



HM Prison &
Probation Service

Complex Cases Pilot Evaluation

**A process evaluation exploring the roll out
of the 'Complex Cases pilot' in the East of
England Probation Region**

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East of England Probation Service



His Majesty's Prison and Probation Service is committed to evidence-based practice informed by high-quality social research and statistical analysis. We aim to contribute to the informed debate on effective practice with the people in our care in prisons, probation and youth custody.

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Glossary

PP	Probation Practitioner
SPO	Senior Probation Officer
POM	Prison Offender Manager
QDO	Quality Development Officer
P&Q	Performance and Quality
CC	Complex Cases
IPP	Imprisonment for Public Protection
OPD	Offender Personality Disorder
AP	Approved Premises
SFO	Serious Further Offence
MAPPA	Multi-Agency Public Protection Arrangements
PDU	Probation Delivery Unit
GSR	Government Social Research
MoJ	Ministry of Justice

1 Summary

1.1 Introduction

In 2019 Joseph McCann was sentenced to 33 life sentences for committing violent and sexual offences whilst subject to supervision by the National Probation Service (NPS), following his release from prison on license earlier that year. The subsequent Serious Further Offence (SFO) report prompted an independent review from His Majesty's Inspectorate of Probation (HMIP) which put forward several recommendations for change, to ensure the probation service could safely and effectively protect the public.

This report presents the findings from an evaluation of His Majesty's Prison and Probation Service (HMPPS) Complex Cases pilot within the East of England Probation Region. Complex Cases have been defined as cases which meet six of eight specified criteria, which deem them complex and challenging for Probation Practitioners (PP) to manage. The pilot process consisted of triaging those cases met six of the eight pre-determined criteria. If the practitioner required further support with their case following triage, the case was then referred to and heard at a multi-disciplinary panel which consisted primarily of senior members of Probation and Prison staff who could advise on how to best manage the case.

The pilot formed part of the commitment to address the recommendation (8) put forward in the Joseph McCann HMIP report which was to:

“Ensure probation staff have adequate time to become familiar with complex cases for which they assume responsibility” (HMIP, 2020)

This evaluation has explored the views and experiences of those who have participated in the Complex Cases pilot, to identify how its development and subsequent roll out has been perceived so far, and if there is any early/indicative learning which can be identified for future scale-up of the pilot. The pilot commenced in the Summer of 2021, it is still active and expanding across the pilot Probation Region.

The objectives of this evaluation were:

1. To explore what has been successful about the initial roll out of the Complex Cases Pilot
2. To explore which aspects of the Complex Cases Pilot require improvement
3. To explore the effects of the Complex Cases Pilot on Probation Practitioners sense of confidence in managing the complexities of the case and practice/case management

1.2 Approach

21 online interviews were conducted between October and December 2022 with Probation Practitioners, Quality Development Officers (QDOs) and senior members of staff who were advisory members of the Complex Cases Pilot at panel stage.

1.3 Key Findings

This evaluation found the Complex Case Pilot has been positively received by those involved:

- Interviewees spoke highly of the pilot for improving Probation Practitioner sense of wellbeing at work and creating a safe space for practitioners to spend time problem-solving their more complex cases.
- The pilot has provided additional space for reflective practice for practitioners.
- The pilot has encouraged a culture of knowledge sharing, and solutions discussed at panel have had a 'trickle-down' effect into other areas of practice across the service.
- The pilot made senior members of staff appear more visible and approachable.

There were however some concerns identified within the interviews undertaken.

- If the role of the QDO within Complex Cases is fulfilling its aims, and whether it may have been creating additional anxiety amongst practitioners.
- There were knowledge gaps in the current Complex Case process (i.e. panel presence) including mental health and adult social care.

- There was low awareness of the pilot among staff within the pilot Probation Region.
- There were broader concerns raised regarding resourcing within the pilot model, and implications this could have as the pilot scales up.

This evaluation has identified areas for further exploration and consideration:

- How best to provide peer support to probation staff, while also ensuring consistency around quality of practice.
- How to define a 'complex case' and how best to support practitioners through the challenges complex cases may bring.

These findings are relevant and being discussed in the continued implementation and wider-roll out of this pilot.

2 Introduction and Context

2.1 Background

On the 9th December 2019, Joseph McCann was sentenced to 33 life sentences for serious further offences committed under the supervision of the Probation Service. These offences took place between April 2019 and May 2019. At the time of these offences Joseph McCann was subject to supervision by the National Probation Service (NPS) Southeast and Eastern (SEE) Division following his release from prison on in February 2019.

The circumstances of this case caused serious public concern, and on publication of the SFO (Serious Further Offence) review in March 2020, the Lord Chancellor, and Secretary of State for Justice commissioned a separate independent review which was undertaken by HM Inspectorate of Probation (HMIP). The report highlighted the need for broader change across the Probation system to ensure staff and managers have both the skills and resources to protect the public. It made several recommendations to improve the ability of the Probation Service to protect the public.

The Complex Case Pilot was set up in response to one of the key recommendations (8) from HMIP independent review of the case of Joseph McCann which was to:

“Ensure Probation staff have adequate time to become familiar with complex cases for which they assume responsibility”

Complex Cases was piloted in four Probation Delivery Units (PDU's) in the East of England; Northamptonshire, Cambridgeshire & Peterborough, Essex North & Essex South.

The vision of the Complex Case panels is to:

“Enable probation staff and partners to have the effective time and specialist support they need to deliver excellent supervision and risk management to the most complex, challenging, and highest risk people on probation. In doing so protecting the public and helping people to lead law-abiding and positive lives”

The Complex Case pilot aims to support practitioners by:

- Increasing practitioner’s ability to effectively use their time to become familiar with their complex cases.
- Increasing levels of professional confidence in supervising complex cases.
- Improving organisational learning and sharing of practice.

This evaluation set out to explore whether the initial roll out of the pilot has enabled those aims to be met, and where there are potentially further areas for improvement.

2.2 The Complex Case Pilot

2.2.1 Pilot Areas

The pilot began supporting Northamptonshire, and Cambridgeshire & Peterborough PDUs in late Autumn 2021 and was further rolled out/expanded to Essex North & Essex South PDUs in late summer 2022. The aim is to roll out to the remaining 4 PDUs (Norfolk, Suffolk, Bedfordshire, and Hertfordshire) within 2023.

2.2.2 What are Complex Cases?

The pilot has defined complex cases as those meeting ‘six or more’ of the complex case criteria below:

1. **Risk of serious harm** level being **high** or **very high**
2. **Mental health concerns**; recorded in nDelius – current ‘Mental Health Issues’ and/or ‘Mentally Disordered Offender’ registration(s) and OASys Section 10 (‘Current psychological Problems/Depression’ or ‘Current psychiatric problems’);
3. **Risk of self-harm/suicide**; nDelius – current ‘Suicide/Self Harm Register’ and OASys (Section 10.5 and ROSH R3 – these relate again to Risk of Suicide/Self Harm);

4. **Learning difficulties**; OASys – Section 4.8 – Learning Difficulties,
5. **Current MAPPA 2 or 3 Registration**
6. **Current OPD screening** showing ‘Screened In’ yes
7. **Alcohol and/or Drugs a Need**; OASys – alcohol is a need and/or drugs is a need;
8. **Sentence is IPP**

2.2.3 Referral

Every month a list of people on probation is generated who meet six or more of the above criteria to the four pilot PDUs. The list is shared with these PDUs, and responsible Probation Practitioners are asked to have a reflective practice conversation with their Senior Probation Officer (SPO) about the highlighted case (recording this within nDelius, the Probation Case Management system). Where there are challenges or blockages with the case the Probation Practitioner is asked to contact the Complex Cases Panel team: providing the person on probation Case Reference Number (CRN)/name, the specific challenges and/or issues with the case and what support is sought. A preliminary ‘Triage’ meeting is then arranged.

2.2.4 Triage

The Complex Cases Programme Manager leads the Triage, joined by: Case Administrators, QDO(s) and a Senior Forensic Psychologist. They meet with the Probation Practitioner and SPO. There is not a referral form. Triage meetings last 45 minutes and guidance is provided at this stage.

2.2.5 Panel

Where the need for additional support is identified at triage, the case will then progress to the Complex Cases Panel. A full list of panel members and their roles can be found below:

- **Head of Operations**; Chairs the meeting.
- **Complex Case Programme Manager**; Chairs when the Head of Operations is unavailable and undertakes triage meetings with practitioners prior to panel.
- **Head of PDU**; Supports practitioners.

