



*Effective  
Supervision  
Inspection*

*of the  
National Probation Service for  
England and Wales*

Report on:  
*Bedfordshire Probation Area*

2006

The logo features a thick, black, curved line above the text 'Home Office' in a bold, sans-serif font.

Home Office

## **FOREWORD**

Bedfordshire has recently appointed a new chief officer and good working relations between the Board and the chief officer are already well established. Clear steps are being taken to move towards a performance led service. The area's position on the National Probation Directorate's weighted scorecard has been steady for some time, but inspection findings suggest that it now needs to prioritise quality assurance of practice alongside achieving national targets. Despite phased implementation, efficient and consistent use of OASys is not occurring, with particular issues surrounding risk of harm assessments. We were pleased to see that implementation plans have been drawn up to address this as a matter of some urgency.

Some good case management work was occurring. Partnership work in the area was praised by agencies involved and MAPPA are well established and respected by all the agencies involved. However, issues with the timeliness of court reports require attention, as do the long-term difficulties that community punishment faces with staffing and placements.

We were encouraged that the area fully acknowledges these problems and that the chief officer and senior management team are committed to better service delivery.

*Andrew Bridges*  
*HM Chief Inspector of Probation*

*December 2005*

## **ACKNOWLEDGEMENTS**

We would like to express our thanks to the Bedfordshire Probation Board, its managers and staff for the considerable assistance received in enabling the inspection to proceed smoothly. Without their help, most especially in arranging a complicated programme of interviews with case managers, the work could not have been completed successfully.

The inspection also depended on the contribution made by local area assessors who assisted with the case manager interviews. Their participation and commitment were greatly appreciated.

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## GLOSSARY

ACE	Assessment, Case Recording and Evaluation System
ACO	Assistant chief officer
BCTV	British Conservation Trust Volunteers
CDRP	Crime and Disorder Reduction Partnership
CO	Chief officer
CP	Community punishment
CPO	Community punishment order
CPRO	Community punishment and rehabilitation order
CRB	Criminal Records Bureau
CRO	Community rehabilitation order
DIDs	Drink Impaired Drivers' Programme
DTTO	Drug treatment and testing order
ECP	Enhanced community punishment
EEM	European Excellence Model
ESI	Effective Supervision Inspection
HMI Probation	HM Inspectorate of Probation
HR	Human Resources
ICMS	Integrated Case Management System
IDAP	Integrated Domestic Abuse Programme
IT	Information technology
LCJB	Local Criminal Justice Board
LSI-R	Level of Service Inventory-Revised
MAPPA	Multi-Agency Public Protection Arrangements
NOMS	National Offender Management Service
NPD	National Probation Directorate
NPS	National Probation Service
NSmart	Sample of data collected by probation areas each month on which the NPD basis its performance monitoring
NVQ	National Vocational Qualification
OASys/eOASys	Offender Assessment System/electronic Offender Assessment System
OGRS2	Offender Group Reconviction Scale
PO	Probation officer
PPD	Personal Planning Document
PPO	Prolific and other Priority Offender
PPWS	Pre-Placement Work Session
PSAI	Post-Sentence Assessment Interview
PSO	Probation service officer
PSR	Pre-sentence report
QAM	Quality Assurance Manager
QPM	Quality Placement Matrix
RSPB	Royal Society for the Protection of Birds
SMART	Specific, Measurable, Achievable, Realistic and Time-bounded
SMT	Senior Management Team
SPO	Senior probation officer
SSR	Specific sentence report
YOT	Youth Offending Team

## SUMMARY AND RECOMMENDATIONS

### Key findings

- **Quality of Management:** The inspection took place less than three months after the appointment of the new CO, but in this short time both he and the Board had formed a sound working relationship with clarified roles and accountability. Whilst there was some way to go, an increasing emphasis was being put on performance management. This included more rigorous accountability structures, with the CO already meeting regularly with middle managers to discuss team data. The area had prioritised achievements in national targets and had maintained a steady position on the NPD's weighted scorecard. However, the inspection findings suggested that this should now be combined with prioritising qualitative aspects of practice, most importantly the use of OASys, as this was not effectively embedded. The carrying out of yearly staff appraisals had not been rigorous but a new system was beginning to rectify this. There was an annual training plan which was reviewed regularly, although HR was underdeveloped. The area had a significant percentage of minority ethnic staff and had developed links with some minority ethnic community groups. The staffing of community punishment had been problematic with a serious impact on delivery. Probation was held in high regard by partnership agencies although a timely review of contracts was necessary. MAPPA structures at both a strategic and panel level were good. Delivery of timely court reports had been an issue for some time.
- **Quality of Assessment:** There was inconsistent use of OASys due to its ineffective implementation, with poor identification and classification of risk of harm being a particular concern. This had led in turn to inadequate referral processes to MAPPA, patchy middle manager oversight and confusion about the incorporation of MAPPA material into case files. High risk of harm cases scored worse than the general sample and, worryingly, were rarely reassessed following any further significant incident that might give cause for concern. Much of the casework seen also tended to be 'instinctive' rather than related to clear supervision plans, and there was also unsatisfactory integration of the latter with risk management plans.
- **Quality of Interventions:** Good attention was paid to monitoring and encouraging offender compliance with the requirements of supervision, including appropriate judgements being made about the acceptability of absences. Breach action generally occurred within national standard timescales. Some very good one-to-one work was undertaken by case managers especially regarding diversity issues, with appropriate levels of liaison with other agencies providing interventions. There was concern however that case managers might be undertaking work themselves that could be referred on to others, thus not making best use of their time. Interventions were often inappropriate to the risk with high risk of harm offenders. With CP, due to staffing problems and lack of placements, a significant number of offenders were repeatedly stood down from work. Most high risk of harm offenders commenced accredited programmes within the required timescales, although this was less so for other cases. Pre-release work was good. Victim issues were not consistently addressed and the review of supervision plans could be considerably improved.
- **Quality of Initial Outcomes:** Appointment attendance was good in high risk of harm cases, though less so with other offenders. A relatively low number of offenders had been reconvicted for a further offence committed since the start of their order or licence, and there were also examples of risk of harm being successfully contained or reduced. Work on long-

term community reintegration had occurred in half the cases and there was similar evidence of progress against criminogenic factors and of an improvement in attitudes, beliefs and behaviour relating to offending. However, detailed information about the outcomes and effectiveness of supervision still remained limited, contributed to by the lack of rescoring of OASys.

## **Recommendations**

*The Probation Board should ensure that:*

- 1. regular monitoring reports detailing performance at individual and team level are produced and used to enhance area performance and respond to offender needs*
- 2. quality assurance procedures are embedded in all areas of practice*
- 3. timeliness of court reports is improved*
- 4. OASys is implemented consistently and rigorously*
- 5. assessments of risk of harm are completed in all relevant cases containing sound supporting evidence, with appropriate management oversight where necessary*
- 6. changes in circumstances or significant incidents are identified and reflected in revised risk assessments*
- 7. initial supervision plans are completed with SMART objectives and reviewed*
- 8. risk plans and MAPPA material are appropriately incorporated into supervision plans*
- 9. diversity work embraces the ethnic richness existing in the area*
- 10. community punishment is appropriately staffed, with good quality placements available that correspond with the number of offenders being given orders*
- 11. victim issues are addressed sufficiently in supervision.*

## Next steps

- This report has been submitted to the Secretary of State and copies provided to the Chief Executive of NOMS, the National Offender Manager, the Director General of the NPS, the Probation Board and CO. Copies have also been made available to the press and are on the website of HMI Probation at:  
<http://www.inspectorates.homeoffice.gov.uk/hmiprobation>
- The report makes a number of recommendations which are designed to encourage the area in its work, to take further some of its own good practice and to promote improvements in quality and effectiveness in the future.
- The Board will be asked to send a response to the recommendations, together with an action plan, within three months of the publication of the report. It is anticipated that the recommendations will normally be implemented within 12 months of publication which should allow sufficient time for integration with existing developments. We will also expect the NPD to ensure that recommendations to Boards are implemented.
- Unlike previous area inspection programmes, ESI does not include routine follow-up inspections unless there is an issue of serious concern that needs to be addressed quickly. The inspection of the Bedfordshire Probation Area has revealed a number of such issues and further inspection work will therefore follow.
- As well as reports on individual areas we will publish periodic reports about findings across several probation areas, reflecting the fact that this is an inspection of the NPS. Such reports will include addressing race equality and wider diversity issues, bearing in mind that, for example, the number of minority ethnic offenders is typically very small in many probation areas. These reports will also include comparisons of the performance of areas with similar characteristics.
- Over the three year period of the ESI programme we will be looking at the NPS's work with about 4,500 cases. We have arranged with the Home Office Research, Development and Statistics Directorate that cases in the sample will be followed through to the two year reconviction point. This will give a longer-term picture of the effectiveness of both individual areas and of the NPS as a whole. In addition, we will be contacting the area to obtain the OASys score at the end of supervision for each case examined in the inspection. This will make it possible to examine the impact of work done with the offender, in terms of change in the OASys score, over the whole period of supervision.

