



*Effective
Supervision
Inspection*

*of the
National Probation Service for
England and Wales*

Report on:
County Durham Probation Area

2004

FOREWORD

This was the second visit to County Durham under the ESI programme. One of the original ESI pilots took place there in March 2003 and our draft methodology and processes gained significantly from this work.

We find County Durham to be a well managed area with staff showing positive leadership at all levels contributing to a culture of continuous improvement. Planning and information systems were admirable and well integrated. OASys assessments were good and interventions were consistent with risk of harm. It was impressive that 56 offenders contributed to the inspection and were able to confirm the high levels of service they experienced under supervision. Case managers ensured offenders were fully engaged from the start of their order or licence. County Durham already has a number of excellent regional initiatives on race and diversity and human resources, leaving the area well placed for the transition to a regionally based National Offender Management Service. There is, however, a need for a more robust policy on victims work. The Board should use its influence to support the CO in obtaining additional relevant services for offenders in County Durham. Overall, judged against the ESI criteria, the area delivers quality engagement, high performance and value for money.

Andrew Bridges
HM Chief Inspector of Probation

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ACKNOWLEDGEMENTS

We would like to express our thanks to the County Durham 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 was greatly appreciated.

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GLOSSARY

ABPO	Association of Black Probation Officers
ACE	Assessment, Case Recording and Evaluation System
ACO	Assistant chief officer
ACPC	Area Child Protection Committee
CO	Chief officer
COG	Chief Officer Group
CP	Community punishment
CPO	Community punishment order
CPRO	Community punishment and rehabilitation order
CRO	Community rehabilitation order
DAT	Drug Action Team
DTTO	Drug Treatment and Testing Order
DV	Domestic violence
ECP	Enhanced community punishment
EEM	European Excellence Model
eOASys	Electronic Offender Assessment System
ESI	Effective Supervision Inspection
ETE	Education, Training and Employment
iP	Investors in People
IQR	Implementation Quality Rating
ISP	Initial supervision plan
IT	Information Technology
LSI-R	Level of Service Inventory-Revised
MAPPA	Multi-Agency Public Protection Arrangements
NAAPS	National Association of Asian Probation Staff
NPD	National Probation Directorate
NPS	National Probation Service
OASys	Offender Assessment System
OGRS2	Offender Group Reconviction Scale
PIAT	Performance improvement team
PLC	Probation Liaison Committee
PO	Probation officer
PPU	Public Protection Unit
PSO	Probation service officer
PSR	Pre-sentence report
SDA	Service Delivery Agreement
SMART	Specific, Measurable, Achievable, Realistic and Time-bounded
SPM	Supporting Performance Measure
SSR	Specific sentence report
TPO	Trainee probation officer

SUMMARY AND RECOMMENDATIONS

Key findings

- **Quality of Management:** The strong performance of County Durham Probation Area was directly linked to the clarity and tenacity of its staff. Since the formation of the NPD a solid base for effective practice had been engineered. This living leadership was modelled throughout the organisation in both field and support services. Case management was the business priority, and this was supported by major investments in staff development and improving information and planning capacity. Targets were being achieved and success acknowledged - in the first NPD weighted score card for 2003, County Durham had been ranked first and staff received an extra day's leave in recognition. The Board, however, was not working to its full capacity. A more focussed approach to local communities and key stakeholders, as well as attention to partnership opportunities, was needed at a strategic level. Performance information needed to be reviewed by diversity factors so members could be confident there was no differential practice. We found imaginative use of limited resources, including a public protection team established jointly with the police, and cross-area work on human resources with Teesside. Pro-social modelling had been used to inform relationships with offenders, staff and external partners and this provided for an affirmative and supportive working environment.
- **Quality of Assessment:** County Durham had been a pilot area for the development and introduction of OASys and we found good use of the tool and high quality assessments. Staff were able to evidence use of SMART objectives and a majority of ISPs met national standards in terms of timing and quality. The level of care taken by staff to engage with offenders was very impressive. With a substantial number of new staff and the changing roles of PSOs and POs, new training and guidance to staff on risk of harm issues and timeliness of risk management planning was needed. Inspectors and area assessors commented on the quality and comprehensiveness of recording.
- **Quality of Interventions:** The levels of interventions were in the main precise and consistent with the perceived level of risk of harm and likelihood of reoffending. Contact was often more than demanded by national standards and case managers motivated offenders effectively. Home visits were done well, accredited programmes were commenced promptly, and breach and enforcement work was excellently managed. The Citizenship Programme, introduced in 2001, provided case managers with a helpful resource to work with offenders. The planned review of the programme needs to address consistent deployment, evaluation measures and a focus on victim issues. Provision to accommodate high risk of harm offenders was made, but greater attention was necessary to provide for low and medium-risk cases. Alcohol was a significant criminogenic factor in supervision and further work with partners to ensure suitable community provision is accessible was required.
- **Quality of Initial Outcomes:** The use of OASys re-scoring was found in 50% of cases inspected, thereby allowing benchmarking to take place. Work had also been done to ensure long-term community reintegration was happening. Resources used were appropriate to the risk of harm and likelihood of reoffending. Over 60% of cases were showing progress with the most significant criminogenic priority, with only 4% showing deterioration. However, there was further scope to develop and use OASys and other outcome measures, so that this information could be used by case managers to improve practice.

Recommendations

The Probation Board should ensure that:

- 1. appropriate priority is given to management involvement in the supervision of high risk of harm cases*
- 2. training on risk of harm issues is provided for all staff and new practice guidance issued and implemented*
- 3. performance monitoring and outcome data from work with offenders should be broken down by diversity variables and reported to the Board and staff on a routine basis*
- 4. the current policy for victims work is updated to reflect recent legislative changes and communicated to staff*
- 5. victim issues are sufficiently addressed in all relevant cases*
- 6. to support case management, the development of alcohol services for offenders is taken forward in partnership with other agencies.*

Next steps

- This report has been submitted to the Secretary of State and copies provided to the Commissioner for Correctional Services, 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.homeoffice.gov.uk/justice/probation/inspprob/index.html>
- 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 the recommendations are implemented.
- Unlike previous area inspection programmes, ESI does not include routine follow-up inspections unless there are issues of serious concern that need to be addressed. The inspection of the County Durham Probation Area has not revealed any such issues.
- 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.