- **Psychologist from Custody Team;** offers advice and guidance on psychological input.
- **Head of East and South-Central National Security Unit;** Provides support utilising NSD experience.
- **Head of Performance & Quality;** Support practitioner/Panel, bringing together best practice and current quality/practice trends.
- **Head of Public Protection (community);** Utilise practice experience to support Practitioner/Panel with public protection.
- **Offender Personality Disorder (OPD) Regional Lead;** Offer advice and guidance on psychological input and key reflections from information provided.
- **QDO representatives including QDO SPO;** To support reflective practice around the case referred. Support triage and undertaking audit activity prior to panel.
- **Case administrative support;** Support organisation/scheduling of panel allocating slots to practitioners for case discussions. Minuting meeting and ensuring key actions are recorded.

2.2.6 Aims of the Complex Cases Pilot

- Support practitioners with case challenges.
- Generate anonymised learning to be shared to support other Probation Practitioners and/or the organisation.
- Provide a space for reflective practice with the practitioner around the intervention approach with the person on probation.
- Consider any additional resources which could be allocated to support the case holding practitioner.
- Utilising the Complex Case Panel membership and experience to support the unblocking of service provision where these exist.

2.2.7 Format

The panel consists of a virtual 45-minute meeting.

Responsible SPOs are invited to panel alongside the Probation Practitioners and Prison Offender Managers (POM) where relevant.

1. Welcome and introductions from the chair.

- Panel member introductions.
- The panel does not replace any statutory panels, for instance MAPPA, and is only to provide additional discretionary support, advice and guidance to the practitioner.
- Sensitive and confidential information is discussed within the panel, and is treated in line with normal organisational procedures

2. Case overview from the practitioner & POM, any additions from supporting SPO.

- Brief overview of case and what makes this case complex and support requested of the panel

3. Questions /initial reflections from panel members for the practitioner.

4. Agreement on how each panel members will support.

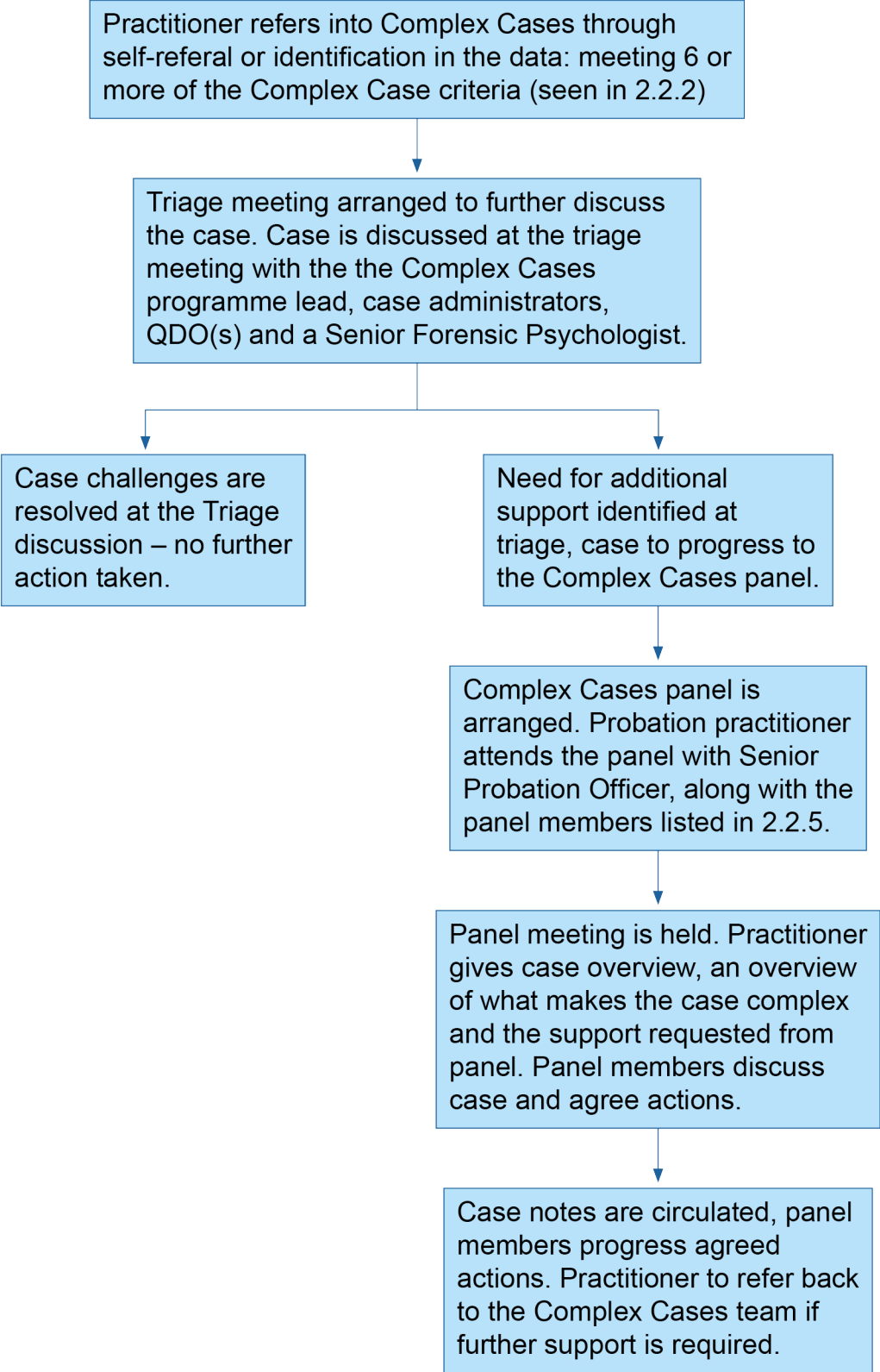
5. Chair summary of actions.

6. Any final questions/clarifications from PP/SPO.

7. Close of panel.

Panel and triage notes are put on NDelius as a sensitive contact.

Figure 1: Process Map



3 Methodology

3.1 Aims and Objectives

The aim of this evaluation was to explore whether the Complex Cases pilot in the East of England Probation Region is meeting its initial objectives, what the response to the pilot was so far and to scope potential areas for future design and development.

The objectives of this evaluation were:

1. To explore what has been successful about the initial roll out of the Complex Cases pilot
2. To explore what aspects of the Complex Cases pilot development need improvement
3. To explore the effects of the Complex Cases pilot on Probation Practitioners sense of confidence and practice/case management

3.2 Sample

The sampling methodology used in this evaluation was purposive sampling. The sample was recruited based on the following characteristics:

- Probation practitioners who had taken a case to both a Complex Cases triage and Complex Cases panel
- All QDOs involved in the Complex Case pilot
- Senior panel members who had advised at more than 3 Complex Case panels.

In total 21 participants were recruited through this methodology, this was deemed an appropriate sample size, given the current scale of the pilot.

The final sample consisted of:

- 5 Complex Case Panel Members
- 10 Probation Practitioners
- 6 Quality Development Officers

3.3 Research Methodology

To explore and evaluate the Complex Cases Pilot consideration was given to use material of the records from those on probation, however as this evaluation set out to explore staff experiences this was not deemed appropriate. Furthermore, focus groups were considered, however due to concerns participants may not express their honest reflections about their case management concerns in a group setting this was also not deemed appropriate.

Consequently, the research method selected for this evaluation was semi-structured interviews. Semi-structured interviews allowed a standardised set of questions to be asked to all interviewees, but additional questions to be asked during the interview to clarify and expand on topics when required. Semi structured interviews were selected to enable interviewees to talk openly and candidly about their experience and explore themes which emerged in the interviews that may have otherwise been missed in a structured interview (Adams, 2015).

A different topic guide was devised for each of the three participant groups to ensure interviews maintained a focus on relevant topics and ensure the evaluation provided a comprehensive overview. Topic guides and proposed methodology were shared with other researchers in MoJ to feedback on quality and validity. Topic guides were further shared with operational managers, not involved in the research, to feedback on the accuracy of content.

Pilot interviews were conducted with 1 participant from each participant group. The pilot interviews informed necessary changes to the topic guides before the full cohort of interviews resumed.

Interviews were conducted online and lasted approximately 1 hour.

3.4 Ethics

Participants were able to pause the interview at any time and were signposted to support if required. Informed consent was obtained from all participants prior to the interviews. Participants were reassured that all data collected would remain

anonymous and they would not be identified in the report. Participants were given the right to withdraw their data at any point up until March 2023 when the report would be finalised.

3.5 Data Protection

Data was collected through transcription using the Microsoft Teams tool, as well as handwritten notes. Data was stored on secure MoJ servers and deleted following the completion of this report. Participants were asked not to share any personal data e.g., names of service users. Where this was disclosed, names and any potential identifiers were omitted from the write up.

