



HM Inspectorate of Probation

# AUDIT OF ACCREDITED PROGRAMMES

North-West Region of the  
National Probation Service for  
England and Wales

*Report on:  
Cheshire Probation Area – Think First*

June 2001

---



---

## Acknowledgements:

We are grateful for the cooperation of staff from the Cheshire Probation Area in completing this audit.

The audit team comprised:

Christine Fiddes	Andy Bonny
Rosanna Heal	<i>Deputy Audit Manager</i>
Breda Leyne	Alan MacDonald
Kate White	<i>Audit Manager</i>
<i>Inspection and Audit Officers</i>	Frances Flaxington
	<i>HM Acting Deputy Chief Inspector of Probation</i>

## Glossary:

ACE	Assessment, Case Recording and Evaluation System
ACO	Assistant Chief Officer
CO	Chief Officer
HMIP	HM Inspectorate of Probation
IQR	Implementation Quality Rating
JAP	Joint Accreditation Panel
LSI-R	Level of Service Inventory-Revised
N/A	Criteria not assessed
OASys	Offender Assessment System
OGRS	Offender Group Reconviction Scale
PSR	Pre-sentence report
SPO	Senior Probation Officer

## Contents:

	Page
Context:	4
Scoring Approach:	4
Overview:	5
Findings and recommendations:	6
<b><u>SECTION A: COMMITTED LEADERSHIP</u></b>	<b><u>7</u></b>
<b><u>SECTION B: PROGRAMME MANAGEMENT RESPONSIBILITIES</u></b>	<b><u>9</u></b>
<b><u>SECTION C: QUALITY OF PROGRAMME DELIVERY</u></b>	<b><u>19</u></b>
<b><u>SECTION D: CASE MANAGEMENT RESPONSIBILITIES</u></b>	<b><u>22</u></b>
Next Steps	25
Scoring summary sheet:	26

---

### Context:

Programmes achieving accredited status have undergone a rigorous process of development and scrutiny to ensure they have maximum impact in terms of reducing reoffending. Selecting well-tested programmes is however only part of the picture – without effective implementation by probation areas much of the positive influence on offenders’ behaviour may be lost.

Establishing robust quality assurance systems and independent audit arrangements for accredited programmes is therefore crucial. HMIP is responsible for auditing accredited programmes on behalf of the JAP. Each probation area will be assessed against the delivery criteria given in the Performance Standards Manual June 2001, which also outlines how these criteria are to be met and evidenced.

### Scoring Approach:

The criteria for the delivery of accredited programmes have been divided into 4 sections. These sections, and the overall weighting assigned for each section, are as follows:

<b>Committed leadership and supportive management</b>	<b>20%</b>
<b>Programme management responsibilities</b>	<b>30%</b>
<b>Quality of programme delivery</b>	<b>30%</b>
<b>Case management responsibilities</b>	<b>20%</b>

Each criterion is scored as **Fully Met** (2 marks), **Largely Met** (1 Mark) or **Not Met** (0 marks).

The scoring summary sheet at the end of this report shows the marks awarded for each criterion – for those criteria designated as Mandatory (see Performance Standards Manual) the mark given is doubled. This denotes the critical impact these criteria have on the effective delivery of programmes.

The marks awarded for each section are shown and then expressed as a % by dividing the total number of marks scored by the maximum available, and multiplying by 100. Section B has been divided into 7 sub-sections for ease of scoring.

To determine an area’s IQR, the scores for each section are multiplied by the appropriate factor to take account of the relevant weightings given above. The % totals for each section are then added together to give the IQR.

## Overview:

- Cheshire Probation Area had scheduled the Think First programme to run from 4 sites from the beginning of January 2001. It was the only accredited programme available in the area, although a number of non-accredited programmes continued in relation to domestic violence, sex offenders and responsible driving.
- The audit was undertaken during June 2001 and comprised of 3 main stages: the provision of advance information by the area; video monitoring of programme delivery; and a visit to the area during which case file reading and interviews were conducted.
- A wide range of staff involved in the delivery and support of the accredited programme were interviewed, including the ACO with responsibility for effective practice, the programme manager, one treatment manager, case managers together with their unit managers, programme tutors and PSR writers. Three of the 4 programme delivery sites were visited and interviews held with 4 offenders.
- Nine session videotapes from 3 programmes were assessed. The case file reading incorporated all offenders referred to the 3 programmes whether or not they had commenced Think First.
- Three of the criteria were not assessed – B4.2, B4.3 and D1.8. The area was at an early stage of delivery of Think First and so relatively inexperienced tutors were inevitably assigned to run programmes together (B4.2); national training for experienced tutors was not yet in place (B4.3); and the accreditation of the cognitive behavioural booster programme to reinforce offender learning was awaited by the probation area (D1.8).
- This audit focused entirely on the implementation of Think First.