SCORING SUMMARY SHEET

Section A – Quality of management	
A1: Leadership and planning	Well met
A2: Resource allocation	Very well met
A3: Management and supervision of staff	Very well met
A4: Partnership/contracting out	Satisfactorily met
A5: Effective communication with sentencers	Well met

Section B – Quality of assessment	
B1: Assessment of risk of harm	72%
B2: Assessment of likelihood of reoffending	96%
B3: Case management	88%
B4: Documentation	97%
Score for section B	87%

Section C: Quality of interventions	
C1: Managing attendance and enforcement	94%
C2: Delivering appropriate supervision	84%
C3: Diversity needs	84%
C4: Responsivity	86%
C5: Management of risk of harm	86%
Score for section C	87%

Section D: Quality of initial outcomes	
D1: Interventions are delivered with the desired outcomes	67%
D2: Improvements are sustainable	83%
D3: Outcomes of interventions are assessed and reviewed using available data	Satisfactorily met
D4: Interventions demonstrate value for money	87%
Score for section D	78%

OVERALL SCORE FOR SECTIONS B-D (excluding D3)	84%
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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 second seven probation areas being inspected in 2003/2004 the thematic element is Domestic Violence. A summary of the provisional findings in relation to County Durham 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 SDAs and other Government targets. These are DTTO commencements, enforcement, accredited programme completions, sickness absence, victim contact, PSR timeliness, basic skill starts and basic skill awards.
- 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 £7.46 million in 2003/2004, County Durham is the 28th largest probation area in England and Wales. It has a total population of some 493,470 with a population density (persons per hectare) of 2.2, smaller than the England and Wales average of 3.5. As such, it comprises one of the medium sized, higher density areas in the family grouping of areas, which we currently use for making comparisons.
- The latest available data show that 1% of the population are from minority ethnic groups, a considerably lower proportion than the average of 8.7% for England and Wales as a whole.
- In 2002/2003, the number of all recorded crimes per 100,000 population was 8,700, noticeably lower than the figure of 11,300 for England and Wales as a whole. The corresponding figure for violent crime, 1,400 per 100,000 population, was again lower than the national one of 1,900.
- In 2001 (the latest year for which data are available) 1,085 persons were found guilty or cautioned for indictable offences per 100,000 population, somewhat higher than the England and Wales figure of 993.
- Data collected by the NPD on County Durham's performance on the main Home Office SDAs and on certain other key NPS and national standards targets are shown in the table overleaf. Except where indicated the figures relate to the period April to December 2003.
- County Durham had performed well on accredited programme completions, enforcement, victim contact work and basic skills awards, although less well on basic skills starts. Sickness absence was above the target, although lower than the national average. The national standard target for arranging appointments and work sessions in relation to CROs and CPOs had been met, but not that in relation to CPROs and PSR preparation times, though these were higher than the national average.
- The NPD produces a weighted scorecard comparing area performance against targets for some of the above results. On the two most recently produced, in September and December 2003, County Durham had been ranked 10th and 7th respectively among probation areas, so showing a good performance.
- The reconviction rate for community orders was statistically higher than that predicted. This was in principle a mixed result. However, some caution is needed in interpreting reconviction data particularly at individual area level and the results need to be considered in the context of police clear-up rates and other variables.

	Target	County Durham	England & Wales average
Proportion of magistrates' courts PSRs prepared in 15 working days (SDA 1a) April-September 2003	90%	82%*	73%
Basic skills: % performance against starts target (SDA 2)	100%	64%	78%
Basic skills: % performance against awards target (SDA 2)	100%	91%	90%
Accredited programme completions: % performance in relation to target (SDA 3)	100%	119%	87%
Enforcement – breach taken where required within ten working days (all orders/licences) (SDA 4)	90%	94%	76%
DTTO starts: % performance in relation to target (SDA 6)	100%	93%	95%
Home Secretary's race equality employment target (SDA 7)	1.4% (target for the North East Region)	4% (figure achieved by the region)	
Sickness absence: average days absence (SDA 8)	9 days	10.2 days	12.1 days
Proportion of victims of serious sexual/violent offences (where offender sentenced to custody of 12 months or more) offered contact within eight weeks (SPM 1)	85%	98%	91%
Proportion of CROs where 12 appointments arranged in first 12 weeks	90%	97%	96%
Proportion of CPROs where required appointments arranged in first 12 weeks	90%	79%	78%
Proportion of CPOs with at least five hours average work arranged per week	90%	95%	87%
Two-year reconviction rate for community orders (information for commencements in the first quarter of 1999)	To achieve actual rates that were lower than predicted	Actual 63.3% Predicted 58%	Actual 50.2% Predicted 51.7%

SECTION A QUALITY OF MANAGEMENT

A1 Leadership and planning

Well 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 senior management team is committed to the implementation of national and local targets and priorities, including What Works strategies, risk management and promoting diversity.

Strengths:

- The CO, ACOs and middle managers demonstrated a high standard of leadership to staff and external partners. Specialist staff such as office and Quality Assurance Managers made a significant contribution to service delivery and the performance culture. They were equally valued as leaders and fully integrated with front line staff. The visibility and accessibility of senior managers had been scored high in the staff survey.
- To support effective case management, the business plan was formulated using key themes and a simple process map provided clarity about strategy, tactics and process improvement. The plan set out, in a plain and understandable format, what the Board and staff had to achieve. Common organisational objectives were used so that managers and staff shared responsibility for meeting national standards and providing a quality service.
- County Durham had invested substantially in a strategic quality assurance unit. This had resulted in a more comprehensive and effective approach to policy making, implementation and review. Copies of all policies were provided to staff via an electronic database. Review dates were included and an ‘alarm’ ensured that they were completed within the specified timeframe. Managers also captured staff comments about how the policies were working in practice. Guidance had been issued on the policy making process based on the EEM model. This had been widely circulated and was understood by staff.

GOOD PRACTICE EXAMPLE

County Durham had produced the 'Big 6 Report' based on the most important national targets. This was a valuable digest for managers and staff that included detail from national performance reports, the weighted score card and other data. Staff could see at a glance current performance on cash-linked and quality targets. This report was extensively used to drive up performance. It was available on the electronic database and produced monthly.

- A performance management framework was well established. Monitoring reports, linked to business plan action points, were produced each quarter in order that progress against targets could be tracked. Monthly and weekly performance reports were used by managers to improve and sustain good performance and give an early warning of areas to be addressed.