3.6 Analysis

Data gathered from interviews was analysed thematically. Thematic analysis is a qualitative research method that can be used across a range of research questions. It is a method for identifying, analysing, organizing, describing, and reporting themes found within a data set (Braun & Clarke, 2006). Thematic analysis was identified as the most appropriate method of analysis for this evaluation as it is a useful method for examining perspectives of various research participants, and can highlight similarities, differences, and generate unanticipated insights (King 2004).

3.7 Lessons Learned

As the researcher was a member of HMPPS and embedded within the Probation Service this enabled a rapport to quickly be built between interviewees and researcher, enabling rich data to be collected from open and in-depth discussions. This also aided in recruitment as participants were able to see a direct advantage in research participation.

Recruitment for this research was particularly challenging. There are significant workload pressures for probation practitioners across the wider Probation Service, and perhaps more acutely within the East of England Probation Region which contributed to this.

Lessons learned from this research are to ensure future research is prioritised to where it is business critical by working with senior managers in the service to identify areas for development. Future researchers in the Probation Service should be more prepared for future recruitment challenges by considering required sample sizes and planning for attrition.

3.8 Limitations

To reduce the risk of researcher bias during the data collection process, participants were sent a copy of this report to comment on prior to completion, to ensure it accurately captured their experience. The research may not be indicative of the full range of experiences of those involved with the pilot and relies on perceptions. Whilst useful and indicative of how the pilot has been perceived, it does not enable us to make a quantified assessment of the impact of this pilot.

4 Findings

4.1 Experiences and Challenges faced by Probation Practitioners

4.1.1 Mental health

“Their main persona they identify with is as an offender. They kept wanting to go back into prison, I needed help breaking that cycle” – PP 4

Every practitioner cited mental health of the person on probation as one of the reasons for referring into the pilot. The spectrum of mental health disorders included Personality Disorders, Anxiety, Depression, PTSD, and Schizophrenia. The most challenging for Probation Practitioners appeared to be personality disorders as this often-accompanied other co-morbid behaviours such as reoffending, violent behaviour, lack of engagement with the probation service and drug and alcohol use. Many practitioners said in these cases they often felt ‘lost’ and ‘stuck’ as the case often became lost between Mental Health Services and Adult Social Care, as neither service felt able to offer support. There was a sense among practitioners that there is insufficient support for managing cases where poor mental health is a factor, several practitioners felt they were required to be mental health experts to manage the challenges faced by people on probation. This highlights a valuable opportunity for the Complex Cases pilot to support practitioners to address these challenges.

4.1.2 Housing

“housing was the biggest issue it was just taking too long to sort out”
– PP 5

Another pertinent theme among practitioner’s referring into Complex Case Panels was housing and finding Approved Premises (AP) places for people on probation. This highlights the need for the Complex Cases pilot to incorporate adequate support to support practitioners access accommodation for people on probation. Practitioners spoke of feeling ‘stuck’ and needing to find suitable housing “at the last minute” before release – this was particularly the case for those needing AP spaces. It was

clear from the interviews that finding and securing AP places can be a stressful and time-consuming element of case management for practitioners. There were also several instances of people on probation being removed from their AP placements due to poor behaviour and them facing the risk of homelessness. Many practitioners who were experiencing these challenges spoke of hoping the Complex Case Panel could help with this and reported having “tried everything” and were “just feeling stuck”.

4.1.3 Violence and hostility

“he was very hostile and domineering, everything had to be on his terms, it was very difficult to progress him” – PP 4

A common theme throughout interviews with practitioners was violent behaviour and hostility from people on probation toward staff. There is a need to ensure staff are adequately supported to manage these challenging behaviours. One of the main challenges being faced in the management of these cases was risk of harm posed to staff. Probation Practitioners spoke of being frustrated with these cases as they are often individuals who are ‘stuck in the system’ due to their lack of engagement and inherent beliefs they are destined to be an “offender for life.” Probation Practitioner 5 spoke of fearing a Serious Further Offence (SFO) from a violent person on probation saying, “I was worried he would kill someone just to get back inside, I just didn’t know what to do with him”.

4.1.4 Gender identity

This research highlighted the importance of ensuring staff feel confident and have adequate guidance to manage people on probation who are experiencing changes in their gender identity. In one instance a Practitioner shared their experiences of managing a case where the person on probation was previously male, now identifying as female, the practitioner had low confidence in managing this case and was concerned about potential risk to the public and the wellbeing of the person on probation. The case presented associated challenges in relation to the risk of serious harm, as this individual was previously convicted for offences against women and was becoming violent to female members of staff. In this case it was recommended that the Probation Practitioner, who was female, have support through co-working

from a male practitioner to ensure her safety. It was also ensured through the Complex Case Panel that the right mental health support would be in place for the person on probation as she was also struggling with her gender identity and had been diagnosed with personality disorder.

A subsequent review of management data shows that this has not been an isolated case and highlights the need to provide additional support to practitioners managing cases where gender identity is a factor. This will help to ensure any potential risk, and the needs of the person on probation can be addressed, and staff feel confident in managing these cases. Considering this, the Complex Case Pilot may benefit from support and input from the Equalities team when such cases are referred in, with the Regional Equalities Manager in attendance at either the panel or triage.

4.1.5 Other themes

Alongside the most pertinent themes above, Probation Practitioners spoke of other complexities which had led them to refer into the Complex Cases pilot. These included:

- People on probation with alcohol and drug misuse.
- Immigration status of the person on probation: several cases involved issues with visas and/or unlawful immigration.
- Complex family relationships: several people on probation whose cases were seen at the Complex Case panels had insecure or no family relationships.
- Childhood trauma: several practitioners discussed the case of the person on probation they had referred into the Complex Case pilot had traumatic childhoods – including witnessing abuse, being victims of abuse or being in care.
- People on probation with a history of youth offending.
- Child protection: some cases discussed at panel had children involved, where the person on probation was either a parent or stepparent.

Most challenges were aligned with the eight referral criteria and indicated the current criteria being used to identify those cases in need of additional support are fit for

purpose. However, not all cases met six of the eight criteria required to refer into panel, but still had their case seen by, discussed, and reviewed within triage and the Complex Case Panel.

This is a potential concern and indicates that some cases which need additional support may not be screened in to Complex Cases. It is recommended further work is done to test the criteria to ensure the right cases are being identified. The use of an override criteria should be considered: for example, gender identity is not a factor used in considering whether a case is complex, but has emerged to be a disproportionate theme amongst those cases being referred in.

These findings also highlight an opportunity for future research and exploration and indicate some themes which may make people on probation more challenging to manage, and how best to support probation staff managing cases with these challenges.

4.2 Triage

4.2.1 Feedback from practitioners

At triage stage, Probation Practitioners have an opportunity to talk through their case with a QDO and the Complex Cases Programme Manager to identify whether further panel support, if any, is required.

“I loved that there were no forms to fill in, an email was sent and then I was just able to discuss my case” – PP 8

One of the frequently praised elements of the Complex Case Pilot by Probation Practitioners was the absence of referral forms needed to refer in. Probation Practitioners said when they have needed extra support with a case there has often been several “hoops to jump through” and that this involves lengthy and time-consuming forms sent back and forth. Practitioners expressed accessing this service with an email and a discussion was efficient, and it made accessing support “more streamlined” while not adding significant extra workload pressures.

“I felt instantly better, even though there were no immediate changes afterwards it was so nice just knowing it’s not only me finding this case difficult – but it is actually complex” – PP 10

Triage supported Probation Practitioners to improve their sense of confidence. Interviews with practitioners highlighted a culture of risk aversion and anxiety that may be present within the East of England Probation Service – Probation Practitioners said it wasn’t commonplace to receive positive reinforcement of their work, and due to current workload pressures, there tended to be more of a focus on those things going wrong. In contrast, practitioners felt the supportive dynamic at the triage provided a degree of reassurance and comfort and helped to ease anxiety at work. For many practitioners, hearing some positive reinforcement at triage was a perceived benefit to their professional confidence and morale.

“(the triage) ... has gone above and beyond the usual levels of support we get, the meeting was ten times more useful than other meetings I have attended. It’s the best meeting I’ve been to about a risky case” – PP 5

Practitioners further agreed the triage stage of the Complex Cases pilot went above and beyond existing support mechanisms, as triage meetings were quickly set up and allowed the practitioners immediate access to someone to share their concerns with. Practitioners felt actions were progressed on their behalf and the meeting offered an additional space for reflective practice. Practitioners also felt it was a positive that the Complex Case Programme Manager was removed from their usual line management structure, as this enabled them to be more open and candid about the challenges they were facing. They also appreciated that the programme manager demonstrated empathy and genuine concern regarding the challenges they faced. Practitioners said they felt comfortable contacting the programme manager at any time to further discuss their case if they needed additional support.