## **Findings:**

Cheshire Probation Area engaged fully in the audit process. The advance information was presented in a logical and accessible way and staff were receptive to discussing issues throughout the audit visit.

Senior managers had appointed enthusiastic, committed programme staff who had been fully trained and were ready to implement the programme from January 2001. It was unfortunate that the time lapse between training and implementation, combined with problematic targeting criteria, had contributed to low referrals, which limited the evidence of practice available. The main areas for development were in policy and strategy, particularly monitoring and evaluation and its integration into area planning and managerial oversight. Implementing the new targeting instructions and making the move from a referral to an allocation culture was also an important priority for the area.

## **Recommendations:**

*The CO should ensure that the area:*

- *develops a strategy on monitoring and evaluation, as identified in its own implementation plan, to achieve a sound information base informing programme delivery and managerial oversight;*
- *includes accredited programmes in its priority performance measures;*
- *gives further attention to the provision of separate and accessible break out rooms;*
- *moves from a referral towards an allocation culture to ensure national targets are met;*
- *produces and implements a policy and strategy to maximise attendance and enhance completion rates;*
- *records all pre-programme work and action taken by case managers on specific absences;*
- *has a written policy and procedure to confirm that only those staff meeting the criteria can deliver accredited programmes and explain how those who are not selected, or are deselected, as tutors will be supported;*
- *focuses supervision of programme tutors towards performance and skills;*
- *reinforces ownership and knowledge of programmes throughout the area, in particular for case managers and PSR writers;*
- *pays further attention to the accessibility of programmes for women and minority ethnic offenders, including them on accredited programmes.*

---

---

## SECTION A: COMMITTED LEADERSHIP

---

### A1.1 Committed leadership

1

Description: *The senior management of the area should be openly and explicitly committed to the proper running of the programme through policy and public statements.*

**Strengths:**

- The Draft Plan for 2001/2004 outlined the area's commitment to the delivery of accredited programmes and was supported with additional resources.
- All senior managers had attended a context setting day and the ACO with responsibility for programmes had attended and led other training events.
- There was effective direct communication to all staff via "All Cheshire" e-mails.

**Areas for improvement:**

- Limited evidence was provided of monitoring and evaluation to assist the structuring of programme delivery and managerial oversight.
- Senior managers acknowledged that a review of the "Strategic Plan for the Implementation of Accredited Programmes" and identification of action beyond January 2001 was required.
- There was insufficient evidence of regular discussion by senior managers regarding programme implementation.

### A1.2 Management structures

1

Description: *Effective line management structures exist for the proper operation of the programme integrating this within case management structures. Adequate time should be set aside for the effective management of the programme.*

**Strengths:**

- Clear job descriptions with associated objectives were available for programme staff for 2001/2002.
- An organisational chart identified line management structures for all programme staff.
- The establishment of a McGuire Implementation Group had involved those responsible for case management in programme implementation.

**Areas for improvement:**

- Whilst the integration of part-time programme tutors within case management units had benefits, it also created time management tensions for tutors with responsibilities in 2 operational units.
- Job descriptions for programme tutors reflected the tasks outlined in Section 1 of the management manual, but links to the person specification and core competencies set out in Appendix 5 were less clear.

### A1.3 Staff ownership of the accredited programme

1

Description: *There is full ownership of the programme by managers, programme tutors and other relevant staff, e.g. court personnel and case managers.*

#### **Strengths:**

- An investment in staff training was clearly demonstrated with 100% of senior managers and 90% of all staff having attended context setting days.
- Posts had been developed so that some programme tutors were based in local offices thereby providing a direct source of programme information to case managers.

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

- There was no routine system providing evidence of individual referral rates for offenders meeting the eligibility/suitability criteria. It was, therefore, not possible to measure the consistency of use of Think First.
- Whilst low referrals were, in part, attributed to problematic targeting criteria, there was inconsistent referral from different areas within Cheshire – numbers ranged from 6 in one area to 14 in another. The achievement of area targets for offenders completing the programme was impeded by a referral rather than an allocation culture.
- Understanding and ownership of Think First was less evident with case managers and PSR writers, than with programme staff.

### A1.4 Effective communication with sentencers

2

Description: *There is high quality, proactive communication with local sentencers and clerks to the justices about the programme, including written information.*

#### **Strengths:**

- The area demonstrated its commitment to communication with sentencers through written and presentational material.
- A clear explanatory leaflet had been produced for sentencers.
- Presentations had been made on 4 occasions to judges and magistrates.

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

- Communication with sentencers appeared limited in one area due to low attendance at a briefing event.

