk to children upon release, or whether a more suitable alternative should be found. Without an assessment, it was difficult to judge whether Level 1 management was appropriate.

Information sharing between prison departments was also insufficient. At one establishment, we were told that information obtained from the monitoring of prisoners' communications would not be routinely shared with POMs. Being a MAPPA Level 1 case rarely added clear value to risk management; we found added value in only three out of 24 cases. Offender management staff were aware of the risks this posed and one commented:

> *"We don't give the Level 1s much time or attention and we know they are the ones that go wrong."*

In the better managed Level 1 cases, we found elements of multi-agency discussions between the prison and the community about a prisoner's level of risk as part of the screening process, as well as a review of this to decide whether it remained appropriate.

Good practice example – HMP Hatfield

Shane was in an open prison and serving a sentence for death by dangerous driving and had been identified as MAPPA Category 2 being managed at Level 1. On arrival at HMP Hatfield and before any ROTL, the community offender manager completed a MAPPA screening (MAPPA Q). This explained the reasons for deciding the prisoner could be safely managed at this level. This decision was then reviewed a year later and the police were asked for any updated information following ROTLs in the community. Decisions in the case were defensible and multi-agency, and there was good communication between the prison, prisoner, and community offender manager.

The lack of information sharing was of greatest concern for prisoners who were within six months of their release date but were still without a confirmed MAPPA management level, often because there had been limited communication or information sharing between the prison and the community offender manager. This was the case for 14 prisoners in our sample (29 per cent), some of whom were due to be released imminently without robust risk management plans in place. For example:

Poor practice example

Ashley was serving a custodial sentence for 'causing bodily harm by furious driving' and was due to be released in four weeks. He had been identified as a MAPPA Category 2 but no level had been set. He did not have an assessment of his risks and needs and therefore no plan for his time in custody. Communication between the prison and the community had been poor; no handover had taken place and a MAPPA screening was yet to be completed. At the time of our inspection, the prison did not know the plan for managing the prisoner's risks on release.

There was a concerning potential for risks to be missed in establishments with high caseloads, poor contact between POMs and prisoners, and a lack of oversight by leaders. Not all prisons could identify prisoners without a MAPPA level, although the changes being made by HMPPS to improve data reporting and streamline the range of flags used to identify MAPPA prisoners might help to address this problem.

In our sample, 12 cases were identified as presenting a medium risk of harm. Active management is important in order to identify significant changes in risks posed. As HM Inspectorate of Probation commented in its 2021 annual report,[20] the management of medium-risk cases was significantly worse compared with those who were high risk of harm. Our findings reflected this, with medium-risk cases showing the largest weaknesses in risk management. For example:

Poor practice example

Paul was serving a custodial sentence for robbery, assessed as medium risk of harm, and due for release in around five weeks. He was identified as MAPPA Category 2, Level 1. The OASys had not been reviewed following a significant change in circumstance – in this instance drug use while on ROTL – and the risk of harm assessment was out of date. Inspectors concluded that "as this is a medium-risk MAPPA case, it has not been given the priority it has needed from a public protection point of view". A full review was needed which included his drug use in prison to form a plan to support and manage Paul on release from prison.

Medium risk of harm cases were also more likely to be managed by prison offender managers rather than probation staff who did not always have confidence or awareness to escalate issues to leaders. As a result, gaps in risk management had the potential to go unresolved.

4.4. Levels 2 and 3 management in the community

We inspected 42 cases managed at Level 2 and four at Level 3. Overall, we found Level 2 and 3 cases were better managed than Level 1; however, there was still room for improvement in some cases, particularly in identifying the full range of risks that individuals may pose and ensuring appropriate measures are in place to manage them.

As with Level 1 cases, assessments of the risks and needs in Level 2 and 3 cases were generally of sufficient quality. We found that assessments focused on factors linked to offending and the risk of harm in three-quarters of all cases. However, there were still gaps in obtaining information from the police in relation to domestic abuse histories, and in 29 per cent of Level 2 cases no checks had been made. Given the hidden nature of domestic abuse, we expect checks to be made in all cases to ensure the full range of risks posed by an individual are managed.