Some Probation Practitioners said that the triage didn’t add much above and beyond what they already knew, with it feeling like another meeting to get through and practitioner 2 expressed they felt it was “too many cooks getting involved”. However, this was not necessarily a reflection of the effectiveness of the triage process but

could have related to these practitioners' strong ability to manage their complex cases without needing any additional support.

Several QDOs suggested the aims of the triage process should be re-defined to ensure the key goal of the discussion was to uncover the blockers to the management of the case, while also ensuring these are specific enough to be raised and addressed at the panel. The QDOs interviewed expressed concern triage meetings spent too much time discussing general details of the case, and not giving attention and focus to uncovering specific challenges which can lead to the scenario described above, where the panel is unable to offer any support. QDOs believed a re-focus on the aims of triage would enable these early discussions to be more productive.

4.2.2 QDO Involvement

Interviews with both practitioners and QDOs (Quality Development Officers) highlighted some potential cultural issues present among probation practitioners and how best to manage supporting staff, without adding additional auditing and anxiety. The key aim of the QDO role is provide peer support to practitioners and provide additional space for reflective practice, helping to ensure quality of practice. However, this research has highlighted that QDOs may not be being perceived as an avenue of peer support, and instead perceived to be an additional form of auditing.

“I felt like a piggy in the middle” – QDO 1

Within the Complex Cases pilot, several QDOs felt their role in the triage wasn't entirely clear, and felt they were, at times, crossing into the role of co-managing, which was not within either the responsibilities or vision of the role within this context. QDOs also felt they were perceived as critical of practitioners, due to limitations on what they can do to support them. They expressed concerns their role may appear to be one of scrutiny, rather than support, due to the auditing involved and their inability to take away actions on the practitioners' behalf.

To address this, QDOs felt it would be beneficial for their role to be more clearly defined within the Complex Cases processes. This would ensure actions assigned to

QDOs are clear and blurring boundaries, surrounding case management roles and responsibilities, are avoided. Despite these concerns, the majority of QDOs felt that their participation in the pilot was a valuable and that they were able to offer support to practitioners.

“I was worried when I realised the QDOs attend, I just thought are they going to tear my work apart” – PP 4

Some practitioners expressed they initially felt uncomfortable learning the Complex Case Pilot involved QDOs, and explained they saw QDOs as a critical voice. A theme expressed among these practitioners was that if they had they known the QDOs were involved before referring in it may have stopped them doing so. Despite these initial concerns, practitioners interviewed agreed QDOs had demonstrated an empathetic approach, supported them with their case and were helpful at reducing blockers and providing peer support.

From listening to the experiences of QDOs and practitioners there may have been broader cultural issues shaping these perceptions. Practitioners believed their work to be under consistent audit/inspection due to the undertaking of OSAG audits, HMIP inspections, QDO-led audits, and Serious Further Offence Reviews. On the other hand, QDOs were aware that additional complex case led audits may appear to have added to this perceived level of scrutiny.

It is suggested more work is done outside of the Complex Cases process to ensure the work of QDOs is redefined and it is clear what they are there to deliver. If the role of the QDO is to be one of peer support, asking them to deliver audits may be counter-productive and only adding to the anxiety felt by practitioners.

4.2.3 Logistics

Overall, practitioners felt the organisation of the triage sessions were quick and efficient, however further work is needed to refine the logistics of the pilot's delivery.

“the process was really easy, and the triage meeting came around quickly, I felt supported right away” – PP 6

Generally, practitioner’s feedback was that triage was an easily accessible service and sending a quick email to refer in was efficient, enabling them to quickly access support.

“triage meetings can be very short notice and so there isn’t much time to prepare for them” – QDO 4

On the other hand, for QDOs to feel as though their supporting role in Complex Case discussions was manageable against their other work commitments several said it would be useful for triages to be scheduled well in advance on a recurrent basis. QDOs suggested as the pilot scales up, there could be one specified QDO whose role is dedicated to supporting the work of Complex Cases. However, QDO 4 was concerned this approach would offer limited resilience, due to the potential for staff absence or job changes, so instead recommended having a smaller QDO group dedicated to Complex Cases, with more of their work time allocated to this role.

4.3 Panel

Once Probation Practitioners attend triage, and their case has been identified as requiring further support, they attend the Complex Case Panel.

4.3.1 Knowledge Sharing and Learning

“it’s exciting that someone can share the learning among their peers, like a trickledown effect.” – panel member 1

One of the most promising findings which emerged in this evaluation was that the Complex Cases Pilot has aided knowledge sharing and learning, amongst all staff. As seen in Section 3.2, the panels take a multi-disciplinary approach by inviting colleagues from a variety of different teams.

“sometimes you just feel like you’re crying out for help with case guidance and advice and bounce around between different services, its nice to have a panel and be like I don’t know what to do with this case can you suggest anything” – PP 4

For practitioners who referred into Complex Cases, they explained it was often their last resort, having tried to unblock and identify solutions to issues with their cases independently, for extended periods of time. Practitioners felt Complex Cases added something unique – providing a space where multiple professions can come together in one place and use a “collective brain” to help find solutions to case blockers. Some practitioners said panels did not teach them anything they were not already aware of, however their attendance enabled them to reflect on options with senior members of staff, saving them time and reducing anxiety.

“I’ve been sharing what I’ve learnt at the panels with my colleagues”

– PP 9

Despite some practitioners feeling panels did not teach them anything new, several practitioners said they learnt something new at the panels, whether that be of the panels’ existence itself, or a service they did not know they could access. These practitioners said the learning they took from the panels was shared among their teams and helped their colleagues to learn something and be prepared should they face a similar blocker in the future. This is a promising finding and highlights the potential of the Complex Cases Pilot to continue to encourage a wider culture of knowledge sharing among teams as it expands.

This feedback was not exclusive to Probation Practitioners. Several panel members shared this view and praised the format of the panels for allowing “creativity” and a “solution-focussed approach”. A theme among Heads of Service interviewed was that the panels drew their attention to the issue’s practitioners in their PDU were facing. They expressed how the Complex Cases Panels enabled them to learn of new avenues of support available for practitioners and people on probation on an ongoing basis, praising the panels for being a great way to unblock issues by using partnership work. Another panel member spoke of this, stating when a staff member deputised for them, they found the panel to be a great learning experience and enabled them to build more connections across the service.

4.3.2 Knowledge Gaps

Despite positive feedback and clear opportunities for the Complex Cases pilot to promote a culture of knowledge sharing and learning, there was acknowledgement that there was still a knowledge gap present in the panels.

“the quality of the discussion really suffers when no-one from the prison attends” – panel member 3

It is important that there is re-engagement with the prisons and resettlement teams is to brief them on the purpose of Complex Cases, and to ensure their engagement with the process.

Interviews highlighted the lack of consistent prison representation throughout the process. Practitioners felt prison representation, primarily through the POM, was essential at panels as they often didn't have all the details of the case, especially when planning for a release or dealing with a person on probation who has had poor levels of compliance and engagement. Practitioners felt having an in-depth understanding of the behaviours of people on probation, while in the prison environment, was essential to effective pre-release planning and risk management.

QDO's also echoed the need for consistency within prison attendance to panel – they added it would be useful to have prison representation from the start of the process through to its completion, ensuring they attend triage. This would allow QDOs to access all up to date case information before the case progresses to panel. Similarly, panel members were frustrated at the lack of engagement from the prisons as most of them felt ensuring prison involvement can improve the quality of case management.

“we need someone on the panel with more mental health expertise”
– panel member 3

A strength of Complex Case Panels highlighted by interviews was the incorporation of forensic psychology, and their ability to support and advise on formulations and support with diagnosis. Interviewees felt having psychology present at the panel

helped bridge the knowledge gap between custody and community. However, those psychologists involved in panel felt there was still knowledge they didn't have and was missing at panel, including what mental health support is available in the community.

Feedback, particularly from panel members was that there is a clear need for mental health and adult social care expertise and representation present at panels.

Practitioners interviewed said key case management challenges they faced, which brought them to panel, was the disconnect between mental health services and adult social care – leaving practitioner's feeling "stuck in the middle" and unable to access adequate support for their person on probation.

"it would be good to get someone from adult social care to attend the panels, all the cases I've had which have been complex have needed social care involvement" – PP 1

Furthermore, interviews highlighted panels had a knowledge gap of service provision around Adult Social Care. Although this is a separate service, it was suggested it would be beneficial to have someone with a strong understanding of the service on the panel, to support practitioners when they feel their person on probation would benefit from social care support but are struggling to understand the provision and/or referral process as practitioners said they often found this to be a difficult area to navigate.