- Race and diversity work was an important priority for the Board and managers. Cross-grade structures with Board member involvement were in place to progress and monitor this work. The North-East Region Probation Forum, of which County Durham was a part, had agreed a regional strategy for improving links with minority ethnic communities. One of the priority areas was to study the needs of minority ethnic victims. The strategy had been supported by a regional event for representatives of local minority ethnic organisations and probation areas to meet. Within the area, a comprehensive action plan to improve PSRs (following the recommendations from HMI Probation's *Towards Race Equality*) had been implemented. In addition, the staff conference had considered issues of sexuality and wider local diversity matters such as rurality.
- In advance of the introduction of accredited programmes, managers had commissioned and implemented the Citizenship Programme. This resource was well used by case managers with offenders for whom an accredited programme would not be appropriate or due to resource restraints could not be provided. It offered a valuable input to good case management. A review of this work was underway at the time of the inspection to ensure modules linked to OASys assessments on induction and engagement with offenders, and that work incorporated effective practice principles.
- There was a proactive approach to achieving results and cash linked priorities. Enforcement and victims work exceeded the NPS targets. This solid achievement was in part a result of reinforcing a culture of compliance by offenders that resulted in a high level of engagement in supervision and attendance.
- The area had achieved IQRs of 75% for its Think First and 67% for its Priestly One-to-One accredited programmes in May 2003.
- EEM self-assessments had shown year on year improvement. This work was used to inform the planning process and the dynamic risk register. This identified the critical business risks that could undermine achievement of the desired performance. The risk strategy identified managers who were accountable for essential areas of service delivery and ongoing development, maximising the probability of achieving business objectives, and demonstrated good governance practice by the Board.
- External validation was an important part of the management process. In 2004, County Durham had successfully been reassessed for IIP status. The NPD had sent a PIAT to ascertain what was behind the area's good performance and share this nationally. A paper produced and circulated as part of the evidence in advance for the inspection, outlined the 14 separate organisations that audited/inspected the work of Country Durham. A project had been agreed with the NPD to look at the impact and level of resourcing needed to meet these external demands for accountability (from for example: the Home Office, Local Criminal Justice Board, Trade Unions, Crime and Disorder Partnerships, etc.) with a view to streamlining the many procedures and ensuring this investment was well targeted.
- The NPD's authorising of the final version of the business plan contributed to the accountability process and helped to ensure objectives were consistent with NPD priorities.

Areas for improvement:

- There was a good relationship between the CO and Board Chair; however, the Board did not always sufficiently use its influence in relation to local objectives and links with local communities and key stakeholders. The Board needed to consider how it fulfilled its responsibilities, as outlined in national legislation and NPD guidance.

- Whilst performance information was captured and available on offenders' race, gender, age and other diversity variables, this was not reported to the Board and staff on a regular basis. Because of this, the organisation could not satisfy itself that there was no differential practice with different groups of offenders.
- Victim contact work was well embedded and national targets were consistently met and exceeded. However, the policy guiding this work needed updating to take into account legislative changes and NPD circulars, particularly in relation to work with MAPPA.

A2 Resource allocation

Very well met

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 COG had put considerable energy into ensuring that the staffing profile matched the demands on the area. Weekly reports on staff availability were produced so that managers' decisions on the allocation of work were based on the effective delivery of national and local strategies and supported front line practice. This was in line with the workload prioritisation document which had trade union support.
- Resources were allocated primarily by reference to risk of harm considerations (i.e. those offenders assessed as being at higher risk of harm were allocated more resources) and to the NPD imposed performance link. A workload weighting review system was applied to allocate resources to teams and units. New projects were subjected to detailed scrutiny using the weekly staffing report to identify resources and ascertain if they could be managed internally.
- Staff across the county adopted a flexible approach to deployment, moving at short notice on a temporary basis to ensure that front line services were always maintained. ECP resources were moved during the course of the day based on the offenders that had turned up, and managers being mobile themselves modelled this approach. The area had made a significant move away from a culture where offenders could only be supervised by one person and there was a strong sense of corporate unity/ownership and good case management.
- A PPU, working to an inclusive and comprehensive inter-agency protocol, had been established and funded. The unit was supported by proactive senior management involvement.

GOOD PRACTICE EXAMPLE

The County Durham MAPPA annual report was written in an accessible format that directly answered many common concerns and worries the public had about high-risk sex offenders. Practical examples were featured of how these anxieties were addressed by PPU staff.

- To offset ongoing resource and capacity limitations, there was an effective regional approach to resource management, which was particularly evident in human resources and work on race and wider diversity. The work on race had featured as good practice in HMI

Probation's 2003 thematic follow-up of *Towards Race Equality*. Staff were undertaking NPD training on how to complete impact assessments on the local Race Action Plan.

- The audit committee played a central role by providing a route map of guidance for the COG on strategic priorities. The Board had reviewed strategic priorities with senior managers and had clearly identified 'bottom line' issues that helped them prioritise work effectively.
- The staff survey had identified the best ways to communicate decisions about staffing and resources to staff. Newsletters, staff forums and team meetings, individual supervision sessions and e-mail were used to ensure resource issues and decisions were communicated in a timely manner.
- The internal audit report for 2002/2003 had given the area the rating 'Substantial Assurance'. The auditors had commented that internal controls were operating well with signs that they might be further improved upon over the next year.

GOOD PRACTICE EXAMPLE

Figures made public at the NPD's 2003 Finance Conference showed that County Durham had very low operating costs of 5% of its budget for support services, as compared to the average of 17% for England and Wales as a whole.

A3 Management and supervision of staff

Very well met

Description:

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

Strengths:

- There was very strong evidence that staff development processes were aligned to business plan priorities. This was demonstrated by the area's involvement in regional human resources initiatives. The human resources unit functional action plan identified and listed key actions and objectives to be achieved in 2003/2004. There was a schedule for reviewing human resources policies and procedures with reporting timescales.
- The Area Business Plan 2003/2004 prioritised a number of human resources improvement objectives, including meeting national targets for the minority ethnic proportion of the workforce, and reviewing and improving the sickness management process.
- Information was sought on the future plans of staff about career moves and the opportunities required to develop skills or experience. These data allowed managers, where possible, to match aspirations to business demands, although further work was needed to ensure this process was consistently understood by all staff.
- The Staff Development Plan 2003/2004 incorporated an overview of training and development issues from 2002/2003 and a forward plan for the following year. This prioritised work on key delivery areas. The plans detailed a wide range of mandatory and discretionary training for all levels of operational, management and administrative staff, including What Works and supporting skills provision. In addition to this, training to support case management practice was well featured. Basic IT courses were run so that all staff

would be competent in its use. Diversity issues were reflected in the annual staff conference programme.

- A supervision and appraisal policy was in place, providing a framework for effective and consistent supervision. All staff had an annual appraisal. The 2002/2003 returns indicated that 96% were completed on time. The staff satisfaction survey pointed towards high levels of approval with this process.

GOOD PRACTICE EXAMPLE

The NPD had cited the joint work on supervision and appraisal by County Durham and Teesside as a potential national model for other areas to emulate.