## SCORING SUMMARY SHEET

<b>Section A: Quality of management</b>	
A1: Leadership and planning	Partly met
A2: Resource allocation	Partly met
A3: Management and supervision of staff	Not met
A4: Partnership/contracting out	Satisfactorily met
A5: Effective communication with sentencers	Partly met
<b>Section B: Quality of assessment</b>	
B1: Assessment of risk of harm	41%
B2: Assessment of likelihood of reoffending	73%
B3: Case management	45%
B4: Documentation	67%
<b>Score for section B</b>	<b>55%</b>
<b>Section C: Quality of interventions</b>	
C1: Managing attendance and enforcement	87%
C2: Delivering appropriate supervision	61%
C3: Diversity needs	86%
C4: Responsivity	73%
C5: Management of risk of harm	67%
<b>Score for section C</b>	<b>75%</b>
<b>Section D: Quality of initial outcomes</b>	
D1: Interventions are delivered with the desired outcomes	70%
D2: Improvements are sustainable	53%
D3: Outcomes of interventions are assessed and reviewed using available data	Not met
D4: Interventions demonstrate value for money	69%
<b>Score for section D</b>	<b>66%</b>
<b>OVERALL SCORE FOR SECTIONS B-D (excluding D3)</b>	
<b>67%</b>	

## INSPECTION ARRANGEMENTS

- The ESI programme started in June 2003. All 42 probation areas comprising the National Probation Service for England and Wales are being inspected over a three year cycle, with areas of similar characteristics (in terms of size and population density) visited in the same year to facilitate comparisons in performance. This enables us to identify and promote effective work with offenders and disseminate information about good practice.
- Probation areas are being assessed on how well they have met defined inspection criteria focusing on the:
  - overall management of the area
  - quality of the assessments carried out on offenders
  - quality of the interventions carried out with offenders
  - initial results of the interventions, both in relation to criminogenic factors such as employment, accommodation and substance misuse, and also whether there has been any reduction in the risk of harm and the risk of reoffending.
- The inspection takes account of the regular NPS performance data. These are produced by the NPD who are responsible for their collection and quality assurance.
- Each inspection takes place over two weeks, about three or four weeks apart. The area is asked to identify a random sample of 100 offenders (more in the largest areas) who have been under supervision for approximately nine/ten months, 20 of whom are registered as high risk of harm. The cases come from most categories of orders and licences.
- During the first week of the inspection we examine the file, carry out an in-depth interview with the case manager and, where possible, interview the offender and any other people significantly involved in the supervision (e.g. accredited programme tutors, hostel key-workers, police in high risk of harm cases, CP supervisors, and staff of other organisations involved in providing a service to offenders in relation to drugs, alcohol, employment, etc).
- Inspection of about a third of the cases in the sample is carried out by experienced staff of the probation area being inspected. We think this provides a positive experience both for the area and the staff directly involved and that it increases ownership of the findings.
- The second week of the inspection involves meetings with senior and middle managers and Probation Board members to cover issues around the management of the probation area concerned, and to provide some feedback from the first week of the inspection. We also talk with the police in relation to the area's supervision of high risk of harm cases and with representatives of other organisations that are assisting the area with the supervision of offenders.
- ESI also includes an additional thematic element which, in due course, leads to the publication of a separate report describing the work of several probation areas. In the first group of probation areas being inspected in 2005/2006 the thematic element is on Enhanced Community Punishment/Unpaid Work. A summary of the provisional findings in relation to Bedfordshire is included at the end of this report.

## SCORING APPROACH

Assessment of the Quality of Management criteria is based on written evidence and discussions with Board members, managers and other organisations that work with the probation service in the supervision of offenders. A descriptive score is assigned to each of these criteria. Scoring of the Assessment, Interventions and most of the Initial Outcomes criteria is based on the inspection of work with the 100 offenders in the case sample. A numerical score is calculated for each of these criteria. More detailed information about the scoring methodology is available on the HMI Probation website.

### Quality of Management criteria

- A score is derived from assessment of performance on each of the individual evidence items within the criterion (excluding those relating to the NPD). Scores are defined as:
  - **Very well met:** very strong performance on each item
  - **Well met:** strong performance on each item
  - **Satisfactorily met:** strong performance on the majority of items and at least satisfactory performance on the others
  - **Partly met:** good performance on some of the items and at least satisfactory performance on the others
  - **Not met:** at best only satisfactory performance on some of the items
  - **Poor:** otherwise.
- For Leadership and Planning some additional weighting is given to performance on NPD and other Government targets. These are currently enforcement, compliance, accredited programme completions, ECP completions, DTTO commencements and completions, basic skills starts and awards, sickness absence, victim contact, and PSR timeliness.
- There is some discretion for lead inspectors for scores to be adjusted if this seems appropriate from other findings or contextual information.
- The same approach is adopted for the Quality of Initial Outcomes criterion D3 'Outcomes of interventions are assessed and reviewed using available data'.

### Quality of Assessment, Interventions and Initial Outcomes criteria

- A score is calculated for each criterion based on the reading of case files, interviews with case managers, contact with others significantly involved in the supervision and, if possible, conversations with the offenders themselves.
- Scores for each of the criteria are weighted as set out below, with the critical criteria being weighted as twice the important criteria.

Quality of Assessment		
B1	Assessment of risk of harm	Critical
B2	Assessment of likelihood of reoffending	Critical
B3	Case management	Critical
B4	Documentation	Important

Quality of Interventions		
C1	Managing attendance and enforcement	Critical
C2	Delivering appropriate supervision	Critical
C3	Diversity needs	Critical
C4	Responsivity	Important
C5	Management of risk of harm	Critical

Quality of Initial Outcomes		
D1	Interventions are delivered with the desired outcomes	Critical
D2	Improvements are sustainable	Important
D4	Interventions demonstrate value for money	Critical

- An overall performance rating for the area is then calculated, weighted as follows:
  - Quality of Assessment 30%
  - Quality of Interventions 40%
  - Quality of Initial Outcomes 30%
  
- The scoring sheet shows the assessment or score recorded for each criterion, plus the overall scores for Sections B, C and D. The assessment and scores are also recorded alongside the relevant criterion in the text.

## OVERVIEW OF THE AREA

- In terms of its main revenue budget of £7.5 million in 2004/2005, Bedfordshire is the 36th largest probation area in England and Wales. It has a total population of 381,572 with a population density (persons per square km) of 323, slightly lower than the England and Wales average of 348. As such, Bedfordshire is one of the ‘small size, higher density’ areas (outside the metropolitan areas and London) in the family grouping of areas which we currently use for making comparisons.
- The latest available data show that 6.7% of the population are from minority ethnic groups, which is higher than many other probation areas but still lower than the average of 9% for England and Wales as a whole.
- In 2004/2005 the number of all recorded crimes per 1,000 population was 101, similar to the figure of 105 for England and Wales as a whole. The corresponding figure for violent crime – 18 per 1,000 population – was also similar to the national one.
- In 2003 (the latest year for which data are available) 1,014 persons were found guilty or cautioned for indictable offences per 100,000 population, slightly lower than the England and Wales figure of 1,050.
- Data collected by the NPD on Bedfordshire’s performance on the main Home Office targets and on certain other key NPS and national standards targets are shown in the table overleaf. Except where indicated, the figures relate to the full year 2004/2005.
- The area had exceeded or met the target on enforcement, compliance, accredited programme, ECP and DTTO completions, basic skills starts and victim contact work. DTTO commencements and sickness absence had both not met the target but were still above the national average. Areas still requiring improvement were contact levels, basic skills awards, and PSR timeliness.
- The NPD produces a weighted scorecard comparing area performance against targets for some of the above results. The latest scorecard revealed that Bedfordshire was 19th out of 45 NPS Areas (41 areas plus London broken down into four separate quadrants) at the end of 2004/2005, an identical position to that which it had achieved in 2003/2004.

	Target	Bedfordshire	England & Wales average
Enforcement: breach taken where required within ten working days (all orders/licences)	90%	91%	87%
Compliance: % of cases with no more than one unacceptable absence (community orders) or two unacceptable absences (prison licences)	70%	79%	79%
Contact levels: % appointments arranged in line with national standards	90%	78%	85%
Contact levels: % appointments kept in line with national standards	65%	57%	61%
Accredited programme completions: % performance in relation to target	100%	104%	104%
ECP completions: % performance in relation to target	100%	121%	128%
DTTO commencements: % performance in relation to target	100%	83%	79%
DTTO completions: % performance in relation to target	35%	50%	36%
Basic skills: % performance against starts target	100%	100%	107%
Basic skills: % performance against awards target	100%	95%	118%
Home Secretary's race equality employment target	5.1% (target for the East of England Region )	6.1% (target achieved by the region in 2003)	11.3%
Sickness absence: average days absence	9 days	10.3 days	12.3 days
Proportion of victims of serious sexual/violent offences (where offender sentenced to custody of 12 months or more) offered contact within eight weeks	85%	92%	93%
Proportion of magistrates' courts reports prepared in 15 working days	90%	66%	73%

## SECTION A QUALITY OF MANAGEMENT

A1 Leadership and planning

Partly met

**Description:**

*The Board and CO lead the area in the achievement of national targets and implementation of national policies through the production of local policies and procedures which are regularly monitored and reviewed. Areas are enabled to work efficiently and effectively by the NPD who develop national targets and policies in line with Ministerial priorities and provides guidance and resources. The SMT is committed to the implementation of national and local targets and priorities, including What Works strategies, risk management and promoting diversity.*

**Strengths:**

- The Business Plan 2005/2006 set out clear local priorities and objectives within the national context. The CO on taking up post in June 2005 had amended certain parts of the plan with the Board's agreement. This included the reworking of targets for court reports and review of the management of high risk of harm offenders, with an acknowledgement that both required consistent and effective implementation of OASys to achieve targets.
- The Board had used its annual away day to build relationships with the new CO and clarify issues of accountability and role between him, the Board Chair and other members. This was reported as very helpful, and a document was produced from the day that identified actions and information required for the Board to function effectively. Attention in particular had been paid to the responsibilities of Board link members to ensure that their task remained strategic and not operational. The Board saw its role as "a process of negotiation with a collective experience achieving modification".
- The NPS Internal Audit and Assurance Unit's 2005 report had identified the area's risk management as being 'adequately controlled'.
- Bedfordshire had been placed 19th on the NPD's weighted scorecard in May 2005. Although this represented a slight drop from the position of 16th at the end of the previous quarter, it had been one of only two probation areas in the region that achieved above 90% in the broad basket of key performance links and therefore a full bonus payment. All staff had received an extra day's leave to mark this.
- In the past two years the area had developed a comprehensive Diversity Link Panel Action Plan to implement its Race Equality Scheme. The results of the plan were fed into the business planning process.
- An increasing emphasis was being placed on performance management, with the data for area target figures produced monthly and reviewed at every Board meeting. National targets had been translated into team targets, and bi-monthly meetings had recently commenced between the CO and middle managers to discuss team performance. A bi-monthly Leadership Forum had also replaced the previous managers' meetings and was welcomed by those involved as an effective arena for discussion of cross-cutting strategic issues and learning from each other.
- The CO issued briefings that were circulated to all staff regarding SMT decisions, so ensuring transparency and rapid communication of actions. He had also delivered a briefing

to the voluntary sector about regional changes and contestability at a partnership stakeholder event.