---

## SECTION B: PROGRAMME MANAGEMENT RESPONSIBILITIES

---

### B1.1 Resources and facilities

1

Description: *Adequate accommodation consistent with the Estates Standards Manual is available for all sessions of the programme.*

**Strengths:**

- Alterations to existing buildings had resulted in a satisfactory level of accommodation.
- All sites visited had appropriate equipment, e.g. comfortable chairs, clipboards, flip charts, overhead projector, screen and white board.
- Video monitoring equipment was of a satisfactory standard.

**Areas for improvement:**

- There was limited provision for separate and accessible “break out” rooms to accommodate larger group numbers.
- Secure video storage facilities could not be identified in one location.
- Access to group facilities was inadequate for offenders with disabilities.

### B1.2 Provision of information leaflets about the programme

1

Description: *There should be a set of leaflets for offenders, sentencers and staff clearly describing the programme and its requirements.*

**Strengths:**

- Leaflets had been produced for different target audiences, including offenders, courts, solicitors and case managers.
- Conditions of attendance and complaints procedures were explicitly set out in the offenders’ leaflet.
- The case managers’ leaflet outlined clear expectations of the case manager role and provided an easy reference point.

**Areas for improvement:**

- PSR writers indicated that they had insufficient time to adequately explain the contents of the leaflet and programme requirements prior to completion of the report.
- Leaflets gave no attention to gender, race or wider diversity issues.

### B2.1 Managing attendance

1

Description: *Offender attendance and absence are managed to achieve the required National Performance Management target for offender completions. Attendance is managed to achieve coherent delivery with full impact for all undertaking the programme. The maximum number of absences by any one offender is consistent with the requirements of the programme manual for the specific accredited programme.*

**Strengths:**

- The area had explicit policies and guidelines on enforcement. Staff were clear about their respective responsibilities in the enforcement process and there was evidence of swift, effective communication between programme tutors and case managers.
- Reasons for non-attendance were clearly recorded in the daily attendance registers.

**Areas for improvement:**

- Case records did not adequately identify pre-programme work and action taken on specific absences.
- There was no specific policy and strategy to maximise attendance and enhance completion rates.
- Area-wide monitoring of programme attendance was limited.

**B2.2 Avoidance of cancellation or disruption to sessions**

1

Description: *Sessions are not cancelled or disrupted owing to offender crises, high workload or other pressures, and arrangements exist to deal with crises outside of the programme session. Sessions are delivered at the frequency defined in the programme manual.*

Of the 10 programmes scheduled to commence prior to the audit, only 3 had continued to run. This was attributed to very low referral rates as a result of perceived restrictions in targeting criteria. The impact of this had been marked for case managers and programme staff who had been unable to utilise and develop their programme delivery skills.

**Strengths:**

- Cheshire had a strong pool of trained programme tutors and allocated 3 tutors to every programme.
- Written information and guidelines for case managers identified their responsibilities in dealing with offenders' problems outside of the programme session. This was clearly understood and work was undertaken by case managers, and confirmed by offenders.

**Areas for improvement:**

- There was no area policy or strategy to maximise allocations, attendance and completion rates.
- Problems experienced with the targeting criteria had contributed to the insufficient generation of allocations, which resulted in difficulties in adherence to the published calendar of programmes.

**B2.3 Catch-up sessions/Attendance**

2

Description: *Provision is made for catch-up sessions, or a "bus stop" approach, to allow offenders who miss a session to continue with the programme. All offenders missing sessions, who are not excluded from the programme, should attend catch-up sessions, or in the case of a "bus stop" approach be moved onto another programme within 10 working days, to ensure full delivery of the programme. Treatment managers must specify arrangements for monitoring the integrity of catch-up sessions.*

**Strengths:**

- Explicit arrangements had been made for the delivery of catch-up sessions and a written schedule provided.
- The scheduling of catch-up sessions was explicitly built into the timetable for programme delivery to take place prior to the next session.
- The delivery of catch-up sessions was clearly recorded on the programme daily register.
- Designation of the third programme tutor as the catch-up tutor provided stability and continuity within the programme.

**Areas for improvement:**

- Case files did not always clearly record all catch-ups.

**B2.4 Timeliness**

0

Description: *All offenders commence the programme, or specified pre-programme phase, within the first month of the order or within 3 months if other structured pre-programme work is undertaken. Occasionally, the timing may be different to permit other preliminary work to be completed, e.g. a programme of drug detoxification.*

**Strengths:**

- In order to increase referrals and avoid cancellations, thereby improving timeliness, the area had reviewed and revised its targeting criteria.

**Areas for improvement:**

- The case file read demonstrated shortcomings on timeliness of commencements as only 4 of the 19 referrals commenced within the first month, whilst just 2 further cases demonstrated that there was a specific reason for this. The viability of published programmes was undermined by insufficient referrals.
- There was no clear area guidance or policy for staff to follow in relation to timeliness.