The Level 2 and 3 cases in our sample were more likely to have had their MAPPA level determined in a timely way, as these cases are more often identified as high or very high risk and therefore receive more focused attention. Pre-release planning was thorough in most cases, which led to better planning overall, with a clearer focus on keeping people safe.

[20] HM Inspectorate of Probation. (2022). *Annual report 2021: inspection of probation services.*

Good practice example – North Wales

Frank was subject to a custodial sentence for an offence of rape. The probation practitioner referred to MAPPA Level 2, and the first meeting was held two months before release. The MAPPA meetings facilitated good-quality information sharing between all relevant agencies, including mental health services, which enabled his release to be planned in a way that would support positive engagement. The police shared information about people who may pose a risk of harm to Frank, and actions were taken to protect him. There was good communication between the POM and the COM to discuss release plans, and an approved premises placement was secured for his release. The POM had regular discussions with Frank to keep him informed of the outcome of meetings, including the licence conditions he would be subject to on release. Three-way meetings took place between Frank, the POM, and the COM to assess offending behaviour work completed in prison and plan for further work on release.

We found planning for Level 2 and 3 cases sufficiently addressed factors linked to offending and risk of harm and prioritised the most critical factors in three-quarters of the cases we inspected. Risk management plans were more often of better quality than we found at Level 1, and usually included specific timescales and clearly detailed roles of other agencies involved in delivering actions. However, despite the benefit of multi-agency meetings to inform them, contingency plans did not always address foreseeable factors that would potentially increase the risk of harm or reoffending for each individual. For example, some only contained generic actions, such as using enforcement in relation to non-compliance. In cases where overall planning was deemed insufficient, the most common reason was a failure to plan for all the risks in the case. Examples of this included a failure to plan for a move to follow-on accommodation after a long stay at an approved premises in the case of a long-term prisoner who clearly had support needs. In other cases, while there was a focus on restrictive actions that would reduce risks in the short term, there was insufficient focus on supporting individuals to build internal controls and develop alternatives to offending through constructive activities or interventions.

Communication between agencies outside of the formal MAPPA meetings was good in most cases and took place mainly through emails and telephone calls. We rarely saw professionals' meetings between MAPPA meetings, which in some cases may have been more beneficial than waiting for the formal meeting to share information or address issues in the interim. In some cases, we saw evidence of practitioners delaying decision-making unacceptably until MAPPA meetings.

In nine of our sample cases the MAPPA level had been reduced too quickly, with rationales that we did not agree with, for example when there were still outstanding actions relating to child safeguarding. In these cases, the probation practitioner was left to complete actions without the weight of MAPPA behind them and, inevitably, they did not succeed. In some instances, MAPPA panels reduced the level of a case with the understanding that professionals' meetings would continue, to share information and a level of multi-agency management. We rarely saw this happen and, too often, the momentum in the case was lost when reduced to Level 1 in such instances.

Poor practice example

Vik was sentenced for offences linked to child sexual exploitation and released on licence following a custodial sentence. He posed a high risk of harm to children and had a history of domestic abuse. He was initially managed at Level 1 until further historic concerns, similar to his offending, were uncovered. He was referred to Level 2 and meetings focused on identifying all of the children in his family to ensure that safeguarding measures were in place to protect them. There were a number of children's social care services involved in different geographical areas; some did not engage with MAPPA in a timely way and information was outstanding. Vik had also disclosed that he was planning to get married and his partner had children. The MAPPA panel

reduced the case to Level 1 on the basis that the probation practitioner, with support from their manager, could chase the information. No consideration was given to disclosing his offending to his partner or safeguarding her children. Much of the information needed was not secured, despite the best efforts of the probation practitioner, and inspectors felt MAPPA should have retained the case until all outstanding actions were completed and appropriate safeguarding measures were in place.