- The Board had been concerned that due to the existence of four CDRPs, attendance by probation at all meetings had been patchy. Action had been taken to ensure middle manager attendance to improve the development and operation of the PPO strategy defined in the business plan.

***Areas for improvement:***

- A number of national targets had not been met during 2004/2005, these being DTTO commencements, offender contact levels, basic skills awards and PSR timeliness. The latter had become a particularly difficult issue, with little improvement despite attention from a dedicated middle manager.
- Sickness absence had remained steady over recent years within the national target, but had increased in 2005 and, at the point of the inspection, was above the national target especially at one office. This was in part due to long-term sickness. Managers were also not confident about operating the existing sickness absence policy and expressed a need for guidance.
- Despite the existence of the Diversity Link Panel Action Plan, the area's EEM 2004 self-assessment indicated that this had not impacted on policy and practice. The business plan had defined as an improvement priority a more rigorous system for obtaining ethnicity data to ensure effective evaluation of equality could be measured for staff, offenders and victims. This was yet to be implemented, but it was hoped that the appointment of a new HR manager would drive this.
- Whilst a diversity plan existed and the area met statutory requirements, there was little engagement evident between probation and community groups. This was surprising in an area with such a rich ethnic mix. The CO had acknowledged this and wanted the LCJB to be the focus for this activity rather than the Race Equality Councils.
- Although policies and procedures had been written and placed on the intranet, it appeared that many staff were not familiar with these documents. The senior HR manager was part of the regional group that reviewed policies in the area, but there were no regular review procedures in place. Staff expressed concern, in particular about a lack of guidance about how to handle recording and storage of confidential public protection information.
- Although OASys had been in use since 2003, the SMT acknowledged that it had not been consistently or rigorously used by staff, with the situation not attended to due to inadequate quality assurance procedures. The SMT agreed that the phased implementation chosen as the process for introduction had made it difficult to measure staff compliance. Whilst almost all staff used OASys in parts, non-completion was a recurring theme especially with risk assessment. When interviewed staff said this was due to lack of time. An OASys improvement action plan had been devised prior to the inspection by a dedicated ACO. This was to be rolled out from July 2005 and detailed the transition to the full and effective use of OASys over the whole area. In addition, a risk of harm improvement action plan was in place to be implemented in September 2005. The CO and SMT were overwhelmingly committed to ensuring that the embedding and effective use of OASys occurred as central to area practice.

**Description:**

*The area demonstrates a strategic approach in allocating resources to deliver effective performance and shows positive results in relation to value for money.*

**Strengths:**

- The Chairs of the Board and the audit committee determined the priorities for resource allocation, with decisions subject to the scrutiny of other members. This ensured a more balanced area approach rather than the ad hoc resource decisions by management that had previously occurred.
- The finance team was regarded very highly by the SMT and Board and provided them with detailed and thorough monthly reports. The most recent NPS internal audit had described the area's budgetary control as 'well controlled'.
- The area had committed resources to support diversity issues. This included the funding of a women's support worker to work with IDAP when it is introduced later this year, and allocating four beds for women in one of its approved premises. External funding had also been secured for a worker to assist offenders with dyslexia issues on the Think First programme.
- Although there had been staff shortages over recent months, following a successful recruitment round the number of POs would soon be over establishment and that of PSOs at the correct level.

**Areas for improvement:**

- The area did not use a workforce management system and several ad hoc systems had evolved as a result. There was concern from staff that an imbalance between POs to PSOs remained in the two field offices. However, the area was working on the development of a bespoke system that it hoped would compliment the new national workload management tool when it was ready for use.
- Allocation of staff to posts had created the situation where some inexperienced staff acted as case managers with case management seen as the 'poor relation', whilst experienced staff were in specialist posts.
- Of particular concern was the difficulty in recruiting and retaining staff in CP/Unpaid Work. This is discussed in the thematic section of this report, along with the efforts undertaken to rectify the situation.
- There were considerable accommodation problems in the main probation office in Luton, which was cramped and unattractive. However, the amended business plan stated that funding had been agreed to develop a warehouse behind the existing office that would allow for more effective delivery of offender interviews and group work.

**Description:**

*The Board and CO have HR planning strategies that ensure delivery of effective supervision to offenders.*

**Strengths:**

- Staff at all levels reported regular supervision that was appropriate to their needs. In addition, managers operated an 'open door' policy for staff requiring advice on practice.
- The area had been successful in the recruitment of staff from minority ethnic groups, with the 2004/2005 Annual Report listing a figure of 18.1% for the whole staff group and one of 10.9% for managers. Whilst turnover of minority ethnic staff was lower than for staff as a whole, the area still wanted to ensure that this was reduced. The Diversity Link Panel Action Plan for 2005/2006 included clear objectives for the further recruitment and retention of minority ethnic staff.
- A staff newsletter 'Connect' was issued every quarter.

**Areas for improvement:**

- The area had a clear guidance policy for yearly appraisals, but there had been problems with its application. Only 21% of appraisals had occurred in 2003/2004 and, as result, it was decided to revise the document and add an accountability framework. In order to give time for the revisions to be made, the CO had halted the 2004/2005 appraisals and introduced as an interim measure a PPD for 2005/2006. A significant number of these had been completed, with a target that this should be achieved with 90% of staff by the end of November 2005.
- A number of staff from Bedfordshire had been successful in obtaining secondments both regionally and nationally. Whilst this was a sign of the high calibre of the staff, and was encouraged, it had left workload difficulties in its wake when responsibilities of seconded staff had to be reshuffled amongst those that remained. The CO had already taken action to address this.
- The CO and staff acknowledged issues regarding IT skills for eOASys users, risk of harm management and case management. Discussions with senior management during the inspection agreed that some of these issues were not solely about training but also about area acceptance of OASys as the crucial tool that holds and drives offender progress.
- The area policy indicated that PSOs should hold low or medium risk of harm cases where the risk had been already identified. All PSOs had received training on the use of eOASys, including risk of harm assessment and risk management, as part of the regional PSO induction training. Area policy stated that if the risk of harm changed for any reason, the case would return to the SPO for reallocation. In practice, we found that PSOs were holding cases where the risk had increased but the case had not been reassessed or reallocated.
- The area acknowledged that HR had not been well developed and reliable in the recent past. However, new appointments had been met enthusiastically by Board members and by staff at all levels who already could see improvements in the service. The amended business plan prioritised the focus for 2005/2006 on updating policies and job descriptions, resolving inconsistencies and improving the recruitment process.

**Description:**

*The Board and CO have strategies and procedures in place to ensure that the area's partnerships with both voluntary and statutory agencies support service delivery and are value for money.*

**Strengths:**

- Formal contracts existed with partnership agencies and each agency had a link person within the area to review work and act as an immediate contact point. Clear feedback and monitoring arrangements, together with defined targets, existed. Review dates were built into service level agreements that took place every three or six months. An annual partnership report was produced for the Board.
- Contracted partnership services at a strategic and operational level expressed satisfaction with working with probation and reported good communication and respectful practice arrangements. Some agencies were able to offer weekend as well as weekday delivery for programmes including Skills for Life.
- Partners within the MAPPA framework reported excellent formal and informal liaison between agencies at both a strategic and operational level. All partners were very positive about probation's role and particularly the work of the MAAPA coordinator who headed a well functioning team. Good information exchange existed between the coordinator and the Education Service over Schedule 1 offenders. To ensure a multi-agency approach, the area had located the MAPPA coordinator together with the victim liaison unit in the same building as police units.
- The area ran two approved premises, one of them mixed. Both took high and very high risk of harm offenders, with one taking at least 50% of MAPPA cases. The mixed premises, following a recent health and safety inspection, had reduced the female beds from six to four in order to ensure that they could be more securely managed. Both premises had achieved over the 90% occupancy target in the year 2004/2005.

**GOOD PRACTICE EXAMPLE**

*The partnership that delivered the DIDs programme was particularly flexible. It offered one-to-one work with women instead of the main group work programme where this was deemed a more appropriate way of meeting their criminogenic needs.*

**GOOD PRACTICE EXAMPLE**

*The MAPPA Senior Management Board used case studies at its meetings to assist organisational learning. The Board was appreciative of the opportunity to discuss operational practice that arose from its strategic decisions.*

**Areas for improvement:**

- The current partnership arrangements had existed for some time and, although they had worked well, a review was necessary to ensure that offender needs were adequately met, with service level agreements detailing succinctly what was required by probation.

- Supporting People was not prioritised by probation and the area struggled to maintain its commitment to both the commissioning and core strategy groups. Although the number of meetings was onerous given the paucity of offender accommodation in the area, this was not helping an already difficult situation.
- Where there was a significant turnover of staff within probation, partnerships found it difficult to establish good working links. This had been a particular problem at one of the area's offices.

A5	Effective communication with sentencers
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Partly met
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**Description:**

*There is high quality, proactive communication by the area, supported by the NPD, with local sentencers and clerks to the justices about the supervision of offenders and the provision of reports.*

**Strengths:**

- A Sentencer Survey undertaken in 2004 on the quality of PSRs had resulted in 89% of respondents rating them as excellent or satisfactory. Sentencers were particularly positive about writers' assessments of risk of reoffending, offence analysis and the accounting of offenders' personal circumstances and offending behaviour.
- The lead ACO and SPO had delivered Criminal Justice Act 2003 training to all magistrates, and a meeting had also taken place with the senior judge in the Crown Court to discuss appropriate guidance.
- A fast track procedure had been agreed with magistrates for PPO breaches.
- The Board found it helpful that four of its members were magistrates.