**B3.1 Staff selection**

1

Description: *A staff selection procedure meeting the requirements of the programme manual is in place and only staff meeting the defined criteria are selected to deliver the programme.*

**Strengths:**

- The area's implementation strategy for accredited programmes set out its proposals to train staff for the delivery of Think First and the required assessment centre approach had been implemented.
- Staff already in employment with the Cheshire Probation Area had been provided with the opportunity to attend workshops or individual briefings with the ACO responsible for programmes prior to the assessment centre process. The area had also negotiated with 2 staff side organisations, whose representatives supported and participated in the workshops that took place.
- All staff delivering programmes had successfully completed the assessment centre and there was evidence that, where necessary, a small number of staff had repeated the process.

**Areas for improvement:**

- Applicants external to the Cheshire Probation Area had insufficient information at the point of application to ensure that they fully understood the practical, as well as the professional, demands of the job.
- The area had no written policy to confirm that only those staff meeting the criteria could deliver accredited programmes and to explain how those who were not selected or deselected as tutors would be supported.

**B3.2 Staff roles and competencies**

1

Description: *Differences in role between grades or posts are clearly reflected in job descriptions. A defined set of competencies exist for each staff role involved in the programme, using those specified in the programme manuals and the national management manual.*

**Strengths:**

- Job descriptions and person specifications for programme tutors and treatment managers were provided that supported objectives for 2001/2002 and reflected the tasks outlined in the national management manual. Job descriptions and person specifications were also available for programme and case administrators.
- All staff involved in programme delivery were clear about their roles and responsibilities.
- Opportunities to discuss and clarify issues were provided through regular meetings between the programme manager, the team and tutors.

**Areas for improvement:**

- Although there was a generic SPO job description for the programme manager, there was no specific job description outlining his responsibilities in relation to programme management.
- Person specifications did not explicitly reflect the competencies in the management manual.

**B3.3 Preparation and debriefing time for tutors**

1

Description: *Tutors are allowed 1½ hours for preparation and debriefing for each session in addition to the programme delivery time.*

**Strengths:**

- There was a clear commitment by programme and treatment managers to allow staff sufficient time for preparation and debriefing, and a workload weighting exercise had been undertaken to support this.
- Documentation was available to demonstrate that programme tutors did take sufficient time to prepare and debrief.

**Areas for improvement:**

- Programme tutors based in case management units faced competing time demands that impacted on their ability to devote sufficient time to programme preparation and debriefing.

**B3.4 Staff continuity**

2

Description: *Three leaders should normally be assigned to each accredited programme to allow for leave, sickness and other contingencies. All sessions of the programmes are delivered by at least 2 of the 3 assigned staff. Continuity is maintained by at least one of the staff members having run the previous session.*

**Strengths:**

- A staff rota showing the allocation of lead, assistant and reserve tutor for each programme had been drawn up and adhered to.
- Programme staff and offenders confirmed continuity arrangements and all 3 tutors were committed to attend planning meetings.

**B4.1 Training arrangements for new staff**

2

Description: *Training courses exist for all grades and roles involved in delivering the programme and all staff newly assigned to the programme receive training before running their first programme. The training delivered follows that defined in the programme training manual.*

**Strengths:**

- A strong commitment to the provision of appropriate training was evident from staff interviews and documentation for all grades and roles involved in the delivery of the programme.
- Programme staff confirmed that they had received the required Think First training prior to delivering the programme.
- Regional collaborative arrangements were underway to provide training for new staff.
- Staff confirmed that a range of additional training had been, or was being, made available to support effective delivery, such as motivational interviewing and the use of video monitoring equipment.

**Areas for improvement:**

- A central record of training, including staff development work undertaken by programme staff, was not available.

**B4.2 New staff paired with an experienced colleague when running their first programme** N/A

Description: *Staff newly trained in a programme should be paired with a more experienced colleague when running their first course.*

This criterion has not been scored in the first year as staff had been appointed to programme tutor roles at the same time.

**B4.3 Training arrangements for experienced staff** N/A

Description: *Competency-based booster and developmental training arrangements exist for all staff experienced in delivering the programme. All programme delivery staff are required to attend such training when they have demonstrated their competence to do so. [This will include delivering a stipulated minimum number of courses.]*

This criterion has not been assessed as national ongoing training for experienced tutors/treatment managers is still in the planning stage.

**B4.4 Staff knowledge of the concepts and methods used in the programme** 1

Description: *All relevant staff have a knowledge of the programme model, targeting, objectives and methods sufficient for effective delivery of the programme.*

**Strengths:**

- All programme tutors had successfully completed their accredited training and demonstrated knowledge and clarity about concepts and methods used in the programme.
- A summary of Think First programme sessions for use by case managers had been circulated and provided an easy reference point.