- There was a proactive response to shortages of key staff, with managers implementing imaginative and successful strategies to address gaps. They had supported the training of a number of psychologists and had retained these staff once qualified. The psychologists were making a valuable contribution to work with high risk of harm offenders and were available to provide advice to case managers.
- County Durham had been a pilot area for OASys and all staff including the CO had received OASys and eOASys training. The results from the ESI showed good levels of competency and knowledge of the tool.
- Centrally provided core induction programmes for new staff were set for the year. These were attended by the CO and ACOs to demonstrate a corporate and welcoming approach and would be offered within three months of the start date.
- All staff had received training on pro-social modelling. The impact of this was very high levels of compliance from offenders and a quality dialogue and engagement between managers, staff and external agencies. Staff were encouraged to adopt a welcoming and problem-solving approach to complaints and criticism. The 2002/2003 Annual Report had noted that no formal complaints had been recorded. Case managers used pro-social modelling to challenge offending behaviour; it also provided a language to communicate respect and acknowledge an individual's diversity needs.
- Board members were clear about their role as employers, leaving operational matters for senior managers but, nonetheless, taking an active interest in the views of staff. Individual members had participated in staff conferences. The Board and COG received a regular range of reports and were proactive in addressing areas of concern. One example of this was the joint work done by the Board Chair and CO during the recent national workload dispute; careful negotiation and consultation had resulted in no loss of front line service and early settlement locally.
- In 2003, County Durham had successfully been reassessed as meeting IiP criteria. The report from the assessor commented positively on the way that organisational objectives and staff training and development were aligned to meeting key aims.
- The NPD regional target for minority ethnic staff had been met. The recruitment and retention of these staff was a high priority. In order to attract minority ethnic applicants, the North-East Training Consortium had published a booklet entitled *Probation works ... do you have something to contribute...?* containing six case studies of people joining the probation service; three of the case studies were about minority ethnic staff. The booklet described the probation service's commitment, and details of projects to develop promotional

opportunities, funding and support for ABPO and NAAPS, the national percentage of minority ethnic TPO appointees in 2002 (11%), and provided a focal point for further discussion.

- The Board's race action plan complied with the demands of the Race Relations Amendment Act.

A4 Partnership/contracting out

Satisfactorily met

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:

- Managers had already recognised that existing contracted services provision did not link closely enough to business priorities and had taken action to rectify this. Contracts that were underperforming had been terminated.
- County Durham had participated fully on the local Supporting People Commissioning Body to ensure that the needs of offenders were articulated. The provision of offender accommodation continued to be an issue with a lack of capacity in both private and public sector housing. Notwithstanding this, the PPU had a designated officer who could provide specialist support, referral and placements for high risk of harm offenders.
- ETE and basis skills provision was well established and aligned to support case managers achieving cash linked targets. For 2004, it was planned that 35% of the total value of this contract would be dependent on delivering on performance measures. In addition, specific ETE resources were allocated to support offenders on DTTOs.

GOOD PRACTICE EXAMPLE

The feedback sheets provided by ETE partnership staff were very comprehensive. They informed the case manager what work had taken place and comments from the offender were noted. Plans for the following session and the next appointment were clearly marked. All this information was verbally relayed to offenders so that they fully understood what was being recorded and how this would be integrated into their supervision. Offenders with poor or developing reading skills were empowered and involved by this process.

- Prison and probation contracts were clearly set out and were reviewed quarterly to ensure these delivered planned outcomes.
- The CO ensured the area was represented at a range of local strategic partnerships, such as the DAT, Crime and Disorder Partnerships and the Local Criminal Justice Board. There were also strong links with local diversity groups, such as the race equality partnerships, lesbian, gay, bisexual and transgender groups, and disability forums.

Areas for improvement:

- The Board did not work to a specific partnership policy or strategy and not all contracts had been subject to a tendering process.

- Whilst partnership provision was in place to meet the needs of offenders using illegal drugs, the local DAT did not commission services for alcohol users. Our inspection results showed this was a significant criminogenic factor in the supervision of many of the cases in the sample.

A5	Effective communication with sentencers	Well 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:

- The CO had planned to take strategic oversight of liaison with courts for 2004 in view of the Carter Review and the introduction of the new Criminal Justice Bill with its extensive changes to community penalties.
- There was a formal protocol with the magistrates' courts covering the services provided by probation (including PSRs and SSRs), the sentences available, enforcement requirements, general liaison and training arrangements. A similar document had been agreed with the Crown Court in November 2001. This latter document needed to be reviewed and updated.
- PLC meetings had continued. These were held four times a year and during 2003 there had been a significant increase in attendance. Other methods of communication with sentencers were extensive and focused on keeping the latter informed about local and national developments within the probation service, as well as performance and outcomes. They comprised formal meetings, briefings, presentations, inputs by probation staff into magistrates' training, open days and a sentencers' conference. The arrangements were subject to annual review and planning.
- There were regular meetings and training organised for the DTTO panel.
- Independent additional information supplied by magistrates and district and Crown Court judges spoke of the trust and confidence they had in probation services, as well as the strong leadership and innovative partnerships to ensure orders were delivered.
- Sentencer satisfaction was assessed by way of evaluation comments received after presentations and showed that these events had been received positively.

GOOD PRACTICE EXAMPLE
<p><i>In this DV case the case manager had produced regular updates to the sentencing judge and family court to inform the court's decisions about the care and protection of the children involved. To ensure compliance and understanding the case manager had made additional appointments with the offender to undertake this work and although the latter was working irregular shifts he had attended these without fail. Positive feedback was given by the courts on the usefulness of these reports.</i></p>

- Extensive use was made of NPD leaflets to explain to sentencers about the range of community sentences.

SECTION B QUALITY OF ASSESSMENT

B1 Assessment of risk of harm

72%

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.

Strengths:

- A satisfactory risk assessment had been completed at the commencement of supervision in 82% of cases. The main assessment tool was OASys.
- Of the cases in the sample 96% were assessed correctly. (The majority being of low to medium risk of harm). In only four cases were the judgements about the risk of harm felt to be inappropriate.
- In the majority of cases there was a close fit between the interventions planned and the assessed risk of harm.
- 82% of the cases inspected were reviewed or assessed regularly at 16 week intervals, as required by the national standard.
- A formal system was in place for ensuring reviews took place at the required interval and managers and staff undertook local audits to ensure quality and national standards were achieved.

Areas for improvement:

- Of the 36 relevant cases, 15 were not properly reassessed following a significant incident.
- In eight high risk of harm cases the required risk management plan was not completed within five working days.
- There was insufficient management involvement in the assessment of about a third of the high risk of harm and child protection cases.