There is a clear opportunity here for the Complex Case Pilot to incorporate additional support at the panel stage. Further knowledge of mental health programmes, interventions, and support frameworks, as well as adult social care should be incorporated into the process, to ensure knowledge gaps are addressed.

4.3.3 Feedback on Practice

It is too early to say whether Complex Case Panels are addressing the recommendation from the Joseph McCann HMIP report, however this evaluation has indicated the Complex Cases Pilot has provided a space, and dedicated time for practitioners to work and reflect upon their complex cases.

Interviewees felt panels provided a safe space for Probation Practitioners to speak candidly about the challenges they faced, and practitioners felt this was often met with praise and recognition of their work.

“they said I was managing the case well and I should carry on doing things as I was... it’s nice to be reminded you’re doing a good job” – PP 10

The consensus among Probation Practitioners was panels provided space to be reassured of their practice with the case being discussed. From speaking with practitioners, it is evident they felt there to be a wider organisational culture which focusses more on practice improvement, and there is a tendency for managers to cast a more critical eye on their work, so felt it was a positive experience to receive praise throughout the Complex Case Pilot process.

The Complex Cases pilot has also emerged to provide a valuable opportunity to exercise reflective practice.

“it was good to have that professional perspective and have a reflective practice” – PP 10

Reflective Practice is a widely implemented concept and is broadly the process of reflecting on your own actions to engage in continuous development and learning, in recent years it has been highly encouraged and promoted within the Probation Service. (Burrell, 2022). Practitioners interviewed touched on this, and expressed Complex Cases gave them time and space to engage with reflective practice. Several practitioners felt it particularly useful to have space to engage in reflective practice with those outside of their line management structures, as they felt empowered to speak more openly about some of their challenges without fear of scrutiny from their manager.

4.3.4 Wellbeing

With any new initiative it is important to consider any potential effect on wellbeing on those involved. Overall, interviews highlighted the Complex Cases pilot to be

beneficial staff wellbeing, but also highlighted further opportunity to ensure the wellbeing of everyone involved.

“the weight on my shoulders was spread across the panel” – PP 6

An important finding which emerged from interviews was the effect Complex Case Panels had on practitioners’ sense of wellbeing at work. In interviews practitioners spoke of high workloads, challenging cases, and anxiety surrounding SFOs, but also felt access to the Complex Cases pilot helped reduce some of this burden by supporting case management. Despite initial concerns expressed from practitioners that Complex Case Panels consisted of senior managers, practitioners agreed the panel was a supportive and judgement-free environment, and the facilitation of both triage and panels allowed practitioners to take the floor and outline their concerns openly and without fear of judgement. Practitioners and panel members alike said facilitation of the panel ensured everyone felt equal: this helped practitioners build positive relationships with senior staff members. This was further emphasised by all practitioners interviewed saying they would use Complex Cases again.

“it was the best thing to be involved in knowing that there are people who can support me, the panel was more of a friendly chat with colleagues and not intense” – PP 6

There was also a sense among practitioner’s interviewed that panel members genuinely cared about the challenges they were facing. Practitioner 6 said they found their complex case particularly troubling for their wellbeing. The practitioner said they felt “genuinely heard and listened to” at the panel which helped to reduce some of the stress they felt about managing the case.

“I wasn’t sure everyone would actually go away and find all the answers, but they did, and they all had a quick turnaround” – PP 10

Practitioners said the sharing of actions helped reduce their levels of stress as they felt that it was no longer their responsibility to manage the case and find solutions on their own. This contributed to practitioners’ sense the Complex Cases Pilot was

collaborative, and it aimed to put supporting the practitioner at the forefront of the process. On the other hand, as actions were taken away by panel members there was a risk this may impact on senior manager workloads and levels of stress. However, most panel members interviewed said current demands were manageable, and often tasks are delegated to other members of their team.

An isolated theme which emerged from interviews was playing a supporting role in the Complex Cases pilot may have a negative impact on some individual's wellbeing due to the often-distressing details of cases discussed at triage and panels. It is suggested it would be beneficial for there to be time for reflective discussion following panel discussions to help to offset some of the emotional impact supporting the pilot may have on staff.

4.3.5 Productivity and Attendance

“whilst it's an intense process and a lot of resource I think it's the right resource pitched at the right level, for the right cases that could lead to the avoidance of an SFO and near misses” – panel member 5

The consensus across interviews was that panels were productive, despite the significant resource commitment required. Almost all practitioners and panel members interviewed agreed the panels were constructive. Practitioners said being able to have a conversation for an hour about their concerns with senior managers was “one of the most helpful” avenues of support they had accessed. Furthermore, there was consensus that everyone who attended panel had an important individual role and everyone's input was helpful.

There was an occasion discussed in interview where some interviews expressed that they felt a panel meeting had been ‘unnecessary and unproductive.’ When exploring this further, it emerged a lot of work had been done at triage to address blockers, and as this work was complete prior to panel, there was very little value the panel could add.

Most senior panel members interviewed agreed panels were a good use of their time. However, it was clear senior managers were under pressure to deliver and

sometimes felt they needed to be in “two places at once”. Panel members were divided over whether attendance at the panels was manageable alongside their current workload. Some panel members interviewed felt it was manageable, but some felt it wasn't. Those who felt attending the panels was unmanageable expressed frustration in knowing the panels were a valuable way to support staff, but in not having the time available to attend the panel. Panel members suggested it may help attendance if panels are run on a bespoke basis – with the programme manager identifying whose attendance is essential at which panel. However, another panel member expressed concern this may lead to too much reliance on professional judgement.

Other avenues suggested by panel members was ensuring they can delegate attendance to other members of their team and ensuring panels are organised by admin in a reoccurring pattern e.g., the first Monday of every month, to minimise the risk of scheduling conflicts. There is a need for further development work to be carried out to ensure that participation in the Complex Cases pilot is manageable for all involved, particularly as the pilot scales up.

4.3.6 Logistics

“panels take a lot of time and can be draining. Sometimes the papers come in for the panel at the last minute so there is pressure to get them read beforehand” – panel member 3

Senior panel members had concerns they often attended panels without context of the case due to being unable to review the notes beforehand. This was a consensus shared as panel members felt notes could be lengthy and didn't come out far enough in advance of the panels. Panel members felt it would be useful to have case notes well in advance, and clearly attached to each meeting invite. It was suggested by some panel members they would still struggle to read notes prior to panel and would prefer the programme lead or practitioner to give a verbal overview of the case. However, there was feedback from several practitioners who had to share case details at panel that this was repetitive of the triage process, and they would prefer panel members to have a good understanding of the case prior to panel.

“any actions coming out of the panel should be sent to the SPO and Heads of Service” – panel member 5

There was concern from both practitioners and panel members that actions and discussions that emerged from the panels were not widely shared. There was an understanding that notes are currently uploaded to NDelius as a sensitive contact, but there was no requirement to share this with operational middle managers or Heads of Service which is a concerning finding. Heads of Service interviewed agreed it would be useful for notes from panels to be shared with themselves and with the practitioner’s SPO to ensure that the practitioner can be adequately supported following the panel.

“there were no formal follow up actions suggested, it would be good to have a follow up process added to make sure some of the actions have been progressing as I’ve still been experiencing some blockers” – PP 7

There is an opportunity to ensure practitioners can be adequately supported after attending a Complex Case Panel. Practitioners said a follow up would be helpful to ensure the case is progressed and blockers to practice have been addressed. Many practitioners felt panel can be “can be an intense experience” and a follow up would help consolidate what had been decided at panel and provide additional emotional support. Despite there currently not being a formal follow up procedure in place, most practitioners said they felt comfortable and would be happy to get back in touch with the Complex Cases Programme Lead as they were “friendly, approachable and keen to help”.

“I think our (QDO) time would be best used at the triage and then having a reflective session with practitioners to check in” – QDO 4

QDOs interviewed felt their attendance at panel didn’t add much value, instead felt their time would be best spent supporting practitioners at triage and following-up after panels. QDOs felt this role would be best suited to their responsibilities and enable them to support the practitioner on a 1–1 basis. Similarly, QDOs said it would be beneficial to use follow-up as an opportunity to check in with practitioner wellbeing,

action progression since panel and to identify if there have been any developments with the case.

4.3.7 Overlap with MAPPA

A theme consistent across all interviewee groups was concern the pilot may be overlapping with MAPPA. MAPPA or Multi-Agency Public Protection Arrangements are in place to ensure the successful management of violent and sexual offenders (HMPPS, 2023). MAPPA meetings also take a similar multi-disciplinary format to the Complex Cases Pilot but involve external agencies, where the Complex Cases Pilot does not. Furthermore, the focus of MAPPA is to manage risk, where the Complex Case Pilot exists to resolve blockers in case management and support staff. Interviews have highlighted an urgent need to ensure that both the Complex Cases Pilot, and MAPPA can work alongside each other, and complement each other.