**Areas for improvement:**

- Case managers and PSR writers had difficulty in demonstrating a sufficient level of knowledge about the main methods used in the programme.

#### **B4.5 Staff knowledge of the theoretical and evidential basis of the programme**

1

Description: *All relevant staff have a knowledge of the programme's theoretical base and evidence, sufficient for effective delivery of the programme.*

##### **Strengths:**

- Programme tutors demonstrated their understanding and knowledge of the theory and evidential base for the programme.

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

- Case managers were unable to demonstrate a solid grasp of the theoretical and evidential base for Think First.
- There was no area documentation explaining the theoretical and evidential base of the programme.

#### **B4.6 Supporting skills necessary to run programmes**

2

Description: *From interview, observation, appraisal and training audits all relevant staff have supporting skills including core group work skills, presentation skills, case management, etc, sufficient for the effective delivery of the programme.*

##### **Strengths:**

- A positive culture towards training was evident and staff indicated that their training needs were acknowledged and addressed. Additional events relating to supporting skills either had been, or were about to be delivered.
- Training needs of staff were identified through the appraisal process and copied to the training unit to inform the training strategy.
- Additional training, e.g. in motivational interviewing, had already been delivered and more use of video equipment was planned.
- Use of session review forms to identify development needs was evident.

#### **B5.1 Staff supervision and quality of practice**

1

Description: *All staff involved in the programme receive support and supervision at a frequency specified in the national management manual. This will enable tutor skills to be developed and problems resolved within the lifetime of the current programme by supervisors familiar with effectiveness methods and the programme. The manager to have observed staff in the delivery of the programme either directly or through video prior to each supervision session.*

##### **Strengths:**

- Treatment managers had established a framework for tutor supervision in accordance with the requirements of the programme manual.
- Interviews with staff, supported by some documentary evidence, confirmed that preparation for supervision included a review of videos by treatment managers.
- Supervision notes (provided for one cluster) confirmed the correct frequency of supervision.

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

- Supervision notes focused more closely on practical issues rather than on performance and tutor skills.

- Contingency arrangements to deal with the absence of treatment managers were insufficient to provide adequate supervision of programme staff.

## **B5.2 Staff appraisal**

1

*Description: All members of staff involved with the programme have their competence to perform their assigned role assessed annually through the appraisal process. Staff whose performance is assessed as below the acceptable standard but making progress should be given further training and other assistance to improve their performance and a date set for review. Staff who are not making progress in achieving the required standard of performance should not take any further part in running the programme.*

### **Strengths:**

- The appraisal process adopted was applicable to all staff including those involved in programmes.
- Video monitoring comments made by treatment managers identified strengths and areas for improvement for individual programme tutors.

### **Areas for improvement:**

- Documentation completed by treatment managers failed to identify how programme tutors could improve their performance or provide a timescale in which to do so.

## **B6.1 Offender selection and assessment**

1

*Description: Routine monitoring results confirm the profile of those entering the programme are consistent with the criminogenic needs addressed by the programme, the level of risk of reoffending and the level of risk of harm/dangerousness.*

The exclusion of offenders outside an OGRS 2 score of 41-74% from January 2001 had resulted in some limitations to programme referrals. Clarification of this had, in June 2001, led to an expanded target group of OGRS 2 scores of 31-74%, or those with an ACE score of 16-33. This situation had contributed to an “opt in” or referral culture within the area, rather than an “opt out” or allocation culture.

### **Strengths:**

- The area had recognised the difficulties created by restrictive referral criteria and had issued instructions to amend this.
- ACE and the targeting matrix were completed and instructions for their use had been issued.
- An audit of assessment scores of 365 current cases had been undertaken in May 2001 and used to inform practice.

### **Areas for improvement:**

- There was a lack of evidence of routine monitoring of cases to ensure that programme referrals were maximised and those offenders entering the programme had criminogenic needs consistent with the treatment targets of Think First.
- The requirements for assessment, monitoring and evaluation, as set out in Probation Circular 32/2001 and more recently in Probation Circular 92/2001 (in particular, use of the evaluation and monitoring form), had been given insufficient attention.

## **B6.2 Offender knowledge and understanding of the programme requirements**

2

Description: *The requirements of the programme are clearly communicated on at least 2 occasions to each participant verbally and in writing, and there is evidence from signed consent forms, observation and/or interview that offenders know and understand the requirements.*

### **Strengths:**

- Letters of understanding had been signed and leaflets issued.
- The location of some programme tutors within case management units provided the opportunity for enhanced induction to the programme.
- Case files confirmed that offenders were provided with explanations of the programme on at least 2 occasions.