B2 Assessment of likelihood of reoffending

96%

Description:

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

Strengths:

- In 94% of cases there was a sufficient assessment of the likelihood of reoffending and criminogenic factors using the OASys system.
- In 99% of cases sampled there was a clearly identified likelihood of reoffending score (OGRS2).

Description:

The case is managed effectively and interventions coordinated to enable criminogenic factors to be addressed and any risk of harm managed. The ISP 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.

Strengths:

- ▣ 84% of ISPs met national standards on contents and timeliness.
- ▣ Objectives meeting SMART criteria were contained in 77% of ISPs.
- ▣ Appropriate interventions were identified in 85% of cases.
- ▣ Of the ISPs reviewed, 86% were sensitive to diversity issues.
- ▣ In 100% of cases the ISP had been communicated to the offender to encourage participation.
- ▣ 96% of cases had evidence on file to show the case manager had taken steps to explain the requirements of the order or licence to the offender.
- ▣ The use of pro-social modelling training and an emphasis on compliance and offender engagement, facilitated via the Citizenship induction module, supported good case management.
- ▣ The role of divisional managers and administrative staff in facilitating work was evident as this freed up case managers to concentrate on work with offenders.

Areas for improvement:

- ▣ In 20 cases more attention to specifying clear liaison responsibilities was necessary to ensure effective case management.
- ▣ Some ISPs needed to address diversity work.

Description:

All relevant documentation is available and has been satisfactorily completed.

Strengths:

- ▣ Case records were well organised and complete in 96% of cases.
- ▣ Recording was clear and sufficient in 98% of cases.

GOOD PRACTICE EXAMPLE

Inspectors and area assessors found many good examples of recording. In CPROs, case managers used a standard format and colour coding for different entries so that separate CP records were not necessary. This made the management of the offender much more effective.

SECTION C QUALITY OF INTERVENTIONS

C1 Managing attendance and enforcement

94%

Description:

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

Strengths:

- 92% of all cases had appointments arranged to meet national standards.
- Of the cases inspected a majority had had a proper interview, CP session or accredited programme delivered. In only five cases had offenders been subject to ‘signing in’.
- In 97% of cases offender attendance across all interventions was monitored sufficiently by the case manager, with appropriate action taken where necessary to ensure compliance.
- 95% of the judgements made by case managers about offender absences were found to be appropriate.
- Of 44 applicable cases, 40 had been breached appropriately within national standards timescales.

C2 Delivering appropriate supervision

84%

Description:

Interventions are delivered to achieve the objectives identified in the ISP 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:

- Progress against objectives in the supervision plan was reviewed in line with national standards in 77% of cases.
- SMART objectives were contained in 79% of supervision plan reviews.
- Appropriate interventions were delivered in 79% of cases.
- In 20 out of 23 relevant cases accredited programme conditions had commenced promptly.
- Case managers had delivered work to ensure community reintegration in 86% of cases (e.g. in relation to accommodation, employment, drugs, alcohol and family relationships) and in 92% of cases had motivated offenders by reinforcing the work done by others.
- Sufficient liaison with others providing interventions was found in 91% of cases inspected.
- In the judgement of inspectors and area assessors, the case manager had challenged the offender to accept responsibility for their behaviour in 81% of cases.

- In the majority of community punishment cases (94%), work done was judged to be demanding and fully occupying the offender.
- At the commencement of supervision the average offender appointment lasted 30-45 minutes in 45% of cases and up to one hour in 40% of cases. The time offenders spent with case managers in the later stages of orders and licences averaged 30-45 minutes in 54% of cases and up to an hour in 18% of cases. This was considered to be notable and evidence of the pro-social modelling approach to engagement.

GOOD PRACTICE EXAMPLE

This was a man in his 20s and on the high risk of harm register. He had been abused as a child, spent long periods in the care of the local authority and was now in a dysfunctional marriage. There had been a number of instances of irrational and hysterical behaviour leading eventually to the making of a CRO for a violent offence. The case manager had put an enormous amount of work into the case, seeing him weekly throughout the order and providing detailed notes of the contact. There was considerable evidence that her intervention was enabling him to function less destructively and survive in the community without further dangerous behaviour.

Areas for improvement:

- In a small number of cases (three) supervision plan reviews did not fully integrate the MAPPA action plan or a similar risk management plan.
- Victims work needed further attention in 37% of cases.
- In about 20% of relevant cases' supervision plans reviews, the SMARTness of objectives and appropriate interventions were found insufficient.
- Fifteen out of 42 offenders (36%) within the target range had no appropriate reason recorded for not being referred to an accredited programme.
- In 11 of the cases sampled further work could have been done to ensure community reintegration.

C3 Diversity needs

84%

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.

Strengths:

- Issues of literacy and dyslexia were considered to have been sufficiently addressed in 75% of relevant cases.
- Case managers took account of race equality and wider diversity issues in 91% of cases and the interventions delivered were sensitive to diversity in 87% of the relevant cases.

Area for improvement:

- It was important to ensure literacy, dyslexia, and race equality and wider diversity issues were sufficiently addressed in all relevant cases.

Description:

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

Strengths:

- Consideration had been given to the methods likely to be most effective with the offender (e.g. type and pace of activity, work placement, accredited programme, or hostel provision) in 92% of cases.
- In 81% of prison licence cases the quality and degree of pre-release work was consistent with the assessment of risk and need, the offender's motivation and his/her capacity for change.

GOOD PRACTICE EXAMPLE

In a complex DV case, the case manager had planned and delivered a one-to-one intervention to help challenge the offender's behaviour and reduce the risk of reoffending. The use of a psychologist to help deliver the work was an excellent example of the learning style being sensitive to responsivity issues.

Description:

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

Strengths:

- Home visits took place well within the national standards timescales in 97% of high risk of harm cases. Case managers saw this assessment of home circumstances as a key part of monitoring risk and ensuring compliance and engagement with offenders.
- The level of interventions was considered sufficient in relation to the assessed risk of harm in 94% of cases.
- Case managers had executed risk management plans appropriately in 86% of the high risk of harm cases, and appropriately reviewed the plans in 75%.
- In six relevant cases staff were appropriately involved in child protection arrangements.

GOOD PRACTICE EXAMPLE

The case under inspection was a very complex DV offence. The perpetrator and the victim were subject to child protection procedures. The case manager was able to challenge the offending behaviour, provide access to support services to the victims and work with both parents on child protection issues. The case manager discussed with the offender the reports he was submitting to the ACPC meetings and this encouraged the offender to look at the impact of his behaviour and motivated him to continue to work with probation. There was also excellent recording of the work done.

- Where potential public protection issues had arisen, appropriate action had been taken by the area in all of the cases.