“it can cause friction with MAPPA if the panel disagree with their assessment, I can feel a bit stuck in the middle if I have to go above MAPPAs head and disagree with them” – PP 8

Some practitioners felt that due to discussions that took place in panels regarding risk, there was a tendency for MAPPA assessment to be debated. Practitioners spoke of how this put them in an uncomfortable position as they felt it made them appear to have “gone above MAPPAs head”. Practitioner 7 suggested if panel members had concerned the MAPPA level should be changed, that discussion should focus on being constructive and help to build a case for why the level is not high enough. This would ensure the practitioner feels supported to make a case for a rethink of the level in future MAPPA meetings.

“there is a danger of treading on MAPPAs toes, we need to be clear of the differences of the two panels. We need to ensure that it is not a place to hold other agencies to account” – panel member 5

This concern was shared more strongly by most senior panel members who said on occasion they noticed overlaps between what was discussed at the Complex Cases Panel and what would be discussed at a MAPPA meeting. They were concerned the

panel aspect of the Complex Cases was at risk of replication and clashing with MAPPA. To address this, panel members suggested work should be done to align MAPPA and the Complex Case Panels. Panel member 1 suggested discussions around MAPPA levels should not form part of the discussion at Complex Cases panels at all, as this runs the risk of stress for the practitioner and tension and disharmony between the two services.

4.3.8 Awareness and Profile of Complex Cases

This evaluation uncovered that the Complex Cases Pilot may not be reaching its full potential, as Probation Practitioners interviewed expressed there was low awareness of the pilot among their teams. Due to the positive experience's practitioners have had from referring into the process discussed in this report, it is essential that more visible communications are circulated to raise awareness among those staff who are struggling with challenging cases.

“there needs to be more awareness about the triage and what it can offer, I have been talking to my colleagues about it and promoting it” – PP 5

As well as a sense of low awareness emerging from interviews, most practitioners also said they had referred into the pilot after a discussion with a senior manager, further suggesting awareness of the process among practitioners is low. Although managers have acknowledged that communications have gone out about the pilot, there is concern there is already a lot for practitioners to read and this could be missed among other communications.

Consequently, it was suggested by panel members that it is important for short and snappy communications to be sent out to highlight awareness and the support on offer from Complex Cases. Panel members also emphasised communications should be fully transparent, making it clear who is involved and why. Interviewees suggested it would be useful to provide examples of cases where Complex Cases has effectively helped a practitioner, to help showcase what the process can do.

4.3.9 Scaling Up

The findings in this report highlight the initial success of the pilot and the potential the pilot holds to support staff and improve reflective practice, knowledge sharing and collaborative learning. However, there are notable concerns for the resourcing limitations which would need to be addressed and considered to ensure the future role out of the panel.

“we need to make sure there is a dedicated person to co-ordinate the triage and panels like the programme manager has in the East of England region. It just won’t work if it is added to another person’s workload.” – panel member 1

Panel members interviewed felt the roll-out of the pilot so far has been effective and that having a programme lead has been essential to the pilot’s success, but staffing would need to mirror the size of the scale-up.

“we need full buy in from all panel members before this can be scaled up” – panel member 3

Among panel members interviewed there was concern the pilot has not yet achieved full buy-in from all those involved, and to scale up before this is achieved would be problematic. Panel members felt there was not full attendance from all panel members, and the additional resource requirement from scaling up the panels would mean less panel members can be present at panels. It was suggested to work toward full buy-in, logistical steps should be taken to support panel member attendance e.g. having reoccurring slots and considering taking a bespoke approach to panels (where panel members attend panel based on the need for them to attend based on the characteristics of the case). Panel member 1 said it would be helpful to see the impact the panels have had, which may encourage regular attendance and prioritisation of the panels from everyone involved.

“there should be ongoing support from the existing panel as we roll out to other regions. It will be important to share those lessons learned” – panel member 3

Finally, most panel members felt the key to making the future role out of Complex Cases a success would be to ensure there is ongoing review, evaluation, and sharing of practice. Panel members believed there have been challenges and lessons learned regarding the logistics of running the panels such as chairing, finding a suitable structure for the meetings and encouraging staff to attend. Panel members said it would be a useful learning exercise to reflect and document this to share this learning with regions as they are onboarded onto the pilot.

4.4 Workplace Culture

“It can be frustrating when you request something prior to going to panel and it is rejected, but once you get to panel its approved. It just makes you feel like your experience and knowledge isn’t a good enough justification”

– PP 2

Perhaps in contradiction of other findings presented in this report, practitioners said although they had a positive experience with the panel, it highlighted the lack of perceived trust in practitioner’s professional judgement. Practitioners said actions suggested at panel were actions they had already attempted to progress independently but were not able to. Their case was then taken to panel, and these actions were implemented by panel members without challenge. Experienced practitioners said this knocked their confidence and created frustration as they felt they were not being trusted to manage their case effectively, instead having to rely on the go-ahead from senior managers.

“it feels like a safety net, if things go horribly wrong then at least I can say I took my case to the panel, if there was an SFO it takes some of that accountability away” – PP 3

Interviews also highlighted practitioners are noticeably concerned about ensuring they can be accountable, by following all procedures. When practitioners were asked whether they would use the panel again, responses echoed the above quote. Practitioners felt they would refer-in again as it is a safety net, or a box they can tick, to show they took all steps available to them should a Serious Further Offence occur.

Some senior panel members were concerned about this and felt this is not what the panels are for and should only be accessed as a last resort. However, panel member 5 believed this to be positive and that if any practitioner feels their case could lead to a serious further offence, they should be refer in. This incidental finding further highlights the importance of the triage process and its role in supporting practitioners with concerns, but also ensuring only cases which need additional resource are put to panel.

4.5 Early Indicators of Progress

4.5.1 Power to Detain

“a further SFO was prevented” – PP3

A case emerged in interviews which highlighted some early potential impact of the Complex Cases Pilot. In this case the person on probation had a history of committing violent offences, personality disorder, mental health concerns and a lack of engagement with the Probation Service. When the practitioner brought the case to panel, they were concerned about the risk of serious harm to members of public upon his release from custody, as he was demonstrating concerning behaviours in custody. There was an overall feeling that the release of the person on probation could cause serious harm and intervention needed to happen quickly.

As a result of the Complex Cases Panel it was determined, necessary to apply for use of the power to detain legislation under section 132 of the Police, Crime, Sentencing and Courts (PCSC) Act 2022. As a result, the person on probation was detained in prison, where there was further action to manage his mental health. The Probation Practitioner felt because of the panels action, “a further SFO was prevented”.