**Areas for improvement:**

- Although a written agreement was in place regarding working arrangements between the area and the magistrates' court service, including clear guidance on the use of SSRs, in practice difficulties existed, particularly in Luton. The area frequently had not provided short format reports on the day of the hearing. In addition, where PSRs were requested they were often not produced on the required date; these included cases where the offender had been remanded in custody. As one of the courts in the area had a high rate of custodial sentencing in the country, it was worrying that the PSR issue had not been rectified. The amended business plan prioritised the increased use of fast delivery reports and the launch of a new format standard delivery report to improve targeting of interventions which the area hoped would reduce the use of custodial sentencing.
- There had been problems about providing court cover in one court due to staffing problems. This was compounded by poor probation attendance at the court user group; lack of commitment and clear prioritisation by probation had prevented the situation being rectified. Recently, however, a reshuffling of middle managers had reallocated this role.
- Lack of communication by probation to the courts about the high number of CP stand downs meant that cases were arriving in court in breach and only then was the court aware of the stand down problems.

## SECTION B QUALITY OF ASSESSMENT

### B1 Assessment of risk of harm

41%

#### Description:

*Risk of harm is satisfactorily assessed using an approved instrument (OASys where available), specialist assessment tools, where relevant, and draws on MAPPA, other agencies' and previous probation service assessments.*

#### Areas for improvement:

- In only 49% of the general case sample was a satisfactory risk of harm assessment completed at the start of supervision. The figure for high risk of harm cases was even lower at only 42%. This and the other areas of improvement identified below were no doubt linked to the inconsistent implementation of OASys across the area.
- In 15% of all cases the risk of harm classification was inappropriate and in a further 13% of cases it was not clear. (We considered that whereas 53% of offenders were assessed by case managers as low risk and 24% as medium, this should have been 39% and 47% respectively.) There were also four high risk of harm cases that should have been assessed as medium.
- Satisfactory reviews of risk of harm were not routinely undertaken at 16 weeks as required by the national standard. In 77% of cases they were either of inadequate quality or they were not undertaken. An even higher figure of 79% was achieved in respect of the high risk of harm cases.
- Where there was a significant incident that gave rise for concern that should have led to a reassessment, this was undertaken satisfactorily in only 33% of cases. It was of even greater concern that in the 11 high risk of harm cases where a significant incident had occurred, a reassessment had been completed satisfactorily in only one of these.
- In over a third of the general case sample there was not a close fit between the interventions planned and the assessed level of risk of harm. Again the figure was higher with high risk of harm cases where half did not have a close fit.
- In 83% of high risk of harm cases a satisfactory risk management plan had not been completed within five working days as required by the national standard.
- Management involvement in the assessment was insufficient in 56% of high risk of harm cases. Often this was due to assessments being left without a countersignature when one was required. In addition, there were examples of case managers emailing managers with the request that an offender be considered for a referral to MAPPA, but there was no evidence in files that this had been followed through.
- The poor quality of risk of harm assessment was consistent across all sentencing. With CP in particular there were examples of inappropriately low risk of harm assessments that meant that offenders were sent on placements that were therefore potentially unsafe.

**Description:**

*The likelihood of reoffending and criminogenic factors are satisfactorily identified and assessed using an approved instrument (OASys, OGRS2, LSI-R, ACE).*

**Areas for improvement:**

- A likelihood of reoffending score was identified in 82% of cases (79% of the high risk of harm cases).
- The content of the assessment was sufficient in 79% of the high risk of harm cases, though this dropped to 72% for the whole sample.

**Description:**

*The case is managed effectively and interventions coordinated to enable criminogenic factors to be addressed and any risk of harm managed. The initial supervision plan or CPO assessment takes account of the PSR, SSR or sentence plan in licence cases, and describes an overall plan of work for each offender, in line with the assessments of risk of harm and need and the likelihood of reoffending.*

**Strength:**

- In 80% of the general case sample it was clear that the case manager had taken steps to ensure that the offender fully understood the requirements of the order or licence.

**GOOD PRACTICE EXAMPLE**

*An offender had refused to work with a particular case manager and the situation had become very entrenched. Discussion with a senior confirmed that to allow the offender to be reallocated to another case manager would continue a pattern of avoidance of issues. The case manager arranged a system of co-working to move the situation forward. All supervision sessions were held with the case manager and a co-worker. This alleviated the 'stuckness' and gained the respect and trust of the offender who quickly accepted this structure and progressed well throughout the rest of his sentence. All communication regarding this decision was clearly evidenced.*

**Areas for improvement:**

- We found a number of examples of good case management work throughout the sample, although the work undertaken in many of these was not tied to a supervision plan but was 'instinctive' in nature. Other cases had no evident focus and seemed unstructured in content. A significant amount of work was carried out on a one-to-one basis in supervision by the case manager, despite the reasonable availability of programmes and partnership resources. It was difficult to determine whether this was always the best choice or if case managers were 'owning' too much of the case work unnecessarily. This could be a contributory factor for the lack of time staff reported they had for undertaking OASys documentation.
- In the high risk of harm sample, only 63% of cases had clear evidence that the offender understood the requirements of the order or licence.
- Only 31% of relevant cases showed sufficient evidence of the risk management plan being integrated into the initial supervision plan. Case managers expressed confusion about what

could be put in a supervision plan and how to integrate MAPPA actions. This included concern about what an offender could and could not see with regard to MAPPA material. In some cases there was no indication on file to show that a case had been removed from MAPPA.

- ▣ Initial supervision plans met the timeliness and content requirements of the national standard in only 23% of all cases and in only 21% of the high risk of harm cases. Their content alone was sufficient in 39% (47% for high risk of harm).
- ▣ SMART objectives were contained in only 33% of cases, although the figure in high risk of harm cases was better at 47%.
- ▣ Liaison responsibilities were clearly defined in only 38% of cases (39% in high risk of harm).
- ▣ Appropriate interventions to address offending behaviour and community reintegration were identified in 44% of all cases and in 42% of the high risk of harm cases.
- ▣ Initial supervision plans were sensitive to diversity issues in 56% of cases, although with high risk of harm cases the figure was 65%.
- ▣ Evidence of the offender having been actively involved in the supervision planning was sufficient in 55% of cases but less so in high risk of harm cases at 47%.

B4	Documentation	67%
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Description:

*All relevant documentation is available and has been satisfactorily completed.*

***Areas for improvement:***

- ▣ Case records were well organised and complete in only 64% of cases (63% of high risk of harm cases).
- ▣ Recording was clear and sufficient in 70% of cases (72% of high risk of harm cases). Contact log entries in the sample were detailed, but this may have been at the expense of similar information being recorded on OASys. Where scores were low, discussions with case managers indicated that often work was occurring but it had not been evidenced.

## SECTION C QUALITY OF INTERVENTIONS

C1 Managing attendance and enforcement

87%

Description:

*Contact with the offender and enforcement of the order or licence is planned and implemented to meet the requirements of national standards.*

### **Strengths:**

- Attendance was monitored satisfactorily and action taken to ensure compliance in 84% of cases. Where staff in addition to the case manager were working with the offender on enforceable interventions, they reported that the process for enforcement and liaison with the case manager was very good.
- Judgements about the acceptability of absences were seen as appropriate in 93% of cases and in 89% of the high risk of harm cases.
- Breach action, where necessary, was undertaken within the required timescale in 90% of cases.

### **Areas for improvement:**

- Attendance was monitored satisfactorily with action taken as necessary to ensure compliance in 74% of the high risk of harm cases. Given the nature of these cases it was worrying that monitoring was less robust than with the whole sample.
- The frequency of appointments arranged conformed to national standards in only 71% of all cases and in 68% of high risk of harm cases.
- Only 26% of cases had received a home visit within the required national standard timescale. In part this was attributable to the workload prioritisation decision the area had taken.
- We were concerned that a significant number of offenders were not able to complete their CPOs within a year due to a lack of available work. Repeated stand downs meant that some offenders, whilst very keen to complete hours, were without work for weeks at a time. This was particularly so for offenders who worked full-time and could only undertake weekend work.
- In two out of nine relevant high risk of harm cases breach action had not been taken within the required timescale.

**Description:**

*Interventions are delivered to achieve the objectives identified in the initial supervision plan and recorded according to the requirements of national standards. Supervision is prioritised according to an ongoing assessment of risk and need and takes account of previous reviews and work already undertaken by the area and other agencies. Case managers oversee and coordinate the work of other staff and partner organisations and all staff play an active part in motivating and supporting offenders throughout their supervision.*

**Strengths:**

- Where an accredited programme was planned as part of an intervention, high risk of harm offenders commenced the programme within the national standard's timescale in 75% of cases.
- Case managers implemented additional requirements sufficiently in 87% of all relevant cases and in 91% of high risk of harm cases.
- Other relevant people we interviewed, who were involved in offender work with probation staff, spoke appreciatively of the satisfactoriness of the liaison arrangements.
- There were some good examples of case managers working to enhance offenders' community integration, addressing such issues as accommodation, employment, drugs, alcohol and family relationships.

**GOOD PRACTICE EXAMPLE**

*Robert was a domestic violence perpetrator and was difficult to engage with in supervision. His case manager drew up a focused supervision plan that clearly defined what victim work would cover. This commenced by challenging him about his offence against his wife. Supervision sessions kept closely to the plan and carefully extended the work to challenge the offender's views of women in general. All sessions were well documented and showed progress that was reported in review plans.*

**GOOD PRACTICE EXAMPLE**

*The area had been part of a pilot that allowed oral drug testing for Class A drugs as part of a community order or licence condition. Staff spoke favourably of how helpful this had been for offenders. Julie, a long-term Class A user, had been given a Drug Abstinence Requirement as part of a CRO that entailed regular drug testing. Test results showed that, despite a long history of Class A use, she was no longer using illegal drugs. Julie showed the receipts indicating a negative test result to her family which began to regain their trust. Throughout, the case manager liaised formally and informally with the drug testing staff and arranged supervision appointments to synchronise with drug testing.*

**Areas for improvement:**

- In only 22% of cases (16% for high risk of harm) had progress against supervision plan objectives been satisfactorily reviewed every 16 weeks in line with the national standard.