Areas for improvement:

- The area needed to ensure that in all high-risk of harm cases risk management plans were fully implemented and regularly reviewed, and that there was sufficient staff involvement in all child protection arrangements.
- Whilst seven of 12 inter-agency risk management plans were judged to be sufficient, five were assessed as insufficient or poor.
- Management oversight of high-risk/child protection work was insufficient in a quarter of the relevant cases.

SECTION D QUALITY OF INITIAL OUTCOMES

D1 Interventions are delivered with the desired outcomes

67%

Description:

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

Strengths:

- County Durham had been a pilot area in the development of OASys. Re-scoring was becoming routine practice with case managers and 51% of cases in the inspection sample had already been reassessed during supervision. 65% of reassessments took place between four and six months and 21% at the seven to nine month stage.
- In a significant number of cases priority issues for supervision work had resulted in improvements. Table A below illustrates the range of criminogenic issues that case managers addressed with offenders as part of supervision. Analysis of progress on these factors showed an improvement in 66% of cases and deterioration in only 4%.

Table A: Criminogenic issues for County Durham offenders

Accommodation	14%
Alcohol	43%
Anger	23%
Drugs/solvents	29%
Employment	34%
Financial problems	15%
Gambling	46%
Health/mental health	29%
Peer influences	36%
Relationships	29%
Thinking skills	77%

GOOD PRACTICE EXAMPLE

In this very high risk of harm case, pre-release work was excellent, with a good risk management plan that involved hostel staff in Teesside (County Durham having no approved premises of its own), the PPU and additional electronic tagging. The offender was fully informed of all conditions and there was a clear plan of action should concerns arise. The case was closely monitored and the plan proved effective. Three months after release changes in behaviour were observed and staff recalled the offender to prison before he could reoffend again.

- In 69% of cases offenders were deemed to have complied with the conditions of their order or licence. Offenders attended all or nearly all planned appointments or work sessions in 73% of the cases sampled.
- There was evidence that the offender had applied learning outcomes/skills acquired during the period of supervision in 62% of cases.

GOOD PRACTICE EXAMPLE
<p><i>INFORMATION AND FEEDBACK FROM OFFENDERS</i></p> <p><i>Fifty-six offenders from County Durham were interviewed in person or over the telephone as part of the inspection. Their response to some key questions are listed below:</i></p> <ul style="list-style-type: none"> • <i>Probation has caused me to 'think twice' about my offence - 100%</i> • <i>The work I was asked to do on community punishment was demanding - 91%</i> • <i>Probation work has made it less likely that I'll reoffend - 83%</i> • <i>Probation was able to provide help with problems - 77%</i> • <i>Work done by probation was helpful - 74%</i> • <i>Probation took account of my individual needs and circumstances - 74%</i> • <i>Probation work has made me more aware of the impact on victim or the wider community - 73%</i> • <i>Offenders recalled spending on average of about 50 minutes in an interview at the start of supervision and the most recent interview on average lasted about 40 minutes</i> • <i>Overall 89% of offenders thought there had been a big improvement with their problems.</i>

Areas for improvement

- In 82% of high risk of harm cases there was insufficient evidence of a reduction in the level of risk. However, for many of these offenders the case manager's priority was to manage the risk of harm rather than expect a reduction.
- For 42% of all relevant cases (33) there was insufficient evidence of any improvement in community ties and social circumstances.
- Case managers could only evidence a positive change in attitudes, beliefs and behaviour in relation to offending, and an increased awareness of the effect of the offence on the victim, in 50% of relevant cases.

D2	Improvements are sustainable	83%
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Description:

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

Strengths:

- In 84% of relevant cases attention had been given to long-term community reintegration issues and appropriate links made with community resources/family, etc.

- There was effective promotion of facilities and partnerships to offenders. Information leaflets and posters were prominently displayed in offices and there was evidence of referrals to in-house provision for basic skills advice and for accommodation provision in the PPU.
- Sufficient attention had been given to ensuring that offenders maintained contact with mainstream organisations to address criminogenic need, where required.

D3	Outcomes of interventions are assessed and reviewed using available data	Satisfactorily met
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Description:

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

Strengths

- OASys had been fully implemented and funding obtained in January 2004 to interrogate the information it held. Criminogenic factors would be identified and this information used to inform and evaluate outcomes and business priorities. These data would also be available to the county Crime and Disorder Partnership.
- Evidence was available that middle managers engaged with staff in discussing national standards performance, successful completions and progress through accredited programmes.
- Staff were provided with research findings and reports from regular internal audits and external inspections in order to inform policy and practice.

Area for improvement:

- The staff did not routinely produce reports on the outcomes of the area's work or discuss outcome measures.

D4	Interventions demonstrate value for money	87%
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Description:

Interventions are delivered with efficient and appropriate use of resources.

Strengths:

- In 89% of cases the resources allocated had been consistent with an offender's risk of harm.
- Resources allocated were appropriate to the likelihood of reoffending in 85% of cases.
- Resource use was assessed as efficient in 87% of the cases.

GOOD PRACTICE EXAMPLE
<i>The case manager's referrals and ongoing support enabled this offender to resolve long-standing debt problems that had been a factor in previous offending. The use of the in-house ETE tutor had assisted this offender into regular employment and she had gained a number of educational qualifications.</i>

THEMATIC ELEMENT: DOMESTIC VIOLENCE

SUMMARY OF THE PROVISIONAL FINDINGS FOR COUNTY DURHAM

Introduction

Every inspection in the ESI programme includes a thematic element. For the second group of seven areas visited this element was DV. A full report on the whole thematic inspection will be published as soon as possible after the visit to the last of these areas.

HMI Probation developed a set of standards and criteria for the thematic that described what best practice would look like in DV probation fieldwork. This inevitably meant that some of the results were likely to fall short of a perfect score. The DV work assessed was carried out in complex inter-agency settings and positive outcomes were not always the sole responsibility of the probation area. Nationally, there is considerable scope for improvement with DV work because of the lack, until recently, of a clear strategic direction by the NPD. The cases inspected also predated the roll-out and implementation of an accredited programme and the introduction of a standard DV assessment tool. The area's results should be understood in this context.

Pending publication of the thematic report, each of the area ESI reports includes a summary of the provisional DV findings for the area. The summary for County Durham is given below.

Quality ratings

Quality of DV Management: Of the five relevant Management criteria (A1–A5), four were partly met and one satisfactorily met.

The other criteria were scored by analysing the DV work done by the area with 23 cases where DV was, or should have been, a significant feature of supervision. The scores for the individual questions (listed further below) were weighted and aggregated to produce the following three quality ratings.