Over three-quarters of our Level 2 case sample had been resident in approved premises during their current sentence. In some areas, we heard that registration at Level 2 was a prerequisite to gaining bed space; however, as 40 per cent of our Level 1 sample also had placements, this was not a blanket approach. Approved premises are a valuable resource and offer enhanced monitoring and control, but also support and readjustment to the community for individuals who have been in prison for extended periods. However, we heard frustrations from some approved premises staff that practitioners sometimes view them simply as a source of accommodation, leading to inappropriate referrals.

In almost one-third of the Level 2 cases we inspected, it was unclear whether people on probation had been told about their MAPPA status or given an opportunity to contribute to meetings. The voice of the individual is an essential part of the Four Pillars approach to MAPPA but seemed to have been lost. The national agenda (MAPPA C) does not prompt MAPPA chairs to ask for this information, which is a significant omission. In almost all cases, MAPPA meetings considered individuals' protected characteristics and personal circumstances, as these form part of the agenda.

In 58 per cent of Level 2 cases, we did not find that ViSOR had been used actively as an information-sharing tool; this was also the case in two of the four Level 3 cases we reviewed. In some instances, we also found that the risk management plan uploaded to ViSOR and that of the lead agency did not match. Usually, this was because the MAPPA risk management plan had not been updated following a meeting but the lead agency plan had, or vice versa. Probation practitioners told us that when MAPPA meetings are frequent, completing a full OASys assessment to update plans is a challenge due to their workload pressures. As a result, in almost a third of Level 2 cases, we assessed that there had not been a sufficiently timely review following MAPPA meetings that updated the significant factors.

Despite finding an initial solid focus on factors linked to risk of harm, there were obvious omissions from risk management plans in 23 per cent of Level 2 cases we reviewed. Examples of this were a failure to consider all potential victims or a narrow focus on the index offences, overlooking previous behaviours.

Some cases remain the subject of Level 2 or 3 MAPPA meetings until the end of their sentence, when the statutory involvement of probation ends. The role of MAPPA in such cases should be to prepare for this and consider contingency arrangements that could reduce the risk to the public when there is no longer supervision in place. In a small number of cases, this aspect of planning is overlooked. For example, one case we inspected was going through the parole process, and all activity focused on what was needed if parole were granted. However, the MAPPA meetings had failed to consider the likely prospect that he may remain in prison until his sentence end date and be released with no licence. The meeting should have recognised this through a contingency plan and paid attention to what could be put in place should this be the outcome, for example, housing and civil orders that could offer appropriate restrictions.

In all the Level 3 cases and 73 per cent of Level 2, we assessed that MAPPA had enhanced the management of the risk of serious harm and public protection. Examples where we felt this was not the case included those where the escalation to Level 2 had not achieved the outcome intended through the referral or where the case was reduced too soon with actions outstanding, which were then not completed.

Good practice example – North Wales

Ralph was convicted of possession of an offensive weapon and given a suspended sentence order. His offence occurred away from his home area and the pre-sentence report raised concerns that he held extremist views. The probation practitioner attempted to gather information about Ralph from relevant agencies with little success. He was referred to Level 2 under Category 3. Through the MAPPA meeting, the necessary information was gathered and additional concerns of domestic abuse were raised. The resulting risk management plan allowed agencies to respond quickly when his circumstances changed and risks increased.

4.5. Level 2 management in prisons

There was clear evidence of added value to the risk management of prisoners who were allocated to MAPPA level 2. Inspectors reviewed nine level 2 cases and, in all but one, found that MAPPA had added value to the risk management. Reasons for this included: better communication between the prison and the community in the decision to make a case a Level 2; a routine discussion of Level 2 cases at the IRMM; and overall, better-informed, multi-agency risk management plans. For example:

Good practice example – HMP New Hall

Sally was serving a custodial sentence for arson and was identified as MAPPA Category 2 and being managed at Level 2. The assessment of her risk and needs had been reviewed before release to reflect the time in custody. The POM had regular contact with both Sally and the COM, and because they had a good knowledge of the individual, they were able to make meaningful contributions to MAPPA meetings. The referral to Level 2 had led to better preparation and support for release, ensuring Sally was placed in an approved premises which could meet her needs. Inspectors concluded that: "involvement of MAPPA had added value to the case on a practical release planning sense".