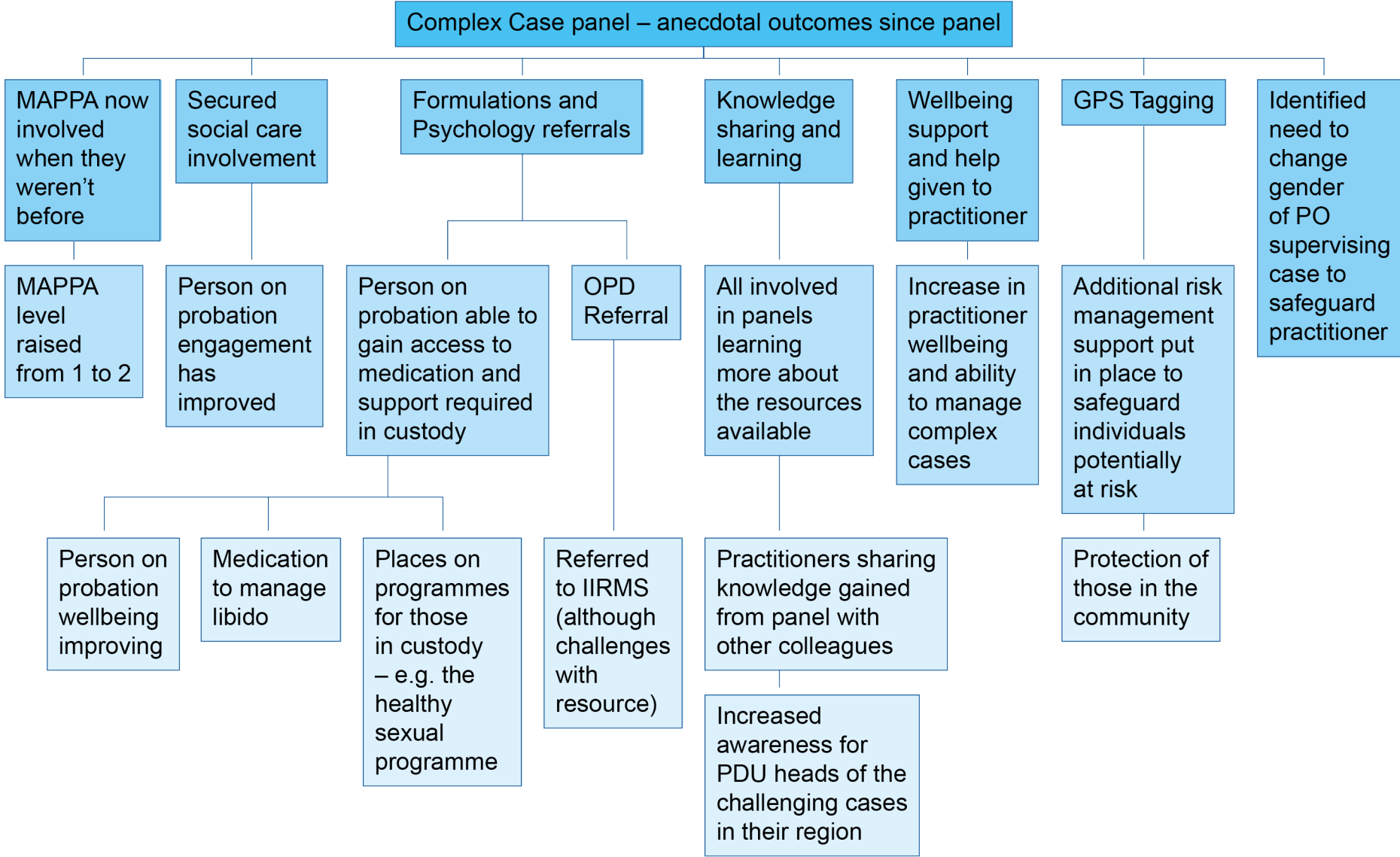
4.5.2 Emerging Early Outcomes

As part of the interviews, practitioners were asked what actions were taken away from the panel and what the progress of these had been since panel. Panel members were asked to reflect on actions they had taken away and the progress since panel.

From these responses, a process map has been assembled to highlight some of the early progress resulting from the pilot.

This process map is not comprehensive but brings to life some other experiences of practitioners who have accessed the pilot.

Figure 2: Complex Cases Early Outcomes



5 Conclusion

The initial roll-out of the Complex Cases Pilot should be deemed to be a success, and a promising and welcome addition for supporting practitioners and improving knowledge sharing and learning across the service – with an acknowledgement that there is still further work to be done to develop the pilot.

For any future expansion of this pilot to be a success, there are a few critical factors to consider. Future roll-out should follow a similar collective approach, by putting the practitioner, their concerns and wellbeing at the heart of the panel meeting. One of the most valuable aspects of this pilot has been the collective knowledge and problem-solving approach, which has both helped to solve complex case management blockers and improve Practitioner wellbeing. However, if the pilot continues to expand into different probation regions, it is further key that panels include representatives from Adult Social Care and from Mental Health services as this was identified as a key knowledge gap in the initial roll out of the pilot and is likely to be a challenge faced by Probation Practitioners in other regions.

Future roll-out should also be accompanied by a comprehensive communications campaign to ensure practitioners are aware of the support they can gain from the pilot, but also to ensure they are aware of the process and can progress through it confidently. Finally, any future successful expansion of this pilot would require complete buy-in, support and resourcing. The pilot has the potential to be a key tool for practitioners managing complex cases, where there also may be a risk of SFO's, but can only do this if it is fully supported and resourced by the probation regions.

This report has also drawn attention to some of the wider cultural challenges which may be present within the Probation Service East of England Region. Any future interventions or support services for Probation Practitioners should be considered against the challenging backdrop of high workloads and anxiety around SFOs, and how best to support staff while also ensuring high quality practice. There is room for further exploration of what makes a 'Complex Case' and how best to support probation practitioners manage these ever-developing challenges.

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Appendix A

Probation Officer Topic Guide

Probation Officer Topic Guide – Complex Cases Evaluation

For Interviewer – please refer to participant interview information sheet and read through before progressing with interview Pre-interview Participant information sheet. Ensure note taker if present has the correct note taking sheet.

Section 1

The first section of the interview is just to give me a bit of insight about your role, some of the challenges you are facing and the case(s) you have brought to panel.

1. To start off with please could you give me a brief description of your experience and your current role?

Prompts

- Years of experience
- Is PO handling a large amount of cases which feel complex?
- Location

2. In this interview today I would like you to think of the case you took to the complex case panel (or one case if you have taken multiple cases) and keep this in the back of your mind throughout. Please could you tell me a little bit about this case?

Prompts

- Information (non-personal) about the person on probation
- Type of offences
- Reasons for referral
- Which of the 8 criteria did the case meet?

3. How did you take this case to panel, did you flag the case, or did the list circulated identify this as a complex case?

4. What were some of the challenges you were facing with this case that you hoped the panel could help you resolve?

Prompts

- Think about criteria. e.g. delve more into risk of harm, mental health concerns, self harm/suicide, learning difficulties, MAPPA, OPD, Alcohol/drugs, IPP
- Other things to think about include non-standard criteria gang involvement, poor co-operation, county lines, re-offending

5. Is there anything else you would like to add about the details of this case which we have not already discussed?

Section 2

The next section of the interview will explore your experience of using the triage.

6. Could you tell me a little bit about your experience at triage?

Prompts

- Who attended the triage meeting?
- Is having peer support from QDO helpful in addressing the challenges/confidence?
- Anything that was solved/helpful at triage/ less helpful

7. Could you tell me a little bit about what you discussed at triage, and what were the key challenges you identified?

Prompts:

- What were reasons that the triage team decided to take your case to the panel?

8. Did you feel that you had the opportunity to discuss your concerns at triage?

Prompts

- Did you feel listened to?
- Do you think the right people were at triage to offer you the appropriate support?

- Was there anything you didn't feel was addressed or was dismissed?

9. How did you feel after the triage?

Prompts:

- Personal wellbeing – Did you feel relieved/ stressed/ confidence levels
- Negative or positive experience?

10. What impact did attending triage have on your time?

Prompts:

- Was it efficient/ productive discussion?
- Would you have preferred a referral form?
- Did the actions suggested in the triage have a negative impact on your workload/time management?

11. Did the triage have an impact on your ability to manage your Complex Case while waiting to take your case to the panel?

Prompts:

- Confidence
- Time management
- Learning/ development – QDO advice
- Audit recommendations
- Peer support

12. Reflecting, is there anything about the triage process you think could be improved or would work better for you?

Prompts:

- Form vs meeting. Would PO prefer a referral form process?

Section 3

This next section will be about your experience of taking your case to panel.

13. If you can remember which professions sat on your complex case panel, and were there any professions on the panel you found to be more or less helpful?

Prompt – not looking for names, omit these from write up:

- QDO's
- Forensic Psychology
- OPD
- Public Protection
- PDU heads
- Did the panel make these members of staff more accessible?

14. What advice were you given at panel in terms of managing your case and the issues raised at triage?

Prompts:

- Key challenges, how were these resolved
- Which professions suggested the potential solutions
- What action points were agreed to be taken on by yourself/panel members

15. Do you feel that the Complex Case panels address gaps in support or go above existing support mechanisms for your cases from existing services?

Why?

Prompts

- MAPPAs etc.
- Peer support
- Senior input

16. Did going through the Complex Panel process allow help you to solve issues with this case you may have otherwise spend a lot of time trying to resolve?

17. Did you feel that any decided actions at the Panel were picked up by panel members?

Prompts:

- Did the PO come away with any actions – time spent tackling these
- Were actions a help or burden?

18. Was there anything the panel was not able to help you with, or was there anything you went away from the panel still feeling stuck on?

19. Is there anything about the Panel that you think could be improved or would work better for you?

Section 4

Thank you for your openness so far. This final section is to explore the early impacts of the Panel on your case and ability to manage complex cases.

20. Could you tell me a little bit about your case since it has been to panel?

Prompts:

- How is the person on probation doing now?
- What progress has been made in managing the case?
- How are you feeling about the case?
- Do you still have any concerns about the case?

21. Do you feel more confident managing future complex cases since attending the Complex Case panel?

22. Does knowing you have access to the panel when you come across a challenging case have any impact on your sense of wellbeing?

23. Do you think that the Complex Case panels allowed you to dedicate your time and priority to cases which are more challenging? Why/how?

24. Reflecting on your case before you brought it to panel, where do you think you would be now without having used the Complex Case panel?