<i>Quality of DV Assessment</i>	48%
<i>Quality of DV Interventions</i>	56%
<i>Quality of DV Initial Outcomes</i>	38%

Overall assessment

County Durham Probation Area had maintained a strategic focus on DV issues in collaboration with other agencies, albeit there was some inconsistency across the area. It was a source of frustration to practitioners and managers that an accredited programme had not been available. Good practice was identified during the inspection, but there were many aspects of practice that needed improvement, particularly risk of harm assessment and management.

Recommendation

The Probation Board should ensure that the area:

- *improves the quality of assessment and management of risk of harm in DV cases*
- *monitors, reviews and evaluates the effectiveness of both restrictive and constructive DV-related interventions, once the national DV programme is implemented.*

SECTION A QUALITY OF DV MANAGEMENT

A1: Leadership and planning:	Assessment
<p><i>The area operates a comprehensive DV harm reduction policy consistent with national guidance and supported by a strategic implementation plan. Effective management structures and processes exist for delivering DV policy and managers are held accountable for its effective operation.</i></p>	PARTLY MET

Strengths:

- Senior managers had demonstrated a good level of commitment to developing the quality of DV practice by, for example, taking a leading role in the development of local inter-agency DV-related forums and projects. The culture of County Durham meant that staff expected to be aiming for best practice. This was a very positive environment for the introduction of developments aimed at improved DV practice.
- As Chair of the County Durham and Darlington DV Strategy Group, one senior manager had overseen the ‘Domestic Violence – Reality Revealed’ project which had produced, in June 2003, an impressive practice guidance and resource directory document and website. The document was a comprehensive guide and covered race, ethnicity and other diversity issues. The project, funded by the Home Office, Children’s Fund and local sources, had started phase 2 in 2003/2004 and aimed to devise a multi-agency strategy, develop a programme for perpetrators, support the development of individual agency policies and address the special needs of young people affected by DV.
- The area had contributed to the development of a draft inter-agency policy on DV, which was in first draft. It set out a shared definition of DV and some minimum standards of good practice for all agencies. It was a good starting point to encourage a shared approach.

Areas for improvement:

- County Durham Probation Area had no current policy on domestic violence. A decision had been made to await the roll-out of the national policy which managers had commented on in draft. Although this approach was understandable, there had been a policy gap over such a long period it had had an impact on the quality and consistency of the approach to addressing DV.
- There were no monitoring reports available on performance in relation to DV. Cases had been audited three years previously and a further audit was planned.

A2: Resource allocation:	Assessment
<p><i>The area demonstrates a strategic approach to effective resource allocation for DV work.</i></p>	PARTLY MET

Strengths:

- Middle and senior managers were making significant contributions to local DV forums with many chaired by the probation representative.
- DV cases were allocated initially to POs and then according to risk of harm category. There was also provision for reallocation where risk levels changed. There was evidence from the fieldwork that DV cases were held mainly by POs.

Area for improvement:

- The area lacked clarity about the DV-related results they were trying to achieve, although as part of their work with local DV forums the area was contributing to the development of local strategies.

A3: Management and supervision of staff:	Assessment
<i>The area's human resources policies, strategies and personnel management practices ensure effective delivery of DV harm reduction work.</i>	PARTLY MET

Strengths:

- DV had featured in the local training plan with an emphasis on raising awareness, prompted by the publication of the inter-agency guidance document. Board members and administrative staff had also attended training.
- Several staff had been trained to use the Spousal Assault Risk Assessment tool as part of the first phase of the implementation of the accredited DV programmes for perpetrators.
- The area expected TPOs to co-work DV cases in their second year. This was good practice.
- Practitioners reported good supervision and support from their managers.

Area for improvement:

- The area's human resources policies should include DV-related issues, e.g. support for staff as victims and perpetrators.

A4: Partnership/contracting out:	Assessment
<i>Area partnership management ensures effective DV harm reduction.</i>	SATISFACTORILY MET

Strength:

- County Durham did not have any formal contracts for the delivery of services by partner agencies. However, there was evidence that managers had begun to develop positive local informal partnerships with other statutory and voluntary agencies in order to make progress on inter-agency initiatives.

A5: Effective communication with sentencers	Assessment
<i>Area communication with sentencers and justices' clerks supports DV harm reduction.</i>	PARTLY MET

Strengths:

- A representative from the Court Service attended the county DV strategy group and so there was a forum for inter-agency work to improve DV work.
- DV had featured in briefings to sentencers at liaison committees and was considered at a quarterly meeting between probation and courts' senior managers.

Area for improvement:

- Without the focus of an accredited programme, communication with sentencers had not been comprehensive and the area did not feedback information about DV-related outcomes to sentencers.

SECTION B QUALITY OF DV ASSESSMENT

B1: Assessment of risk of harm:	Score
<i>Risk of harm is satisfactorily identified and assessed using approved tools drawing on relevant assessments, available victim information, previous convictions and knowledge of DV risk factors.</i>	40%

Strength:

- In 21 out of 23 cases, it was considered that the risk of harm category was accurately assessed.

Areas for improvement:

- Only 11 out of 22 risk of harm assessments at the start of supervision were sufficient in relation to HMI Probation DV standards; in 11 out of 21 cases risk of harm was reviewed four-monthly, and in less than half of cases where there had been a significant incident that might give cause for concern.
- In 12 out of 21 cases information had not been sought from police DV units. In only just over half of relevant cases had Social Services been contacted for information to contribute to the risk of harm assessment.
- Only a third of relevant cases had a satisfactory risk management plan prepared within five days of commencement/release.
- Risk management plans for high and very high-risk cases addressed DV satisfactorily in less than half of the relevant cases.
- Appropriate additional orders/conditions/requirements and release plans to protect victims had not been recommended or incorporated into the order/licence/sentence, in six out of 13 relevant cases.

B2: Assessment of likelihood of reoffending:	Score
<i>DV-related criminogenic factors and reoffending probability are identified and assessed using approved tools, drawing on all available information and previous assessments.</i>	60%

Areas for improvement:

- Likelihood of reoffending and DV-related criminogenic factors were sufficiently addressed in 17 out of 23 cases, which was disappointing given the strong links between, for example, alcohol misuse and DV.
- In only 12 out of 23 cases was a sufficient DV perpetrator history ascertained, and in only 11 out of 20 cases was it taken into account in supervision.

B3: Case management:	Score
<i>The case is managed effectively. Supervision plans/CPO assessments incorporate appropriate coordinated and sequenced interventions designed to minimise assessed DV-related risk, address associated criminogenic needs and accommodate relevant victim/diversity issues.</i>	38%

Strengths:

- Imaginative use had been made of the in-house psychologists who increasingly provided assessments and interventions for DV cases.
- Appropriate interventions, commensurate with risk management plans, had been put in place in 15 out of 23 cases.
- The plans inspected were able to evidence sensitivity to offenders' diversity needs and issues in 76% of cases.
- In 100% of cases the plan was communicated to the offender to enable participation, and in 96% of cases steps were taken to ensure the offender understood the requirements of supervision.