Written contributions to MAPPA meetings (MAPPA F) were adequate or good quality but were not always approved by a manager. A common theme in the reports judged to be inadequate was a limited analysis of the risk of harm, often simply listing prison events such as adjudications, behaviour warnings or intelligence reports, with little interpretation of their significance. We found better practice examples at HM YOI Feltham B, specifically in relation to the recording and analysis of observed offence paralleling behaviours.

For MAPPA Level 2 and 3 meetings, we found that, when given adequate notice, prison staff attended, usually via video call, and followed up any actions when needed. In addition, we found that both the POM and the SPO attended Level 3 meetings at some sites, which was good practice. Future plans to mandate prison attendance at pre-release MAPPA meetings and revisions to the MAPPA F form were being developed to improve the analysis of risk and the sharing of information from prisons to the community.

Management of cases was too often undermined by delays in referral to MAPPA, poor contact between the POM and prisoner, and late allocation to the community offender manager, who, in some cases, took over just before the prisoner's release.

Poor practice example

Lee was a young adult serving a sentence for robbery and was due for release in the next few weeks. He was managed at MAPPA Level 2, Category 2. He was assessed as a high risk of harm to himself and others, presenting many management issues due to behaviours such as fire- setting and self-harm. Despite some proactive work by the prison, there had been delays in allocating

the case to the community offender manager. As a result, involvement from other agencies, such as health and housing, was too late to plan effectively for release, leaving the individual both vulnerable to self-harm and a risk to others. Inspectors judged that Lee's management under MAPPA was not sufficient overall and concluded that: "this case needed a lot of involvement from different agencies at an early stage – this did not happen".

Monitoring prisoner communications

Prisons can intercept prisoners' communications, through monitoring of the mail they receive and listening to their telephone calls, to protect the public. There have been challenges to undertaking this work effectively in recent years. As HMI Prisons has previously reported, the increase in in-cell telephones has overwhelmed call monitoring and, in some establishments, there were very long backlogs of calls waiting to be listened to.

When organised well, monitoring was a key tool to inform risk management plans. To achieve this, prisons needed to ensure that calls were listened to promptly by staff who had a good knowledge of the individual cases, recordings of these conversations were of a good quality, and this information was made readily available to staff who were involved in managing the risk of harm. For example:

Good practice example – HMP New Hall

Sian was serving a sentence for abuse and neglect of a child and was assessed as high risk of harm, MAPPA Category 2, Level 2. Since arrival at HMP New Hall, Sian had been subject to phone and mail monitoring. Her telephone calls were listened to the day after they were made, and staff knew to prioritise these calls as they were familiar with the prisoner and her relationships with those she was calling. Effective monitoring and good quality recordings revealed that calls received by her children were not sufficiently supervised by the adult in the home, and there was evidence of controlling behaviour by Sian towards her children. This information was shared promptly with the POM who discussed the case with the COM, raised it at the IRMM, and made a referral to MAPPA Level 2. This meant that children's services could safeguard the children appropriately and agencies could plan for the prisoner's release effectively, by considering placement in an approved premises instead of returning to the family home.

In the case above, the inspector noted that:

> *"monitoring had played a key role in current and future risk management. It was a good example of why it is important to monitor cases and to get the relevant intelligence; it confirmed key concerns about her risk to children".*

However, it was rare to find this practice in the other establishments. Instead, we found issues relating to the monitoring of prisoners' telephone calls that undermined risk management. In some prisons, too few staff were allocated to this task, which led to delays in listening to calls; in one prison there was a delay of four months. Delays in listening to calls also meant that immediate risks could be missed and actions to protect the public not taken.