## **B6.3 Group size**

1

Description: *For group programmes the maximum starting group size during the previous year did not exceed 12 and the minimum was not less than 4.*

The area had run a number of programmes with very small numbers, one programme falling to 2 participants.

### **Strengths:**

- Programmes that had started conformed to the minimum numbers outlined in the national management manual.

### **Areas for improvement:**

- There was an absence of monitoring systems to ascertain the reasons why some offenders dropped out of treatment prematurely.

## **B6.4 Accessibility of group work programmes**

0

Description: *If female or minority ethnic offenders are placed in mixed groups there are no singleton placements unless agreed to by the offender. Appropriate support arrangements should be evidenced for these programme participants.*

Despite some attention by senior management to the needs of women and minority ethnic offenders through mentoring arrangements, no women or minority ethnic offenders had commenced a programme at the time of the audit.

### **Strengths:**

- Managers had identified strategies for supporting women and minority ethnic offenders through the programme, including considering using the resources of the neighbouring metropolitan areas for minority ethnic offenders. The area had also invested in a mentoring scheme for this purpose.
- Resources had been committed to diversity training to address the needs of programme deliverers.

### **Areas for improvement:**

- There was limited staff awareness of mentoring opportunities.
- None of the women offenders referred had commenced a programme.

- There was no written area policy on the placement or support arrangements for women and minority ethnic offenders within accredited programmes.
- Information monitoring systems to inform policy and strategy were not available.

### **B7.1 Implementation of monitoring and evaluation design**

0

*Description: Interview and observation show that monitoring and evaluation arrangements are working as intended and are understood and supported by all staff involved. This should include both input and feedback of data to managers and practitioners at local level.*

The area had developed basic monitoring systems focusing on referrals, commencements and completions and had acknowledged in its implementation plan that further development work was necessary.

#### **Strengths:**

- Individual monitoring by programme staff was completed and the transfer of information to case managers was of a high standard.
- New guidance on case recording had been issued.
- Notes of the McGuire Implementation Group were to be made available to all staff through the area newsletter.

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

- There was limited evidence of area-wide information that could assist planning and programme implementation.
- Accredited programme information had not been identified as a priority performance monitoring area.
- There was no area policy or strategy providing a clear framework for monitoring and evaluation or for the retrieval and use of that information to enhance programme delivery.
- Feedback arrangements at area, team and individual level were insufficient to generate ownership and improve practice.

### **B7.2 Practice is informed by monitoring and evaluation evidence**

1

*Description: Consistent use is made of evaluation information as it becomes available by those with most direct responsibility, e.g. managers giving regular consideration to attendance and completion information, practitioners to offender feedback and attitude/behaviour change scores. Awareness/knowledge about evaluation results from the same programme operating elsewhere will be relevant.*

#### **Strengths:**

- Individual offender information was recorded by programme staff and fed back to case managers on a regular and timely basis.
- An audit of current cases had been undertaken to inform targeting criteria, which had contributed to a change in practice.

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

- There was no area strategy to promote sharing and use of information to inform and improve practice.
- Evidence of operational and senior managers giving regular consideration to programme monitoring and evaluation information was limited.

- Although Cheshire had worked closely with other probation areas in the region furthering programme development, the consideration of comparative information from within the area and with other areas was not readily apparent.

---

**SECTION C: QUALITY OF PROGRAMME DELIVERY**

---

**C1.1 Adherence to programme manual****1**

Description: *All sessions of the programme should be delivered in line with the instructions of the programme manual and demonstrate close adherence to the aims and objectives. There should be evident commitment to follow the intention/purpose of the exercises used, including repetition/reinforcement, where these are designed parts of the programme.*

**Strengths:**

- The video monitoring results demonstrated a satisfactory quality of programme delivery in relation to adherence to the programme manual.
- In the majority of the videotapes observed, the programme material was delivered in the correct order.

**Areas for improvement:**

- Timing of exercises within the sessions did not always ensure that all elements had been properly covered.
- Tutors did not always check that offenders had understood the learning points and aims and objectives of each session.

**C1.2 Adherence to treatment style****1**

Description: *From direct observation or video evidence, programme tutors make competent and appropriate use of the techniques specified. There will be evidence of effective communication of the material, offender understanding and engagement. Pro-social attitudes are skilfully modelled by workers and are predominant in the group. This includes challenging pro-criminal or anti-social attitudes and behaviour.*

**Strengths:**

- Some good examples of tutor awareness of responsivity issues, and of facilitating offenders' learning, were demonstrated.
- There was evidence of tutors making appropriate links between sessions.

**Areas for improvement:**

- Some tutors did not always check whether offenders had understood the learning points from the programme.
- An over emphasis on direct teaching led, on some occasions, to a lack of involvement by group members.
- Group members were not always given sufficient time and opportunity to validate ideas for themselves.

