



HM Inspectorate of Probation

AUDIT OF ACCREDITED PROGRAMMES

East Midlands Region of the
National Probation Service for
England and Wales

*Report on:
Derbyshire Probation Area –
Enhanced Thinking Skills*

September 2001

Acknowledgements:

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

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Glossary

ACE	Assessment, Case Recording and Evaluation System
ACO	Assistant chief officer
CO	Chief officer
DTTO	Drug Treatment and Testing Order
ETS	Enhanced Thinking Skills
HMIP	HM Inspectorate of Probation
IAPS	Interim Accredited Programmes Software
IQR	Implementation Quality Rating
LSI-R	Level of Service Inventory-Revised
N/A	Criteria not assessed
OASys	Offender Assessment System
OGRS	Offender Group Reconviction Scale
PO	Probation officer
PSO	Probation service officer
PSR	Pre-sentence report
SPO	Senior probation officer

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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 Joint Accreditation Panel. 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 four sections. These sections, and the overall weighting assigned for each section, are as follows:

Committed leadership and supportive management	20%
Programme management responsibilities	30%
Quality of programme delivery	30%
Case management responsibilities	20%

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 seven 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:

- Derbyshire Probation Area had run the ETS programme at two sites since March 2001. The area had previously run a number of non-accredited programmes whose scheduled participants were automatically transferred to the ETS programme at its inception. Offenders subject to DTTOs were also expected to participate in the ETS programme following the completion of initial structured work.
- The audit was undertaken during September 2001 and comprised of four main stages: the provision of advance information by Derbyshire; video monitoring; case file reading; and, a visit to the area.
- A wide range of staff involved in the delivery and support of accredited programmes were interviewed. These included the CO, the ACO with responsibility for effective practice, staff from the area's information unit, programme and treatment managers, programme tutors and staff with responsibility for case management and writing PSRs. Visits were made to both delivery sites and interviews conducted with six offenders.
- Nine videotapes from three programmes were assessed. The case file reading exercise incorporated all offenders allocated to these programmes whether or not they had commenced the ETS programme.
- Two of the criteria were not assessed – B4.3 and D1.8. National training for experienced tutors was not yet in place (B4.3) and accreditation of the cognitive behavioural booster programme to reinforce offender learning was still awaited (D1.8).
- This audit focused entirely on the ETS programme.

Findings:

Derbyshire Probation Area welcomed the audit and was keen to learn from the process. Committed leadership was evidenced in the area's planning and investment of resources, as well as in the public ownership of accredited programmes by the CO and other senior staff. Attention to the development of monitoring and evaluation processes was a priority and the area had already begun to identify further monitoring requirements. Programme tutors demonstrated commitment and enthusiasm for the ETS programme and they were supported by a management commitment to quality supervision and staff continuity.

It was, however, clear that not all staff in the area were yet convinced of the efficacy of ETS and the area's policy not to require case manager contact during the currency of the programme contributed to a sense of separation between programme tutors and those in support roles. It was recognised that these staff had had limited national training opportunities, albeit they had met the requirements for attending awareness raising events. Further investment in promoting awareness, knowledge and ownership with these groups of staff is required as this is likely to reap benefits and assist in achieving targets in the longer term.

Recommendations

The CO should ensure that the area:

- *further invests in training case managers and PSR writers, particularly in relation to programme content and the evidential base, in order to ensure sufficient knowledge and ownership of the programme;*
- *reviews its policy on contact between case managers and offenders during the currency of the programme in order to promote attendance by participants and reinforce their learning;*
- *gives attention to improving the timeliness of commencement on the programme;*
- *further examines its targeting practice with a view to ensuring that those with high OGRS2 scores have clearly defined and recorded additional structured work, in accordance with national and its own policies;*
- *recirculates guidelines for completion of the targeting matrix and ensures that all PSR writers are fully informed of the area's requirements;*
- *evaluates the accessibility of programmes for women and minority ethnic offenders with a view to enhancing it's strategy and improving both allocation and completion;*
- *develops information feedback arrangements for staff beyond manager level so that they can develop and improve practice;*
- *evaluates the growing body of information from its delivery of the programme to develop a strategy for enhancing completion and reducing attrition rates;*
- *reviews the treatment manager role with a view to ensuring that the structure is sufficiently robust to provide continuity of supervision and address tutor competency;*
- *examines its practice in the delivery of catch-up sessions to ensure that consistency and equality are built into the process.*

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:

- Derbyshire's commitment to the delivery of accredited programmes was documented in its three-year plan in which What Works was explicit and thoroughly integrated. This was confirmed in discussions with senior managers.
- Strategic management minutes provided some evidence of a focus on planning issues relating to IAPS, training and staffing issues.
- The area's implementation plan framework demonstrated that serious attention had been given to the staffing requirements for ETS and it was evident that this had been implemented.
- The CO had promoted the successful delivery of ETS through presentations to managers and management briefing days, held monthly, which gave regular attention to the delivery of the programme.
- Local guidelines for the management and delivery of accredited programmes further underpinned the area's commitment to effective delivery.