- Only 31% of the cases contained reviews where the content was appropriate. The figure for high risk of harm cases was slightly better at 42%. These and the preceding scores were partly the result of poor use of OASys.
- SMART objectives had been set in only 28% of supervision plan reviews, although high risk of harm cases scored better at 47%.
- We took the view that appropriate interventions, with the timing and sequencing reflecting the offender's risk of harm and likelihood of offending, had been carried out in only 58% of all cases and in only 47% of high risk of harm cases. These were particular matters of concern.
- Where an accredited programme was planned as part of an intervention, the offender had commenced the programme within the national standard's timescale in only 68% of relevant cases.
- Victim awareness issues were not properly addressed in about half of the cases seen, although inspectors saw examples of good work between case managers and the victim liaison unit.
- Whilst there were some good examples of managers motivating offenders by reinforcing the work undertaken by others, the work was still only assessed as sufficient in 59% of cases (56% in high risk of harm cases).
- In over a quarter of the CP cases inspectors considered that the work was not demanding enough or that it did not fully occupy the offender.
- We considered that interventions challenged the offender to accept responsibility for the offence and its consequences in 49% of all cases and 42% of high risk of harm cases.
- In only four out of the 14 relevant cases did the supervision plan reviews properly integrate the MAPPA or other relevant risk management action plan. As mentioned in B1, some of this may have been due to case managers' confusion about what to put in records that could be viewed by the offender.

C3	Diversity needs
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86%
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**Description:**

*There is a full range of interventions to meet diverse needs. There is evidence of appropriate support arrangements for women, minority ethnic and disabled offenders.*

**Strength:**

- The delivery of interventions was sensitive to diversity issues in 81% of all cases and 78% of high risk of harm cases.

<b>GOOD PRACTICE EXAMPLE</b>
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<p><i>Carlo received a sentence for drink driving offences. He was an Italian speaker with very poor English and had not been convicted before. The case manager picked up his anxiety at suddenly being part of the criminal justice system aged 50 and decided to deliver the DIDs programme in supervision sessions (she had been a tutor previously) with an interpreter present. She ensured that the same interpreter was used each week and together the programme was successfully completed.</i></p>
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**Areas for improvement:**

- CP placements and programmes were not always prepared for diversity issues such as language.
- Although diversity issues were taken very seriously and the area was meeting or nearly meeting the national basic skills targets, we found that literacy and dyslexia were sufficiently addressed in only 64% of relevant cases.

C4	Responsivity	73%
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Description:

*Offenders' learning style, motivation and capacity to change are taken into account in the assessment and intervention plan.*

**Strength:**

- There were seven high risk of harm licence cases in the sample and the quality of the pre-release work was found to be sufficient or excellent in six of these. Performance in the overall sample was not as good, but was still sufficient or excellent in 15 out of 21 relevant cases. These were higher figures than we normally discover.

**Areas for improvement:**

- Consideration had been given to the most effective methods of working with the offender (for example the type and pace of activity, the CP work placement, accredited programme, or hostel provision) in only 61% of cases (56% in high risk of harm cases).
- Due to the paucity of CP placements, many offenders were not able to benefit from working consistently on one project. Offenders who were able to work on a single project expressed their satisfaction with seeing it through.

C5	Management of risk of harm	67%
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Description:

*Risk of harm is actively managed in consultation with other agencies.*

**Areas for improvement:**

- The type and level of intervention was appropriate to the assessment of risk of harm in 74% of cases in the general sample and in 58% of the high risk of harm cases.
- We were concerned about instances of an insufficient response to potential changes in offenders' identified risk of harm. Only 56% of relevant cases overall had had appropriate action taken in such circumstances, with an even more worrying figure of 47% with the high risk of harm cases. This seemed to be for two reasons – case managers not consistently identifying changes in risk of harm and then not necessarily carrying out a review and reassessment.
- Satisfactory inter-agency risk management plans had been produced in only 44% of relevant cases, despite the good MAPPA structures. Plans were executed appropriately in half of these cases and reviewed in only 43% of them.

- In both the whole and the high risk of harm sample there were very few cases where probation was involved with child protection arrangements, but in both samples there were examples of this being insufficient.
- Where a potential public protection issue had arisen, action had been sufficient in only 67% of the relevant cases.
- Home visits had occurred in just over half of the high risk of harm cases.

## SECTION D QUALITY OF INITIAL OUTCOMES

D1 Interventions are delivered with the desired outcomes

70%

Description:

*Planned objectives are achieved and the risk of harm/likelihood of reoffending is demonstrably reduced.*

### **Strengths:**

- In 83% of the cases inspected there had been no conviction for a further offence committed since the start of the order or licence. However, there was a lower figure of 68% for the high risk of harm cases.
- In three-quarters of the high risk of harm cases the risk was shown to have been successfully contained, with an actual reduction in risk also being evident in three cases.

### **Areas for improvement:**

- About three-quarters of the high risk of harm cases and about two-thirds of the overall sample had attended all or nearly all their planned appointments or work sessions.
- OASys had been reassessed in only 17% of the whole sample of cases and in 39% of the high risk of harm cases. The score had improved in 35% of all cases and in 14% of high risk of harm cases. Due to the lack of OASys reassessment, the area could not use outcome data to evaluate progress at a micro or macro level.
- Case managers identified a range of criminogenic factors associated with offenders subject to supervision. The major factors identified were deficits in thinking skills, followed by employment problems, alcohol issues, mental health issues and relationship concerns. Progress on these factors was reported in only half the cases.
- Evidence of positive change in attitudes, beliefs and behaviour in relation to offending, and an increased awareness of the effect of the offence on the victim(s), was evident in only 40% of the whole sample and in 28% of the high risk of harm cases.
- Demonstrable improvement in community ties and social circumstances was evident in 45% of the whole sample and in 39% of the high risk of harm cases.
- In only 38% of the whole sample of cases was there evidence that learning outcomes or skills had been applied. The figure was slightly higher at 42% for the high risk of harm cases.
- 66% of all cases and 58% of the high risk of harm cases had complied to date with the conditions of their order or licence.

D2	Improvements are sustainable	53%
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Description:

*Results are capable of being sustained beyond the end of supervision.*

**Areas for improvement:**

- Case managers paid sufficient attention to long-term community reintegration issues in 53% of relevant cases overall and in 63% of the high risk of harm cases.
- Where relevant, attention had been given to the offender maintaining contact with mainstream organisations to address criminogenic need in 43% of cases overall and in 44% of the high risk of harm sample.

D3	Outcomes of interventions are assessed and reviewed using available data	Not met
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Description:

*All available data are used to assess the effectiveness of interventions.*

**Strengths:**

- The area was moving to a performance led service and had begun to develop structures to ensure that data from each team could be analysed and used to improve delivery.
- The PPO target in Bedfordshire was to reduce the likelihood of reconviction by 12% in relation to all such cases commencing supervision between April 2004 and April 2006. Data for the first ten months showed that only four out of 53 offenders had sustained new charges.

**Areas for improvement:**

- Due to the inconsistent use of OASys, reliable outcome data were not available.
- There was little evidence of case managers or seniors reviewing cases in terms of quality of assessment, interventions and outcomes.

D4	Interventions demonstrate value for money	69%
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Description:

*Interventions are delivered with efficient and appropriate use of resources.*

**Strength:**

- Over three-quarters of all cases had resources allocated to them that were consistent with the offender's risk of harm and likelihood of reoffending.

**Areas for improvement:**

- In the high risk of harm sample the use of resources was consistent with the offender's risk of harm in only 58% of cases and with the likelihood of reoffending in 63%.
- In the sample as a whole, resources were assessed as being used efficiently to achieve planned results in roughly half the cases.

## **THEMATIC ELEMENT: ENHANCED COMMUNITY PUNISHMENT/ UNPAID WORK**

### **SUMMARY OF THE PROVISIONAL FINDINGS FOR BEDFORDSHIRE**

#### **Introduction**

Every inspection in the ESI programme includes a thematic element. In the first group of probation areas being inspected in 2005/2006 the thematic element was on ECP/Unpaid Work. A full report on the whole thematic inspection will be published as soon as possible after the visit to the last of these areas.

Pending publication of the thematic report, each of the area ESI reports includes a summary of the provisional ECP/Unpaid Work findings for the area. The summary for Bedfordshire is given below.

#### **Thematic element inspection arrangements**

The inspection took place during the first six months from the implementation of the Criminal Justice Act 2003, which introduced the new community order with unpaid work as one of its possible requirements. Although the cases inspected were all CPOs and CPROs that had started before the Act's implementation, we expected areas to be preparing for the new legislation and beginning to respond to the new sentencing arrangements.

There was no separate case sample for the thematic element, and the findings relate to the 23 CPO and eight CPRO cases in the whole area group of cases. In addition, we spent two days visiting placements and interviewing offenders, supervisors and beneficiaries, followed by a day of meetings with senior and middle managers, case managers and supervisors.

#### **Quality ratings**

**Quality of ECP/Unpaid Work Management:** Of the six Management criteria (A1-A5 and D3), one was satisfactorily met, one was partly met and four were not met.

The other criteria were scored by analysing the work done by the area in the 31 cases inspected. The scores for the individual questions were weighted and aggregated to produce the following three quality ratings.

<b><i>Quality of ECP/Unpaid Work Assessment</i></b>	<b>50%</b>
<b><i>Quality of ECP/Unpaid Work Interventions</i></b>	<b>65%</b>
<b><i>Quality of ECP/Unpaid Work Initial Outcomes</i></b>	<b>58%</b>

## Overall assessment

- The acting scheme manager had worked positively in difficult circumstances for over a year to keep the operation going.
- An inadequate level of supervisors, particularly at the weekend, had led to an unacceptable level of offenders being either told in advance not to report for work or being stood down on the day.
- The approach to workforce planning since the implementation of ECP had contributed to a high level of staff turnover and an inconsistent approach to management, support and development. It was inevitable that the quality of performance would also be inconsistent.
- There were some good examples of long-term projects offering the potential for skills development for offenders and benefits to the community. A partnership arrangement with a conservation-based charity had led to funding to develop a guided skills learning project on site.
- Supervision plans and reviews were not routinely completed and little attempt was made to match offender need to placement quality.