Poor practice example

Kevin was serving a sentence for a domestic violence offence and had been identified as Category 2, Level 1. He was assessed as high risk of serious harm to women with whom he was in a relationship. There was evidence that he had contacted his previous partner from custody where he had issued threats to harm her. He was not placed on monitoring when he first arrived and, because of staffing issues, there was a month-long backlog in the calls waiting to be monitored. During this time, he had contacted a new partner a total of 475 times in one month, and on one day had called her 43 times. The content of the telephone calls was concerning; he regularly

made threats to harm his partner and demonstrated controlling behaviour. Delays in identification of these risks and subsequent sharing of this information placed victims in the community at risk of harm.

Prisoners' telephone calls were often monitored by different staff each time and by staff who were not trained in spotting the risk of harm to others. As a result, the information gained from listening to calls was often very poor and failed to identify emerging themes. In the poorer examples, we found night staff in security offices listening to calls, some of whom were unfamiliar with the individual circumstances of each case. For example, one recording stated '[prisoner] speaks to young girl', and another stated 'conversation with a lady' but because staff could not identify the relationship between the prisoner and the person they were calling, they were poorly placed to identify patterns of behaviours and emerging risk concerns. In a better example, staff who were part of the public protection team listened to calls. They were able to offer consistency, familiarity with the case in terms of relationships and previous offending behaviours, as well as being based within the OMU so were able to share information promptly.

Completed monitoring logs were not always made available to POMs, which inhibited their ability to get up-to-date information about risk of harm and make robust arrangements for release. Calls made by prisoners in a language other than English were not routinely translated.

Finally, the purpose and remit of telephone monitoring was not well understood by MAPPA panels and others involved in managing risk of harm. There was sometimes an expectation at MAPPA meetings that the prison could routinely listen to prisoners' calls to gather intelligence. In one case, although the prisoner had been removed from telephone monitoring appropriately (as there had been no cause for concern), the community probation worker requested additional monitoring. This was not within the legal remit of the prison and suggested the need for greater clarity between agencies about the remit and purpose of the interception of communications during custody.

4.6. Conclusions and implications

In too many cases, MAPPA Level 1 status has little meaning either to the responsible practitioners in prisons, probation or police, or to partner agencies. The lack of focus on and scrutiny of probation-led Level 1 cases leads to unsatisfactory risk management in too many cases.

A failure to plan sufficiently before release, coupled with a lack of recognition of the importance of understanding custodial behaviour and how this translates to the community, negatively impacts on robust risk management. In addition, sufficient resources are not always in place to permit the effective use of prisoner communication monitoring. MAPPA panels do not always understand the process or use this option sufficiently well, leading to missed opportunities.

More positively, we have found that MAPPA meetings at Level 2 and 3 add significant value to the management of cases. Bringing agencies together with the representation at the right level allows information to be shared and can gain access to services that would not have been likely outside of the MAPPA forum. MAPPA also adds value by providing oversight and scrutiny for complex cases. In some instances, this means providing assurance that all agencies are doing everything within their power to contain the risks posed by an individual, even where there is little prospect of change.

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Annexe 1: Glossary

Accredited programme	A programme of work delivered to offenders in groups or individually through a requirement in a community order or a suspended sentence order, or part of a custodial sentence or a condition in a prison licence. Accredited programmes are accredited by the Correctional Services Accredited Panel as being effective in reducing the likelihood of reoffending
ARMS	Active Risk Management System (ARMS) provides a framework for working with all male sexual offenders who are subject to statutory supervision. It aids the assessment of dynamic risk and protective factors (see Probation Instruction PI 15/2015)
COM	Community offender manager
DTC	Agencies identified under section 325(3) of the *Criminal Justice Act 2003* as having a 'duty to cooperate' with the responsible authority, namely the police forces and prison and probation services, in the assessment and management of all MAPPA offenders
Four Pillars	Developed by De Montfort University, the Four Pillars approach is designed to build supportive networks for offenders and enhance protective factors to minimise the risk of reoffending. It is a way of managing and assessing risk in a proportionate, transparent, and balanced way. The Four Pillars approach has four key activities: supervision; monitoring and control; interventions and treatment; and victim safety planning.
ETE	Education, training, and employment: work to improve an individual's learning, and to increase their employment prospects
HMPPS	Her Majesty's Prison and Probation Service (HMPPS): the single agency responsible for both prisons and probation services. See note below on NOMS.
Integrated Offender Management (IOM)	Integrated Offender Management brings a cross-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
IRMM	Interdepartmental risk management meeting: internal prison meeting to discuss the risks posed by a prisoner
Key worker	Under the OMIC model, key workers are band 3 prison officers who are allocated to promote rehabilitative and constructive relationships between staff and prisoners in order to foster positive behaviour.
PDU	Probation delivery unit
MAPPA	Multi-Agency Public Protection Arrangements: where probation, police, prison, and other agencies work together locally to manage offenders who pose a higher risk of harm to others. Level 1 is ordinary agency management where the risks posed by the offender can be managed by the agency responsible for the supervision or case management of the offender. This compares with levels 2 and 3, which require active multi-agency management