**C1.3 Group work skills****1**

Description: *Programme tutors demonstrate effective management of the group, including effective co-working to facilitate learning by offenders and modelling pro-social behaviour. Disruption by participants is minimised.*

**Strengths:**

- A range of group work skills was demonstrated within a relaxed delivery style which assisted learning and engagement.
- Good use of appropriate and everyday language was evident.
- Tutors were clearly spoken.
- There was evidence of good use of praise.

**Areas for improvement:**

- Groups were not always well controlled and verbal interruptions were not well managed.
- Not all group members were able to contribute during sessions.
- Co-working skills were not consistently demonstrated across the area.

**C1.4 Programme delivered addressing race equality and diversity issues**

1

Description: *From direct observation or video evidence, issues of racism and sexism are effectively addressed whether arising within programme delivery or offender response. Staff are alert to race equality and diversity issues, they always respond appropriately and show that they have considered and developed strategies for responding, e.g. relevant resources and arguments, clarity about boundaries, approaches that may promote perspective taking.*

**Strengths:**

- Tutors demonstrated a good level of awareness of race equality and wider diversity issues.
- Structures were in place to promote race equality and wider diversity issues, including ground rules against discriminatory language or behaviour and good communication with case managers to follow through on issues raised.
- The area was sufficiently resourced to be able to provide female tutors for women offenders.

**Areas for improvement:**

- There was no written policy or practice document to promote race equality and wider diversity issues within programme delivery.
- Strategies for the support of women and minority ethnic offenders had not been communicated widely in the area and were therefore not fully implemented.

**C1.5 Programme integrity checklist**

1

Description: *The programme integrity checklist for each session is completed.*

**Strengths:**

- There was clear evidence from 2 of the 3 programmes that tutors completed programme integrity checklists (session review forms) following each session, together with detailed recording of offender engagement, which was then emailed quickly to case managers for information and action where necessary.
- Tutors shared the session review forms with treatment managers for integrity purposes.

**Areas for improvement:**

- It was not always clear at what stage the integrity checklists had been completed and, as a consequence, quality standards could not easily be monitored.

---

**C1.6 End of programme summary reports****0**

Description: *The case record shows that at the end of the programme delivery staff prepare a summary for the case manager indicating:*

- *Participation in the programme*
- *Progress made*
- *an assessment of risk, including the identification of factors relevant to the individual concerned*
- *an assessment of the offender's coping skills*
- *likely scenarios for relapse, including immediate precursors and triggers which might give prior warning*
- *identification of remaining treatment needs.*

Post-programme reports had been completed on 2 offenders following completion of the Warrington programme.

***Strengths:***

- Post-programme reports had been designed and completed where necessary and included comprehensive assessment of the offenders' participation, progress and future treatment needs.
- Case manager comments indicated that these would be of significant use in supervision planning, although it was too early to measure this.

***Areas for improvement:***

- Only a few post-programme reports had been produced due to the low completion rates for the programme. As a result, it was not possible to award a score for this criterion.

## SECTION D: CASE MANAGEMENT RESPONSIBILITIES

---

### D1.1 Initial supervision plan sets relevant objectives for the offender

1

Description: *The supervision plan integrates the programme into the overall plan of work for each offender. Specific objectives are set in a sequence appropriate for the offender and are recorded in the initial supervision plan and regularly reviewed. Assessments should be based on the OASys when available, or ACE or LSI-R before then.*

#### **Strengths:**

- The initial supervision plans were completed in a format which was conducive to the development of more integrated and SMART objectives.
- Some case managers had clearly developed the skills to write SMART objectives.

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

- Integration of Think First within the supervision plan tended to be restricted to attendance as an objective in itself, without fully reviewing the assessment and purpose of attending the programme.
- SMART objectives with attention to measurement and timescale were not widely evident.

### D1.2 Effective liaison arrangements between the case manager and programme staff

2

Description: *The case records show, and interviews with selected staff indicate, the existence of effective arrangements for liaison, handover and communication. This should include the 3-way meetings between the case manager, programme staff and the offender at the end of the programme.*

The area had been able to provide evidence for 3 Think First programmes, but only one of these had been completed.

#### **Strengths:**

- Good levels of communication were demonstrated between case managers and programme staff.
- Speedy and thorough feedback from programme tutors to case managers was reinforced by a management commitment to attendance at review meetings.
- Case files and offenders provided evidence of ongoing contact by case managers during the course of the programme.

### D1.3 Supporting the offender through all phases of the programme

1

Description: *The case manager is responsible for preparing and motivating the offender prior to their participation on an accredited programme and for reinforcing learning during the programme.*

#### **Strengths:**

- Pre-programme work was undertaken and recorded on the case files, including provision of leaflets and letters of understanding.
- There was evidence that contact with case managers was maintained during the programme and that attention was given to motivational issues.