## Recommendations

*The Probation Board should ensure that:*

- *the CP action plan, in relation to the management and staffing of the scheme, is implemented without delay*
- *a review of staff development needs, in relation to all aspects of case management including the use of risk of harm procedures, is undertaken and actioned*
- *basic operational data are collected and used to improve the management of the scheme*
- *the information needs of supervisors on worksites are defined and addressed*
- *procedures for the management of CPROs include the proper enforcement of orders.*

## OVERVIEW OF THE BEDFORDSHIRE ECP/UNPAID WORK SCHEME

- At a strategic level ECP/Unpaid Work was led by an ACO who had responsibility for all interventions. He had been in post for only three months prior to the inspection and the CO was also newly appointed. There were two CP units in the area based on the two centres of population in Bedford and Luton, with the latter being significantly larger. The management establishment consisted of a full-time scheme manager, two senior practitioners and a half-time QAM.
- The new CO had quickly identified CP as requiring improvement and had commissioned a review by the new ACO. An action plan to address perceived shortcomings had been agreed and its implementation was now underway. This concentrated on staffing, management information and practice development.
- The inspection took place 13 months after the previous substantive scheme manager had started a period of sick leave. During most of the intervening period the project development manager (a senior practitioner) had acted up in this role either full or part-time. A second senior practitioner role was mainly dedicated to the supervision of case management but this and the QAM post had been filled and then vacated several times during the same period. A new substantive scheme manager had just been appointed internally and was working part-time until she could be released from her current role. There was a recruitment exercise in hand to fill all outstanding vacancies, but actual appointments were being delayed by a three month wait for CRB checks.
- It was acknowledged by the area that stand downs due to a lack of supervisors, particularly at the weekend, were at an unacceptably high level.
- When ECP was implemented in 2003 the area had created the combined case manager and supervisor role to maximise flexibility. A decision had been taken to end new appointments to this role following an unsuccessful round of recruitment and it had then reverted to the traditional split. However, the recruitment of supervisors who were available to work at weekends had proved equally problematic and vacancies had remained unfilled. There was currently a mixture of case manager/supervisors, case managers working week days only, permanent supervisors, agency supervisors, part-time contracted supervisors and two agency case managers. The case manager role was limited to the PSAI and PPWS for the main contact with offenders; thereafter the role was largely an administrative one unless contact was necessary due to enforcement.
- There were three administrative staff based in the two scheme offices (two of whom were employed via an agency) and a full-time scheme administrator.

## FACTUAL INFORMATION

### Investment

Investment in CP* as a % of total budget spend	2003/2004	2004/2005	2005/2006
Staff	7.4%	7.9%	7.4%
Workshops	–	–	–
Vehicles	0.15%	0.15%	0.14%
Equipment	0.18%	0.13%	0.12%
<b>Total</b>	<b>7.73%</b>	<b>8.18%</b>	<b>7.66%</b>

\* In order to facilitate comparison over the whole thematic inspection, no central costs are included.

### Workload

Commencements by order type as a % of all commencements	2003/2004	2004/2005
CPO	33%	30%
CPRO	6%	7%
CPOs/CPROs	39%	37%

### Key headlines from the NPS placement survey undertaken in November 2004

Type of agency	
Retail	22%
Faith institution	10%
Local authority	4%
Social care	6%
Education	12%
Environmental	8%
Animal care	2%
Other	35%

Which groups benefited from ECP work in Bedfordshire in 2004	
Children and young persons	23
Disabled persons	22
Homeless persons	7
Minority ethnic populations	8
Elderly persons	16
Other	3
<b>Total</b>	<b>79</b>

## Caseload detail

Overall Bedfordshire ECP caseload August 2005	ESI sample Bedfordshire September 2005 (31 cases)
45% had an OGRS2 of under 41% *	35% of the sample had an OGRS2 of under 41% (11 cases).
No information available	14 cases (45%) were assessed as low risk of harm. In a further 11 cases (35%) it was not clear what the assessment was.
No information available	6% (two cases) were assessed as high risk of harm.
* In 44 or 6% of cases no OGRS2 was recorded.	

## SECTION A QUALITY OF ECP/UNPAID WORK MANAGEMENT

A1: Leadership and planning:	Assessment
<p><i>The Board and CO lead the area in the achievement of ECP targets through the production of local policies and procedures which are regularly monitored and reviewed. The SMT is committed to the implementation of these national and local targets, including case management, risk management and promoting diversity.</i></p>	<p>NOT MET</p>

### **Strengths:**

- There was evidence of appropriate planning and investment to achieve the targets required for the NPD to sign off the ECP implementation plan as satisfactory. This had been done in September 2003 with no significant outstanding issues identified.
- The new CO had recognised the need for improvement in the management of the CP scheme, in particular the need to recruit to vacancies and had made this a priority for the newly appointed ACO in June 2005. An improvement action plan was in place with targets for staffing, the development and use of management information, and elements of case management. The plan was being monitored and progress reported regularly to the SMT.
- During 2004/2005 the area had exceeded its national target for ECP completions at 121%, but had been less successful so far in 2005/2006.
- There was evidence of communication about expectations and changes from managers to staff via monthly team meetings and email. The new ACO had made communication with staff a priority. Whilst clearly there had been no history of using meaningful performance information beyond the limited NSmart data, some – the level of stand downs – had recently been introduced into meetings with a view to improving performance.

### **Areas for improvement:**

- Offenders were being stood down on a large scale in Bedfordshire. The whole of a unit's caseload had received letters telling them not to report to work on some summer weekends and half or more of the caseload at a time were regularly stood down. The worst example in the case sample was of one man being instructed not to work on 16 separate occasions. Offenders who needed to undertake CP in groups at the weekend due to being in employment had little chance of completing their hours in 12 months. The area was unable to say how many orders were still outstanding 12 months post-sentence.
- The staffing situation outlined in Section A3 below accounted for much of this. This was being compounded when supervisors rang in sick on the day, which was not an infrequent occurrence. Bedfordshire had no back-up duty system so offenders who were instructed to report direct to site were finding themselves doing so only to be turned away. They were then only given half an hour against their order, which was half of what would be expected in other areas.
- Not surprisingly compliance had also deteriorated significantly to around 50% or below in July and August. The situation described above was also made worse by the number of letters being sent out each week amending work instructions that contained inaccurate information. A further consequence was the reluctance amongst staff to breach offenders who had been stood down frequently and who had also had inaccurate information about instructions or their enforcement status. This had had an impact on the area's enforcement overall performance according to the July performance report.

- The area was mainly relying on recruiting to supervisor vacancies to resolve the problem with stand downs, despite previously failing to do so. Moreover, even if this was to be achieved, it would have no impact before November/December due to delays in completing CRB checks that were beyond the area's control. Other measures included a new duty system planned for weekend cover and a recent requirement of staff to over-instruct to avoid having small work parties. The latter had yet to have an impact and most work parties were below capacity.
- It had only recently emerged that no credit was given to offenders for travelling time as per the national standard. The area was attempting to rectify this but it would have a small impact on the backlog of hours. Offenders themselves suggested working longer than the six hour minimum day, but this did not seem to be under consideration. A more radical approach to weekend supervision and to reducing the number of orders would be necessary to be effective but this would need to involve an agreement with the courts and investing existing staff time into CP supervision.
- It was acknowledged that there had been a lack of meaningful management information about CP beyond the NSmart data that gave a snapshot of national standards performance in a small number of cases. This had been partly addressed by the production of a weekly report of offenders instructed and stood down. There was still a need for other information to be routinely available, e.g. actual team and individual performance on enforcement.
- There was as yet no protocol with local YOTs, but unusually most CP orders on 16 and 17 year olds were managed by the YOTs themselves using a two-hour placement day.
- An active health and safety committee oversaw implementation of the area's health and safety strategy. All placements were risk assessed and documentation was completed in all cases. No one in Bedfordshire had a health and safety qualification, although a member of the committee was working towards this and was acknowledged as the area's Competent Person by the NPD. The acting scheme manager, who was experienced but held no qualification, carried out risk assessments. The amount and quality of health and safety training delivered to CP staff was insufficient.
- A decision had been taken a number of years previously that beneficiaries should provide equipment as well as materials. Whilst this was a satisfactory arrangement in relation to large permanent placements with organisations with their own tested equipment, this did not necessarily apply to smaller voluntary organisations.
- No evidence of planning to promote race equality or other aspects of diversity via the CP scheme and no associated monitoring were in place. Given the diverse nature of the communities in the area, some of the group placements clearly benefited black and minority ethnic communities. However, this was underdeveloped as a strategy.
- There was a policy and procedure for the assessment and management of risk of harm that applied to all staff and order types. However, there was no evidence of it being embedded in CP practice. It was also not supported by statistical data, hence the area's inability to give inspectors the number of offenders subject to CPOs or CPROs who were classified as low, medium or high risk of harm. OGRS2 data in 6% of the unit's caseload were also missing that begged questions about assessment and allocation given the differential approach applied to those assessed as having an OGRS2 score of under 41%.
- In each CP office there was a T-card system which is a simple and efficient method of managing the caseload. Inspectors had been told that a red star attached to a card was an indicator of risk. This was not however found to be the case but was a legacy of former systems. Information was said to be given verbally to supervisors, but there was no procedure or common understanding of what this should contain and in what circumstances.

This situation needed immediate attention. Staff training records were seen and whilst staff had had OASys training there was no evidence of assessment and management of harm training.

A2: Resource allocation:	Assessment
<i>The area demonstrates a strategic approach in allocating resources to deliver effective performance and shows positive results in relation to value for money.</i>	PARTLY MET

**Strengths:**

- At the time of ECP implementation in 2003 investment in CP had been increased, with some subsequent increases in following years. Current staffing problems did not appear to be linked to a lack of funds to employ people. Appropriate investment had been made in project development and quality assurance posts.
- A joint bid for ESF funding with BCTV, a registered conservation charity, had been successful in attracting money to implement Guided Skills Learning in relation to conservation work.