MARAC	Multi-Agency Risk Assessment Conference: a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation, and other specialists from the statutory and voluntary sectors. The representatives discuss options for increasing the safety of the victim and turn these into a coordinated action plan.
MoJ	Ministry of Justice
MOSOVO	Management of Sexual or Violent Offenders; this training course provides police public protection unit practitioners with the skills and knowledge to enable them to identify and manage sex offenders, violent offenders, and other dangerous offenders falling within the Multi-Agency Public Protection Arrangements.
nDelius	National Delius: the approved case management system used by the PS in England and Wales
NOMS	National Offender Management Service: until April 2017, the single agency responsible for both prisons and probation services, now known as Her Majesty's Prison and Probation Service (HMPPS).
OASys	Offender assessment system currently used in England & Wales by the PS to measure the risks and needs of offenders under supervision
OMIC	Offender Management in Custody: the framework which coordinates and sequences an individual's journey through custody and post-release.
P-NOMIS	Prison national offender management information system; an operational database used in prisons for the management of offenders.
PO	Probation officer: this is the term for a 'qualified' responsible officer who has undertaken a higher education-based course for two years. The name of the qualification and content of the training varies depending on when it was undertaken. They manage more complex cases
POM	Prison offender manager
PS	Probation Service: a single national service which came into being in June 2021. Its role is to deliver services to courts and to manage specific groups of offenders, including those presenting a high or very high risk of serious harm and those subject to MAPPA
PSO	Probation services officer: this is the term for a responsible officer who was originally recruited with no qualification. They may access locally determined training to 'qualify' as a probation services officer or to build on this to qualify as a probation officer. They may manage all but the most complex cases depending on their level of training and experience. Some PSOs work within the court setting, where their duties include the writing of pre-sentence reports
PSR	Pre-sentence report. This refers to any report prepared for a court, whether delivered orally or in a written format
Rehabilitation Activity Requirement (RAR)	From February 2015, when the *Offender Rehabilitation Act* was implemented, courts can specify a number of RAR days within an order; it is for probation services to decide on the precise work to be done during the RAR days awarded

Responsible authorities	Police, probation, and prisons are the three responsible authorities within MAPPA.
RMP	Risk management plan: sets out how the risk of harm to others will be managed.
RM2000	RM2000 is a nationally recognised risk assessment process that uses details of an adult male offender's past sexual offending history to predict the risk of reconviction for future sexual offending
ViSOR	ViSOR is a national confidential database that supports MAPPA. It facilitates the effective sharing of information and intelligence on violent and sexual offenders between the three MAPPA responsible authority agencies (police, probation, and prisons). ViSOR is no longer an acronym but is the formal name of the database.

Annexe 2: Methodology

The inspection set out to answer the following questions:

Does the leadership support and promote the delivery of a high-quality, personalised and responsive approach to delivering MAPPA?