Prompts:

- Any areas you think you would still be stuck on
- Would you be worried about the case for reasons of risk/harm/ person on probation for MH or drug/alcohol problems
- How do you think your wellbeing/confidence would be in regard to having to manage this case without panel input?

25. Would you use the Complex Case triage and panel again if you came across a case that you found challenging? Why?

26. Do you feel that you would benefit from any post-panel support?

Prompts:

- What support?

27. Is there anything you would like to add to your experience of using the Complex Case panel you feel you have not had time to discuss today?

Debrief

Thank you again for taking some time out to speak to me today, I really value your experiences and insight. What we have discussed today will form part of the evaluation of the Complex Case panels and ensure that improvements can be made and make the case for this process to be scaled up nationally.

As I mentioned at the start of the interview you can remove your data from the evaluation at any point until the report is finalised Mid-December 2022. Just to remind you, you also won't be identified in the report, and the report will not identify any individual staff members if we did discuss this today.

If you do want to ask me any questions at any point please do get in touch. I will make sure you receive a copy of the report once it has been finalised. Do you have any questions for me before we finish?

Appendix B

QDO Topic Guide

QDO Topic Guide – Complex Cases Evaluation

For interviewer – please refer to participant interview information sheet and read through before progressing with interview [Pre-interview Participant information sheet](#). Ensure note-taker, if present, has the correct note taking sheet.

Section 1

The first section of this interview is just to give me a bit of insight about your role, some of the challenges you have seen your peers experiencing and some of the cases you have seen brought to triage/panel.

1. To start off with please could you give me a brief description of your experience and your current role?

Prompts:

- Years of Experience
- Roles as a QDO
- Location

2. In this interview today we will be reflecting on the Complex Case panels as a whole, but is there any particular case which sticks in your memory from the panels?

Prompts:

- Information (non-personal) about the offender
- Type of offence
- Reasons for panel referral
- Which of 8 criteria did the case meet?
- What was the outcome of the panel?

3. What were some of the challenges you noticed with this case that you and triage members hoped the panel may be able to resolve?

Prompts

- Think about criteria. e.g., delve more into risk of harm, mental health concerns, self-harm/suicide, learning difficulties, MAPPA, OPD, Alcohol/drugs, IPP
- Other things to think about include gang involvement, poor co-operation, county lines, re-offending

4. Are you noticing any emerging themes in the cases you are seeing referred to panel?

Section 2

The next section of this interview will explore your experience of the triage process

5. Could you tell me a little bit about your role at triage?

Prompts:

- Mini-audit
- Peer support
- Helping to identify criteria/ early support

6. In your opinion, what do you think runs well about the triage process and your role at triage?

Prompts:

- Time
- Identifying cases suitable for panel – is it fit for purpose
- Peer support
- Wellbeing of staff
- Follow up actions
- Levels of support

7. Do you think the 8 triage criteria are fit for purpose in identifying those cases in need of panel support?

Prompts:

- Are the criteria appropriate for the cases?
- How often do we sway from the criteria?
- Is there anything we are missing?

8. Is there anything about the triage process, or your role at triage you think doesn't run well?

Prompts:

- Mini audit
- Time concerns
- Right cases getting through?
- Appropriate levels of support?
- Follow up actions?

9. Is there anything about the triage process you think could be improved or would work better for you?

Section 3

This next section will be about your experience of supporting on, and observing panels

10. Can you tell me a bit about the panels you have sat on, what professions/ senior staff members have sat on the panels you have attended?

Prompts:

- Which do you think is most useful for PO's to be able to speak with about their case and why?

11. Can you tell me a little bit about your role at panel?

Prompts:

- Advising
- Following up on actions

12. From observing the panels, what do you think runs well?

Prompts:

- The right people to offer the right support?
- PO wellbeing
- Productive discussions
- Suitable/ manageable action points
- Peer support

13. From observing the panels, do you think there is anything that needs to be improved?

14. Do you feel that the Complex Case panels address gaps in support or go above existing support for Probation Officers? Why?

15. Do you think the panels have an effect your peer's confidence in handling more challenging cases?

16. Do you think the panels are helping your peers to spend more time handling more challenging cases? Why?

17. Have you had any feedback from any PO's about the panel?

18. Are there any times you think the support provided by the Complex Cases panel has not fully addressed their needs?

Prompts:

- Follow up emails – have you had to provide additional support?

19. Does attending and supporting on Panels have an impact on your wellbeing?

20. Are the panels manageable against the other aspects of your workload and your time?

Prompts:

- If yes, what is working well that allows you to manage commitments to panels against other work
- If no, what isn't working, what would work better for you?

21. Is there anything you would like to add about your experience of the Complex Case panels we haven't already discussed?

Section 4

Thank you for your openness so far. This final section is to explore the early impacts of the panels.

22. Are there any Cases you have seen go to Panel which stick out in your mind in terms of how the panel were able to come together and address it?

Prompts:

- What was decided at the panel?
- What advice was give/ by whom?
- What was the outcome of the panel?

23. Do you think that staff knowing they can access the Complex Case panel will influence staff confidence and wellbeing at work?

24. Is there anything you would like to add about your experience of the Complex Case panels that you feel you have not had time to discuss today?

Debrief

That brings us to the end of this interview – thank you again for taking some time out to speak to me today, I really value your experiences and insight. What we have discussed today will form part of the evaluation of the Complex Case panels and ensure that improvements can be made and make the case for this process to be scaled up nationally.

As I mentioned at the start of the interview you can remove your data from the evaluation at any point until the report is finalised Mid-December 2022. Just to remind you, you also won't be identified in the report, and the report will not identify any individual staff members if we did discuss this today.

If you do want to ask me any questions at any point please do get in touch. I will make sure you receive a copy of the report once it has been finalised. Do you have any questions for me before we finish?

Appendix C

Panel Member topic guide

Senior Panel Member Topic Guide – Complex Cases Evaluation

For interviewer – please refer to participant interview information sheet and read through before progressing with interview. Ensure note-taker if present, has the correct notetaking sheet.

Section 1

The first section of this interview is to give me a bit of insight about your role and some of the challenges you have seen being brought to panel.

1. To start off with could you give me a brief description of your current role and responsibilities?
2. In this interview today we will be reflecting on the complex Case panels, but is there any case you have seen brought to panel which sticks out in your memory?

Prompts:

- Information about the offender (non-personal)
- Type of offence
- Reasons for panel referral
- Which criteria were being met?
- What was the outcome of the panel?

3. What were some of the challenges with this case and what did you and the other panel members do to resolve these?

Prompts

- Think about criteria. e.g., delve more into risk of harm, mental health concerns, self-harm/suicide, learning difficulties, MAPPA, OPD, Alcohol/drugs, IPP
- Other things to think about include gang involvement, poor co-operation, county lines, re-offending

4. Are you noticing any emerging themes in the cases you are seeing being referred to panel?

Section 2

This next section will be about your experience of supporting at panel.

5. Can you tell me a little bit about your role at panel?

6. Do you feel engaged and involved at panel –

7. do you feel your contribution has an impact?

Prompts:

- Do you think the panels are collaborative?

8. Are the panels manageable against the other aspects of your workload and your time?

Prompts:

- If yes, what is working well that allows you to manage commitments to panels against other work
- Are actions taken away manageable do we need extra support?
- If no, what isn't working, what would work better for you?
- Are there any barriers to attendance for the SPM and what can we do to help address this?

9. Do you think the right people attend panels to ensure the case can be managed?

Prompts:

- Is there any support missing?
- Do too many people attend, should support be more tailored to individual cases?
- What can we do to encourage attendance?

10. Do you think the right cases are getting screened through to panel?

Prompts:

- Do you think they need problem solving?
- Would you agree they are complex?
- Do you think the panel has the resource and knowledge needed to address the complexities of these cases or are other staff members needed?

11. From attending panels, what do you think is currently running well?

12. From attending the panels, do you think there is anything that needs to be improved?

13. The panels are soon going to be scaled up regionally and then nationally, do you have any thoughts about the scaling up or have any thoughts on what needs to happen to ensure this runs effectively?

14. From your experience, do you think the panels are addressing any gaps in support or are adding something unique?

Section 4

Thank you for your openness so far. This final section is to explore the early impacts of the panels.

15. Have you had any feedback from practitioners or other members of staff about the panels?

16. Do you think staff knowing they can access the Complex Case panel will have an effect on staff confidence and wellbeing at work?

17. Is there anything you would like to add about your experience of the Complex Case panels that you feel you have not had time to discuss today?

Debrief

That brings us to the end of this interview – thank you again for taking some time out to speak to me today, I really value your experiences and insight. What we have discussed today will form part of the evaluation of the Complex Case panels and ensure that improvements can be made and make the case for this process to be scaled up nationally.

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