**Areas for improvement:**

- As in some other probation areas the CP scheme was regarded as rather separate from the rest of the service. There was no suggestion that CP had been starved of funding but, during efforts to rectify staff and management absences, there was an almost constant stream of staff who were allowed to move out of CP into other areas of work. Turnover for the last year was estimated to have been as high as 80%. This could have been partly addressed by the development of a procedure that did not allow mobility within the organisation before a specified period had elapsed. Moving in an experienced manager from another part of the organisation, when it became clear that there was going to be a long gap, would have addressed this problem. This would also have had the impact of not depleting the senior practitioner resource in the unit.
- Given the level of staffing it was inevitable that investment in developing links with black and minority ethnic communities had not progressed. In such an ethnically diverse area there were links to be made. Whilst progress was not satisfactory the area was aware of this and planned to address it once the project development officer returned to her substantive role.

A3: Management and supervision of staff:	Assessment
<i>The Board and CO have HR planning strategies that ensure delivery of an effective CP scheme.</i>	NOT MET

**Strengths:**

- There was a training plan that linked the achievement of business objectives to individual development. The area had invested in a PSO general foundation programme which most CP staff were attending at the time of the inspection.
- Despite the lack of managers in post over the past year and more, the acting scheme manager had maintained a commitment to supervising permanent case managers on a regular basis. Whilst unable to undertake the full appraisal process with staff, they had had a review of the objectives set in PPDs.

- The ACO had introduced a meeting with case managers, who were to be confirmed in post, where he discussed their work with them. This had been viewed with suspicion by some staff but was further evidence of his plan to become more visible to them.
- All supervisors, including agency staff, were invited to a monthly evening meeting.

***Areas for improvement:***

- When ECP was implemented a decision had been taken to create the combined case manager/supervisor role as permitted in the guidelines. Recruitment to this role had proved to be problematic and had been abandoned after one round in the summer of 2003 with only three of the planned seven posts filled. The area had reverted to recruiting separately to case manager and supervisor posts but, unfortunately, subsequent plans had also been unsuccessful in attracting suitable supervisors who were prepared to work at the weekend.
- Staff employed through an agency were used to an unusual degree in Bedfordshire. They had been employed prior to ECP instead of sessional supervisors due to recruitment difficulties and this expensive solution continued to the present day. At the time of the inspection there were two agency case managers, one of whom had been in post for two years, two agency administrative staff who had been in post for up to a year and we met a number of supervisors who had been thus employed for two or three years.
- Managers had been advised by previous HR colleagues that it was not possible to train agency staff so only minimal training was given. They had had no training on ECP, OASys or health and safety, yet held key positions. A recruitment round was in place during the inspection and should it prove successful agency case managers and supervisors would not be retained. The administrative posts would also be replaced when the CP unit was reorganised into an offender manager/interventions split in January 2006.
- Whilst the majority of work produced by offenders under the supervision of staff and partnerships was of good quality, on one visit we also saw some that was poor. The area was making good the poor work, but supervisors who had gone in to rectify the work of their colleagues were unhappy about this. There was also some evidence of a poor level of supervision in relation to smoking and mobile phones which is unusual in a CP scheme.
- All staff interviewed for this inspection held the view that the training they had received was inadequate to enable them to do their job satisfactorily. Supervisors said in the main that they had had only half a day's health and safety training. Case managers appointed earlier in the year had had OASys training but had not found that it addressed their role in CP and, as a consequence, did not understand how and when to use it. They also felt unsupported in their unit when they asked for advice.
- Supervision for permanent supervisors had been devolved to the project development manager. However, as she was also then acting as scheme manager their supervision had not taken place for some time.
- Despite the mainly positive level of communication between managers and case manager staff, there were clearly some tensions between what the two groups understood about their respective responsibilities. For example, it was explained to inspectors that in the absence of a risk screening, CP case managers should do one. However, during case assessment interviews more than one case manager said that this was not their responsibility. At the meeting with case managers there were also several versions of who should do what and how in relation to the use of supervision plans.

A4: Communities and beneficiaries:	Assessment
<i>The Board and CO have strategies and procedures in place to ensure that the area's partnerships with both voluntary and statutory agencies support service delivery and are value for money.</i>	SATISFACTORILY MET

**Strengths:**

- The area had developed a range of sound long-term projects with a number of good quality providers, particularly in the Bedford area. Marston Vale Forest Centre regularly took two supervised work parties and offered opportunities to learn skills as well as providing contact with beneficiaries. This was a conservation project where BCTV had introduced Guided Skills Learning under the ESF funded contract.
- For a number of years the area had worked in partnership with the RSPB with a supervised group working under the direction of a member of its staff. This also afforded contact with beneficiaries and an opportunity to work alongside the organisation's volunteers. This was a high profile project that had brought positive television publicity to the area.
- In her former capacity as project development manager the acting scheme manager had made use of her knowledge and expertise in community development work to forge links with Luton Borough Council and the Safer Luton Partnership, including going out and making formal presentations to officials and members. A number of painting jobs had ensued and she saw potential to expand the activity with other local authorities once supervisor capacity allowed this.
- Residents in one area were given the opportunity of selecting what community clean-up work offenders should be given. This was seen to be successful in terms of offenders using problem solving skills to determine how to clear-up alleys and paths and in them getting feedback from residents. The project had also anticipated the national Visible Unpaid Work scheme.

A5: Effective communication with sentencers:	Assessment
<i>There is high quality, proactive communication by the area, with local sentencers and clerks to the justices about the CP scheme.</i>	NOT MET

**Areas for improvement:**

- An unquantified number of orders had passed the 12 month stage without being returned to court for an extension to be requested. At the time of the inspection an agreement had been reached with a courts legal executive that it was not necessary to do so as, legally, the order was still in force. This was said to be to save the court work. Any such orders that were returned to court in breach would also have the period extended at the same time. Following comments made during the inspection, a further discussion with courts' staff had led to an agreement that application for an extension would again become normal practice.
- The CO had decided that he would not approach courts formally to discuss a more organised response to the situation he had inherited, one where there was no hope of existing orders being completed on time as well as a growing back log as new orders were made. Our view was that the courts should now be fully informed about what was happening to the orders they were making.

## SECTION B QUALITY OF ECP/UNPAID WORK ASSESSMENT

<b>B1: Assessment of risk of harm:</b>	<b>Score</b>
<i>Risk of harm is satisfactorily assessed using an approved instrument (OASys where available), specialist assessment tools, where relevant, and draws on MAPPA, other agencies' and previous probation service assessments.</i>	29%

### **Areas for improvement:**

- ▣ Concerns about procedures in the unit expressed in Section A1 were borne out in the case file assessments. The movement of managers in the unit meant that there had been no case manager senior practitioner in post over a number of months. This was the only probation officer post so there was no-one in the unit who could countersign a screening or undertake a full risk of harm analysis. There were arrangements for assessments to be made or countersigned outside of the unit but these were clearly not fully used.
- ▣ A satisfactory risk of harm assessment was found in only 60% of cases at the start of supervision. This was unsatisfactory, even though it was a higher figure than that of 49% achieved by the overall case sample in the inspection. A review of risk of harm was subsequently to be found in only 19% of CP cases.
- ▣ There was no consistent arrangement for informing supervisors about cases that presented a risk of harm to the public. Staff who were both case managers and supervisors ensured that they were well informed but most supervisors had to rely on just being told about this as no written information was available.
- ▣ In five cases (16%) offenders were allocated to work with no risk of harm assessment completed. In a further nine cases (29%) inspectors took the view that the assessment was either inappropriate or unclear.

<b>B2: Assessment of likelihood of reoffending:</b>	<b>Score</b>
<i>The likelihood of reoffending and criminogenic factors are satisfactorily identified and assessed using an approved instrument (OASys, OGRS2, LSI-R, ACE).</i>	85%

### **Strength:**

- ▣ All cases had an OGRS2 recorded.

### **Area for improvement:**

- ▣ In eight cases (26%) there was no OASys assessment where the OGRS2 score indicated that one was necessary.

<b>B3: Case management:</b>	<b>Score</b>
<i>The case is managed effectively and interventions coordinated to enable criminogenic factors to be addressed (combined order cases) and any risk of harm managed. The initial supervision plan takes account of the PSR or SSR and describes an overall plan of work for each offender, in line with the assessments of risk of harm and need and the likelihood of reoffending.</i>	27%

**Areas for improvement:**

- In December 2004 the NPD had notified areas that an OASys need not be completed on cases with an OGRS2 of under 41%, but did not specify how they were then to fulfil the national standard requirement to have a supervision plan in place. Some areas had taken action to address this but this had not happened in Bedfordshire until the new ACO had put a system in place in the summer of 2005. Cases in the sample pre-dated this arrangement and satisfactory plans were found in only four cases.
- Whilst placements were assessed against quality standards, there were few QPMs in use matching offender need to placement. QPMs were also assessed as satisfactory in only four cases (15%). Case managers used a pre-ECP approach to assessment and allocation despite most of them having been appointed after ECP implementation. ICMS had a facility to match offender to placement but some staff did not seem to be aware that it was there or how to use it. Inspectors assessed that appropriate interventions were identified in only six or 19% of cases. Despite this, beneficiaries were in the main satisfied with the standard of assessment and matching. Supervisors also reported no problems with offender matching.
- The assessment made was considered to be sufficiently sensitive to race equality and wider diversity issues in 39% of cases.

<b>B4: Documentation:</b>	<b>Score</b>
<i>All relevant documentation is available and has been satisfactorily completed.</i>	64%

**Strength:**

- In 77% of cases recording was found to be clear and sufficient.

**Area for improvement:**

- A lower proportion of CP and CPRO records than the overall sample were found to be well organised and complete: 52% as opposed to 64%.

## **SECTION C QUALITY OF ECP/UNPAID WORK INTERVENTIONS**

<b>C1: Managing attendance and enforcement:</b>	<b>Score</b>
<i>Contact with the offender and enforcement of the order is planned and implemented to meet the requirements of national standards.</i>	85%

**Strengths:**

- Case managers made appropriate judgements about reasons for absence in 94% of cases, a very similar proportion to the overall sample.
- Where breach action was necessary this was carried out within the required timescale in 92% of cases, which was again similar to the figure for the whole sample.