- Is there effective leadership of MAPPA at a national level with a well-defined vision and strategy in place?
- Does the MAPPA vision and strategy prioritise the quality of service and adherence to the evidence base?
- Is there an effective governance framework for MAPPA and clear delivery plans that ensure the vision and strategy is translated into practice?
- Are national and local policies understood by all partner agencies involved in MAPPA?
- Are the processes for assigning MAPPA levels working?
    - Is guidance applied consistently?
    - Have resource constraints reduced the number managed at a higher level?
    - Are decisions about downgrading MAPPA levels appropriate and evidence based?
    - What is stopping some high RoSH individuals being covered by MAPPA arrangements?
    - Is the legislation framed too narrowly?
- Is there effective leadership at a local level with appropriate links to other multi-agency groups aimed at managing risk of harm?
- Are MAPPA supported by sufficient resources?

Do the skills of staff support the delivery of high-quality MAPPA?

- Are chairs and standing panel members enabled to deliver high-quality MAPPA?
- Are MAPPA cases allocated to staff who are appropriately trained and experienced?
- Do all staff involved in MAPPA cases, from each of the relevant agencies, understand their own role and responsibilities and those of partner agencies within MAPPA?
- Is management oversight effective?

Is timely and relevant information available to support high-quality MAPPA?

- Is the necessary guidance in place to enable staff to deliver a high-quality MAPPA?
- Are the procedures for reviewing risk levels robust?
- Is there a sufficiently comprehensive and up-to-date analysis of the profile of MAPPA cases, including by protected characteristics and personal circumstances?
    - How do areas monitor the reoffending rates or other measures of harm for their MAPPA populations to monitor the effectiveness of their arrangements and act to improve these?
- Are eligible cases identified in a timely way and flagged on case management systems?
- Do ICT systems, including ViSOR, support effective information exchange with partners, as necessary?
- Do performance targets and management information drive high-quality delivery of MAPPA?
- Do the ICT systems, including ViSOR, support the production of management information, including data on the needs and diversity factors of MAPPA cases?
- Is analysis, evidence, and learning, including MAPPA SCRs and SFO reviews, used effectively to drive improvements across all agencies?
- Are the criteria for undertaking MAPPA SCRs clear enough? Are sufficient multi-agency MAPPA SCRs being undertaken following SFOs?

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Are arrangements with statutory partners, providers and other agencies established, maintained and used effectively to deliver high-quality services?

- Is there effective collaboration between responsible authority and duty to co-operate agencies both within and outside of formal MAPP meetings?
- For Level 1 cases, is there appropriate interagency exchange of information and effective multi-agency working?
- Are necessary support services identified for individuals managed under MAPPA?
- Is information, including sensitive information and intelligence, routinely shared, where appropriate, between prison security, probation and, where applicable, the Parole Board?

How effective are MAPPA at keeping people safe?

- Are referrals to MAPPA of a high-quality, providing a thorough assessment and clear rationale regarding the benefit of multi-agency management?
- Are the needs of victims given sufficient priority at a strategic and practice level?
- Is sufficient focus and attention given to the rehabilitation and resettlement needs of individuals managed under MAPPA, taking a protective integration approach?[21]
- Are there appropriate links to other multi-agency arrangements, e.g. IOM and MARAC (where relevant)?
- Are representatives at MAPPA meetings of the right grade and equipped to fully participate?
- Are MAPPA risk management plans of a high-quality, with reviews and updates completed as necessary?
- Do MAPPA pay sufficient attention to protected characteristics and personal circumstances of individuals and the impact this has on their ability to engage and comply with supervision?
- Do individuals whose cases fall under MAPPA understand its purpose and impact on their overall supervision? Are they engaged in risk management planning and reviewing?

Fieldwork

Our initial fieldwork was completed in two parts, in the community and in prisons. Inspectors from HM Inspectorates of Constabulary, Fire & Rescue and Probation visited six criminal justice areas (Devon and Cornwall, Cumbria, London, West Yorkshire, Greater Manchester, and North Wales) and selected a sample from one probation delivery unit within each area. Our fieldwork sites included metropolitan and more rural areas to ensure we gained a rounded picture. We jointly inspected a total of 107 cases, including all MAPPA levels and categories. We interviewed 67 of the probation practitioners responsible for the cases in our sample. In addition to our sample, in each area, we considered the risk management plans for 20 cases that were assessed as high or very high risk of serious harm with a domestic abuse marker that were not MAPPA managed in order to explore the use of MAPPA Category 3. In each fieldwork area we held meetings and focus groups including: staff managing MAPPA cases, senior probation officers (SPOs), MAPPA chairs and staff, duty to co-operate (DTC) agencies, victim liaison officers, approved premises staff, senior leaders with responsibility for public protection, and strategic management board (SMB) chairs. Additionally, HMICFRS held focus groups with police staff and senior leaders. We were able to observe five MAPPA meetings and one SMB meeting.