Areas for improvement:

- The national timetable for roll-out of the programme meant that County Durham might have to wait until 2005 before being able to provide an intervention specifically designed for DV offenders. The lack of an accredited programme made it difficult for the area staff to achieve high scores in relation to planned interventions.
- Liaison arrangements were specified in supervision plans in only four out of 19 cases. There was too little information included about contact details and frequency.
- Victim safety issues were taken into account when planning interventions in only six out of 19 cases and diversity in six out of 11 relevant cases.

B4: Documentation:	Score
<i>All relevant documentation is available, satisfactorily completed and appropriately stored.</i>	59%

Strength:

- Case recording was well organised and complete in all cases and was excellent in four cases.

Areas for improvement:

- There was insufficient recording of DV-related plans and interventions that were delivered by other staff or providers.
- There were five out of 16 cases where this confidential and third-party information was not kept appropriately.

SECTION C QUALITY OF DV INTERVENTIONS

C1: Managing attendance and enforcement:	Score
<i>Contact with the offender and enforcement of the order/licence is planned and implemented to meet DV risk management requirements.</i>	74%

Strengths:

- DV offenders were never asked to just ‘sign in’. Their supervisor or a substitute always saw them.
- In all except three cases DV issues were taken into account in where and how often offenders were seen.
- Appropriate judgements were made about whether absences were acceptable or not in all except one of the relevant cases.

Areas for improvement:

- Information about breach of restraining or civil court orders was not passed promptly to the relevant authority in two out of six cases.
- DV issues were not taken into account in the decision to take enforcement action in eight of 11 relevant cases and there were also four cases where the protection of the victim was not taken into account when securing compliance.

C2: Delivering appropriate supervision:	Score
<i>Interventions are delivered and coordinated to ensure supervision and risk-reduction objectives are met.</i>	62%

Strength:

- Case managers motivated offenders to address their DV-related offending in nine out of 11 relevant cases.

Areas for improvement:

- In 14 out of 23 cases appropriate DV interventions had not been carried out sufficiently. This was in part due to the absence of an accredited programme. Where case managers had used the Citizenship Programme this had sometimes not been well implemented.
- Victim issues were not properly addressed in half of the relevant cases. Insufficient work was done to raise the offender's awareness of the impact of their offending on the victim.
- When new information or an increase in risk of harm gave cause for concern, additional restrictive or constructive interventions were not incorporated into supervision in five out of 11 applicable cases.
- Where they were used, specialist resources were monitored and reviewed in five out of 13 cases.
- In eight out of 22 cases the delivery of interventions did not take into account DV harm reduction objectives.
- Of four cases dealt with under MAPPAs, only one supervision plan review integrated issues from the multi-agency risk management plan.

C3: Meeting diversity needs:	Score
<i>DV-related service delivery meets diversity needs and appropriate support arrangements are in place.</i>	60%

Strength:

- Diversity was taken account of in planned interventions, and delivery was sensitive to these issues, in 20 of the 23 cases inspected.

Area for improvement:

- DV interventions in three relevant cases were not sufficiently sensitive to diversity issues.

C4: Responsivity:	Score
<i>Offender characteristics, learning style, motivation and capacity to change are taken into account in the intervention plan.</i>	51%

Strength:

- In 20 out of 23 cases appropriate consideration was given to the most effective methods to be used with offenders.

Area for improvement:

- In only one of the two licence cases was the quality of pre-release work of a sufficient standard.

C5: Management of risk of harm:	Score
<i>Risk of harm is actively managed in collaboration with others.</i>	31%

Strengths:

- It was a credit to the area that home visits had been done in nearly all high/very high risk of harm cases.
- In 18 out of 23 cases interventions were appropriate to the assessment of risk of harm.

Areas for improvement:

- In seven out of 11 cases changes to the level of risk were not appropriately identified and managed.
- Six out of the 12 cases that involved risk to children showed that interventions had not sufficiently addressed this risk.
- In only one of the six cases, dealt with under MAPPAs, was there a good risk management plan.
- Victim protection was insufficient in eight of the 16 cases.

SECTION D QUALITY OF DV INITIAL OUTCOMES

D1: Interventions are delivered with the desired outcomes:	Score
<i>DV harm reduction objectives are achieved and risk of harm/reoffending is demonstrably reduced.</i>	38%

Strengths:

- ▣ In all but one case offenders had attended all or nearly all DV-related appointments.
- ▣ Eleven out of 23 offenders had made improvements in top priority criminogenic factors and six out of 23 had improved attitudes, beliefs or behaviour linked to their offending.

Areas for improvement:

- ▣ Four out of five offenders who had additional DV-related conditions did not keep them. However, failures were promptly reported to police.
- ▣ There had been confirmation by victims of no further DV-related behaviour in only three cases.
- ▣ Only one out of 12 of the high/very high-risk cases showed evidence of a reduction in the level of risk. This was often because, as a result of engagement, more information had been gathered giving a clearer picture of the level of DV-related risk of harm and with these offenders the case manager's priority was to manage the risk of harm rather than always expect a reduction.

D3: Outcomes of interventions are assessed and reviewed using available data	Assessment
<i>Outcome data are used to evaluate effectiveness and inform future policy and practice.</i>	NOT MET

Area for improvement:

- ▣ The area did not collect outcome data on DV cases.

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 Aims

HMI Probation contributes primarily to the achievement of Home Office aims to:

- ensure the effective delivery of justice, avoiding unnecessary delay, through efficient investigation, detection, prosecution and court procedures. To minimise the threat to and intimidation of witnesses and to engage with and support victims
- deliver effective custodial and community sentences to reduce reoffending and protect the public, through the prison and probation services, in partnership with the Youth Justice Board.

Role

- Report to the Home Secretary on the extent to which the National Probation Service for England and Wales is fulfilling its statutory duties, contributing to the achievement of Home Office and Criminal Justice Aims and meeting performance and efficiency targets as required.
- Demonstrate that inspections contribute to improved performance in the National Probation Service.
- Contribute to sound policy and effective service delivery by providing advice and disseminating good practice, based on inspection findings, to Ministers, Home Office and National Probation Service staff and Probation Boards/areas.
- Promote actively race equality and wider diversity issues in the National Probation Service.
- Promote the overall effectiveness of the criminal justice system.

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
- working to minimise the burden of inspection on the National Probation Service.

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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