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

- It was sometimes difficult to measure adherence to sequential sessions due to inconsistent labelling on case records. The re-ordering of the 4 pre-programme sessions added to this difficulty.
- Case files did not explicitly record other pre-programme work and there was little accurate reflection of its relationship to the programme itself, e.g. additional motivational work.
- Some programmes had been cancelled or postponed and this had had an impact on throughput.

#### D1.4 Understanding and knowledge of programme methods

1

Description: *Interviews with case managers demonstrate they have a clear understanding of the aims and objectives of the programme and that they either have the requisite skills to undertake reinforcement, follow-up and/or relapse prevention work, or the ability to refer to staff possessing these skills.*

Evidence provided demonstrated that most case managers had attended the context setting day (89%) and the 3-day pre and post-programme training (77%). However, these percentages were lower than for all other groups of staff and there were still a number awaiting training.

##### **Strengths:**

- The majority of case managers had attended training events relevant to their role.
- The area was committed to providing training and development events for staff who had missed the first opportunity and was in discussion with neighbouring areas to provide this training on a regional basis.

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

- The time lapse between training and implementation, combined with problems over targeting, had led to a loss of momentum and some staff had difficulties in recollecting the specific aims and methods used on the programme.
- Refresher training offered to case managers had received limited take-up.

#### D1.5 Monitoring of attendance and enforcement

2

Description: *Responsibility for the monitoring of attendance and the enforcement of orders is clearly defined with appropriate systems in place. There is evidence of effective enforcement in all cases.*

##### **Strengths:**

- Area documentation comprehensively covered responsibilities and practice requirements in relation to enforcement of attendance at accredited programmes.
- Case managers and programme tutors were clear about the area requirements and their responsibilities.
- Case records demonstrated active compliance with area requirements.

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

- Monitoring systems to highlight programme attendance, enforcement and information for continuous quality assurance had not been developed.

## D1.6 Documentation

1

Description: *The case record shows that all relevant documentation is completed.*

There was limited documentation on case files of the detail of pre-group work completed and it was relatively early in Cheshire's programme implementation to assess the inclusion of post-programme reports, although it was clear from other evidence that these were being completed.

### **Strengths:**

- Case files contained individual session-by-session reports of offenders' attendance and progress during the programme.
- The programme reports were communicated in a timely way by e-mail in order to promote effective liaison and motivational work where necessary.
- Case managers were beginning to ask for access to the programme material in order to conduct their own assessments.

### **Areas for improvement:**

- Evidence of work undertaken at the pre-group stage was not routinely included in the case file.

## D1.7 End of programme review

0

Description: *The supervision plan review for each offender shows that at the end of the programme appropriate individual objectives are identified to strengthen and build on the progress made, and to achieve successful community reintegration.*

### **Strengths:**

- Only one programme had been completed, but the area was able to demonstrate its completion of post-programme reports in 2 cases.

### **Areas for improvement:**

- Post-programme reports had been written, but there was no evidence of their use in supervision plan reviews.
- There was no quality assurance system to ensure full integration of post-programme information and its contribution to the development of good quality and purposeful supervision plan reviews.

## D1.8 Reinforcement and relapse prevention work

N/A

Description: *There are specific arrangements in place to reinforce learning and for relapse prevention work, including booster programmes where required by the programme, delivered by appropriately trained and skilled staff.*

This criterion has not been assessed as the probation area is awaiting the national development of a cognitive behavioural booster programme designed to reinforce learning.

## **Next Steps**

HMIP will employ a 3-tier follow-up process depending on a probation area's performance rating:

### ***Level 1 follow-up***

A level 1 performing area will have met or exceeded the agreed IQR figure of 70%. (This figure rises to 75% for year 2 and 90% for year 3). The follow-up will normally be conducted within one year of the audit report being received by the probation area, and will usually be limited to a desktop exercise, depending on the advance information received, focusing on the areas for improvement for criteria that were not fully met in the original audit.

### ***Level 2 follow-up***

A level 2 area will not have reached the 70% quality rating for programme delivery, but will have attained at least 40%. The follow-up will combine a request for written information and a 1-2 day visit to the probation area with HMIP auditing further videotapes and case files. This will normally take place within one year of the audit report being received by the probation area.

### ***Level 3 follow-up***

A level 3 area will have scored less than a 40% IQR. The follow-up will involve a fresh audit of the probation area and will normally be completed within 6 months of the audit report being received by the probation area.

Cheshire Probation Area achieved an IQR of 53% and is a **level 2 area**. A limited follow-up audit will be carried out in one year's time. The area should pay particular attention to mandatory items, which have not been fully met.

This audit report and the IQR were approved by the JAP at the beginning of October 2001.