Inspectors from HM Inspectorates of Prisons and Probation visited six prisons, including a private establishment, an open prison, two closed prisons, and two women's prisons. (HMP New Hall, HMYOI Feltham, HMP High Down, HMP Hatfield, HMP Oakwood, HMP Drake Hall) and reviewed the

[21] This is what is described by Professor Hazel Kemshall as a balanced approach to risk management focusing on: desistance and rehabilitation; changing risky behaviours and meeting legitimate needs; reducing risks and reducing reoffending behaviours; and avoiding over-intrusion on those whose risk does not justify it.

cases of 48 prisoners and, of those, interviewed 37. Inspectors held meetings with staff involved in case management, such as prison or probation offender managers (POMs) and senior probation officers (SPOs). The sample was predominantly Category 2, Level 1 prisoners; however, we included a small number of other MAPPA categories and levels for comparison. Prisoners in our sample included a mixture of those assessed as presenting a medium, high, and very high risk of harm.

Following our initial fieldwork, we held a week of meetings with senior leaders and policy advisors from prisons, probation, and police with national responsibility for MAPPA and ViSOR.

Characteristics of case sample

Sex	Number	%
Male	94	88%
Female	13	12%

Race and ethnic category	Number	%
White	73	70%
Black and minority ethnic	26	25%
Other groups	3	3%
Not clearly recorded	2	2%

Sentence	Number	%
Community order	11	10%
Suspended sentence order	14	13%
Licence	82	77%

Current MAPPA category	Number	%
Category 1	57	54%
Category 2	38	36%
Category 3	11	10%

Highest level of MAPPA management	Number	%
Level 1	60	57%
Level 2	42	40%
Level 3	4	4%

Grade of current or last probation practitioner	Number	%
Probation officer (member of staff with a recognised probation qualification)	93	89%
Trainee (member of staff currently on a formal training programme to **achieve** probation officer qualification)	7	7%
Probation service officer (member of staff working directly with service users, **without** a recognised probation officer qualification)	5	5%

Annexe 3: Data tables

Table 1 Proportion of cases at each MAPPA management level in the fieldwork areas we inspected.[22]

Area	Percentage of total cases managed at Level 1	Percentage of total cases managed at Level 2	Percentage of total cases managed at Level 3
Greater Manchester	99.5%	0.4%	0.1%
Cumbria	97.7%	2.3%	0%
Devon and Cornwall	99.2%	0.7%	0.1%
London	98%	1.7%	0.4%
West Yorkshire	98.5%	1.5%	0%
North Wales	96.9%	3%	0.1%

All data is taken from MAPPA annual report 2020-2021 which can be found at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1028933/MAPPA_Annual_Report_2020-21_Area_Tables.xlsx

Table 2 The proportion of our summary judgement questions that were answered positively in our inspection cases. Level 3 cases are not included due to the small sample size.

Summary judgement questions	Positive response Level 1 cases	Positive response Level 2 cases
Does assessment focus sufficiently on keeping people safe?	65%	74%
Overall, was the pre-release planning sufficient?	65%	88%
Does planning focus sufficiently on keeping people safe?	61%	79%
Did MAPPA status enhance management of risk of harm and protection of the public?	32%	73%
Did the implementation and delivery of services balance risk management with the rehabilitative needs of the person on probation, taking a protected integration approach?	52%	64%
Does reviewing focus sufficiently on keeping people safe?	49%	74%

[22] Due to rounding, percentages may not add up to 100 per cent.