### ***Areas for improvement:***

- In 12 cases (39%) offenders were not offered sufficient weekly hours to meet the national standard requirement. This was a reflection of some cases being instructed by letter not to report for work.
- In a further six cases offenders had reported to work only to be sent home due to lack of supervisors. This was the greatest cause for complaint amongst offenders interviewed on placement. Those needing to undertake CP at the weekend were in full-time employment and were often missing a further day's work to attend.
- Relationships between CP and CPRO case managers tended to be viewed as unhelpful by CP staff. This was particularly so in relation to enforcement where decisions to breach rested with the latter. We saw evidence on file of differences of opinion about the acceptability of reasons for absence which resulted in delays in implementing enforcement or in the CPRO case manager overruling their CP colleague's advice that breach was indicated. In our view breach action had been necessary and this contributed to case manager uncertainty about their responsibilities.
- CP staff complained about a poor level of communication between court probation staff and themselves. Examples were given of warrants for breach being withdrawn and no reason for this given to CP staff.

<b>C2: Delivering appropriate supervision:</b>	<b>Score</b>
<i>The principles of Integrated Case Management are applied consistently in ECP. Interventions are delivered to achieve the objectives identified in the initial supervision plan and recorded according to the requirements of national standards. Case managers oversee and coordinate the work of other staff and partner organisations and all staff play an active part in motivating and supporting offenders throughout their supervision.</i>	52%

### ***Strengths:***

- The area worked in partnership with BCTV an organisation that was able to provide guided skills learning on a regular basis at different sites, e.g. Marston Vale Country Park. This could lead to an NVQ.
- There had been an imaginative project over the summer in partnership with the police as a crime and disorder initiative. Offenders worked as part of a team taking out and overseeing a mobile skateboard track for use in different communities. This had been well received and would be repeated.
- Several projects offered opportunities for offenders to learn new skills and we observed problem solving at work and pro-social modelling led by a number of supervisors, e.g. at Shenfield Memorial Park and the sensory garden.

### ***Areas for improvement:***

- The good examples of practice above were overshadowed by the impact of the patchy staffing arrangements. The lack of matching of offender to placement according to ECP guidelines meant that integrated case management could not take place. Due to the lack of supervisors, particularly at the weekend, offenders were allocated to work according to their availability and location only.
- In only 18 cases (72%) was the work undertaken found to occupy the offender fully and to be demanding.
- A satisfactory review of the progress of the case had taken place in only three cases (10%).

- There was little evidence on file of the case manager motivating the offender to complete their order successfully or of liaison with others – this only occurred with 15 offenders (54%). This can in part be attributed to the role of the case manager in CP where, unless enforcement of the order became necessary, they would expect to have no contact with the offender after the PSAI or PPWS.

C3: Diversity needs:	Score
<i>There is a full range of interventions to meet diverse needs. There is evidence of appropriate support arrangements for women, minority ethnic and disabled offenders.</i>	87%

**Strengths:**

- In 81% of cases it was found that the offender was allocated to work that took account of their individual needs. This was particularly the case where an offender was in full-time employment so would not be instructed to work on a day that interfered with this.
- Where an offender’s level of understanding of the English language meant that an interpreter was required, one was provided at the PSAI.
- There was a good level of female staff in Bedford ensuring that women offenders need not be the lone female member of a work group. Two members of supervising staff identified themselves as being from black or minority ethnic groups. Staff reported that there were also sufficient numbers of black and minority ethnic offenders on CP for there to be no concerns about them being isolated on a work party. This was supported by our observations in relation to black and Asian offenders, but not in relation to offenders from white minority groups, e.g. from Eastern Europe.
- In an attempt to get some hours completed a ‘CP Booster Course’ had been commenced. This was actually a basic skills group running for one or two hours at the weekend and on one evening per week for those on CPOs.

**Areas for improvement:**

- The use of interpreters was not extended to the placement. Speakers of a language other than English got by with the assistance of supervisors and other members of the work party. This raised questions about their understanding of health and safety issues.
- The area made heavy use of writing to offenders to tell them not to report as instructed and these letters were not translated into any other language.
- Whilst all offenders seen had had a basic skills screening, few were aware that assistance with literacy and numeracy was available as part of their order. In seven cases in the sample (29%) we considered that there had been an unsatisfactory response to the offender’s basic skills needs.

C4: Responsivity:	Score
<i>Offenders’ learning style, motivation and capacity to engage with work are taken into account in the assessment and intervention plan.</i>	43%

**Strength:**

- We observed some good examples of where supervisors were able to work with a settled group and motivate them to get through their order and to learn new skills, e.g. long-term projects at Hockcliffe and St Bede’s Schools.

**Areas for improvement:**

- The quality of work in this section was significantly lower than for the sample as a whole due to the need to stand offenders down. This was linked to a poor level of compliance, to be further detailed in Section D1.
- Unusually, there were also some examples of a poor level of offender supervision leading to sloppy work that had to be made good. This was associated with agency employed supervisors.

<b>C5: Management of risk of harm:</b>	<b>Score</b>
<i>Risk of harm is actively managed in consultation with other agencies.</i>	46%

**Areas for improvement:**

- Whilst the majority of cases were assessed as being placed appropriately for work, this was not so in seven cases (23%).
- In seven cases there had been changes in the offender's assessed level of risk and in four of these we considered that the area's response had been insufficient.
- There were only two high risk of harm cases in the CP/CPRO sample and one of these was assessed as having been insufficiently well managed. In both cases there had also been an inadequate level of management oversight.

## **SECTION D QUALITY OF ECP/UNPAID WORK INITIAL OUTCOMES**

<b>D1: Interventions are delivered with the desired outcomes:</b>	<b>Score</b>
<i>Planned objectives are achieved and the risk of harm/likelihood of reoffending is demonstrably reduced.</i>	65%

**Strength:**

- Only 10% of the offenders in the sample had been convicted for a further offence committed since the start of the order, a better figure than that of 17% for the overall sample.

**Areas for improvement:**

- In 37% of cases there had been some progress on offenders' first priority criminogenic factor, a lower figure than that for the overall sample. CP is not intended to address criminogenic factors, although there was some evidence of supervisors giving advice about approaching relevant agencies.
- Due to the inadequate level of supervisors, compliance had been negatively affected and the attendance rate was only 53% in comparison with a whole sample figure of 68%.

<b>D2: Improvements are sustainable:</b>	<b>Score</b>
<i>Results are capable of being sustained beyond the end of supervision.</i>	33%

**Area for improvement:**

- Attention had been given to long-term community reintegration issues in 24% of cases and also to ensuring that the offender maintained contact with mainstream organisations to address criminogenic need in 21%. These contrasted with figures of 53% and 43% in the main sample.

<b>D3: Outcomes of interventions are assessed and reviewed using available data:</b>	<b>Assessment</b>
<i>All available data are used to assess the effectiveness of interventions.</i>	NOT MET

***Areas for improvement:***

- ▣ In three of the seven terminated cases in the sample there had been no exit interview.
- ▣ Although we were told by staff that exit interviews were carried out, case managers and supervisors said that they did not receive routine feedback unless there were problems identified.
- ▣ Until recently the area had had only NSmart data from which to monitor performance. Work was in hand to rectify this as part of the action plan already referred to.

<b>D4: Interventions demonstrate value for money:</b>	<b>Score</b>
<i>Interventions are delivered with efficient and appropriate use of resources.</i>	63%

***Strength:***

- ▣ We considered that the resources used were consistent with the assessed likelihood of reoffending and risk of harm in the majority of cases.

***Area for improvement:***

- ▣ In 65% of cases we considered that resources were not being used efficiently, a further reflection of the lack of supervisors.

## THE ROLE OF HMI PROBATION

HMI Probation is an independent Inspectorate, originally established in 1936 and given statutory authority in the Criminal Justice Act 1991. The Criminal Justice and Court Services Act 2000 renamed HMI Probation 'Her Majesty's Inspectorate of the National Probation Service for England and Wales. HMI Probation is funded by the Home Office and reports directly to the Home Secretary.

### Home Office Objectives

HMI Probation contributes primarily to the achievement of Home Office Objective II:

- more offenders are caught, punished and stop offending, and victims are better supported
- and to the requirement to ensure that custodial and community sentences are more effective at stopping offending. We also contribute to the achievement of Objective III through scrutiny of work to address drugs and other substance misuse, and to other relevant criminal justice system and children's services objectives.

### Role

- Report to the Home Secretary on the work and performance of the National Probation Service and Youth Offending Teams, particularly on the effectiveness of work with individual offenders, children and young people aimed at reducing reoffending and protecting the public
- In this connection, and in association with HM Inspectorate of Prisons, to report on the effectiveness of offender management under the auspices of the National Offender Management Service as it develops
- Contribute to improved performance in the National Probation Service, the National Offender Management Service and Youth Offending Teams
- Contribute to sound policy and effective service delivery by providing advice and disseminating good practice, based on inspection findings, to Ministers, Home Office staff, the Youth Justice Board, probation boards/areas and Youth Offending Teams
- Promote actively race equality and wider diversity issues in the National Probation Service, the National Offender Management Service and Youth Offending Teams
- Contribute to the overall effectiveness of the criminal justice system, particularly through joint work with other criminal justice and Government inspectorates.

### Code of Practice

HMI Probation aims to achieve its purpose by:

- undertaking its work with integrity in a professional, impartial and courteous manner
- consulting stakeholders in planning and running inspections and regarding reports
- forming independent inspection judgements based on evidence
- the timely reporting and publishing of inspection findings and recommendations for improvement
- promoting race equality and wider diversity issues in all aspects of its work, including within its own employment practices and organisational processes
- developing joint approaches with other Inspectorate and Audit bodies to ensure a coordinated approach to the criminal justice system

The Inspectorate is a public body. Anyone who wishes to comment on an inspection, a report or any other matter falling within its remit should write to:

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