Areas for improvement:

- The Operational Plan for 2001/2002 contained only limited requirements for the area in terms of targets for accredited programmes.
- Not all senior managers had yet attended the staff awareness/context setting days for the programme.
- Two significant avenues of communication, the What Works Steering Group and the What Works Briefing – a bulletin whose purpose was to share emerging What Works issues – appeared to have lost impetus during the current year.

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:

- Performance accountability meetings between the CO and relevant managers were the main forum for detailed discussion. Performance relating to allocations from divisional units formed part of these discussions and were integral to the performance accountability structure.
 - Direct line management structures for programme management and delivery staff were established across the area, with appropriate tasks delegated from the programme manager to the core programme coordinators.
 - The programme manager had promoted ETS through presentations at management briefing days and attendance at divisional staff meetings.
 - There was evidence that the line management structure provided the framework for SPOs to examine the nature of programme proposals within the division and establish remedial measures if necessary.
-

Areas for improvement:

- The area recognised the need to consider extending the performance accountability structure to include an independent performance accountability meeting for programme delivery.
- Competency-based job descriptions were yet to be developed.
- Discussions with staff indicated that centrally developed guidelines had not yet been fully absorbed into practice.

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:

- 95% of all staff had attended the awareness events and further events had been scheduled to take place in the autumn.
- Case managers were committed to attending the programme review meetings following programme completion and this was evidenced in the post-programme review.
- Programme tutors were clearly committed to the delivery of quality programmes.

Areas for improvement:

- There was evidence that allocation and use of the ETS programme was lower in one of the four divisions.
- There was a noticeable difference between groups of staff in their ownership of the accredited programme. Not surprisingly, those directly involved in the delivery of ETS were most convinced of its efficacy, whilst those in supporting roles were less so. Interviews with case managers, PSR writers and their SPOs clearly indicated a discernible degree of scepticism and comments such as “*the jury’s out*” and the requirement to make “*a leap of faith*” indicated that these latter groups of staff had yet to be wholeheartedly convinced.

A1.4 Effective communication with sentencers

1

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

Strengths:

- The area had developed systematic links at different levels with the magistracy and had provided a range of information sources.
- A cyclical programme of presentations to magistrates, through the probation liaison committee framework, had been embarked upon supported by programme staff.
- Written information for sentencers had been produced and distributed, including a programme outline for attachment to PSRs.
- The area had established meetings between the Board Chair and Bench Chairs as well as between senior management and the justices’ clerks.

Areas for improvement:

- Engagement with the judiciary appeared less developed by comparison and the area acknowledged the need to follow-up the established communication with the Crown Court judges to ensure that they too had access to the fullest and most recent information.

SECTION B: PROGRAMME MANAGEMENT RESPONSIBILITIES

B1.1 Resources and facilities

2

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

Strengths:

- The area had provided adequate accommodation on both sites for running the programme.
- Facilities for sub-group rooms were identified at both sites.
- Attention had already been given to perceived shortcomings in the video monitoring equipment and the problems rectified.

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 to offenders were clear and concise, covering programme requirements and access to the complaints procedure.
- The area had developed an information pamphlet for sentencers as well as information sheets for defence solicitors and other court users, including a specific information sheet to be added to PSRs.

Areas for improvement:

- No consideration of race equality or wider diversity issues was included in the information leaflets.
- It was apparent from discussions with offenders and staff that the provision of leaflets to offenders was inconsistent. Four of the six offenders interviewed claimed not to have received one.

B2.1 Managing attendance

2

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 clear policy documentation relating to enforcement, including a section on group work and the responsibilities of individual staff.
- The case file reading exercise confirmed effective systems were in place to ensure liaison for enforcement purposes.
- The implementation plan outlined the required commencement and completion rates to achieve national targets.

Areas for improvement:

- The area had not yet developed a strategy to enhance completion rates and acknowledged the need to make use of local performance data to inform this.

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.*

Strengths:

- A published calendar of programmes was available and the frequency of sessions planned conformed to the requirements of the manual.
- The system for allocation of tutors to programmes included a built in back-up, usually the treatment manager, with further back-up for known planned absences. It was normal practice to ensure that all tutors were introduced at the first session.

Areas for improvement:

- Interviews with programme staff revealed that four programme sessions had been cancelled/rescheduled: two due to staff illness; one to bereavement; and one because of low turnout. The area's contingency and back-up arrangements had not ensured cover in these circumstances.

B2.3 Catch-up sessions/Attendance

1

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 ten working days, to ensure full delivery of the programme. Treatment managers must specify arrangements for monitoring the integrity of catch-up sessions.*

Strengths:

- The area's policy for managing catch-ups was specified in detail in its management manual for accredited programmes and in its enforcement guidelines.
- The case file reading exercise indicated that, in the majority of relevant cases, catch-up sessions were recorded and enforced.

Areas for improvement:

- An initial approach to scheduling catch-ups on a different day had been superseded, following discussion with the National Probation Directorate. The subsequent arrangements for catch-ups were not consistent across the area and the precise timing of these and staffing arrangements were left to individual tutors to organise. This created the potential for inequality.
- The timing of catch-up sessions had on occasion, and with organisational support, taken place after the next session.
- Derbyshire was administering a catch-up arrangement on an individual basis plus a 'bus stop' arrangement for redeploying groups which had fallen below the minimum numbers. This was not in accordance with the national instruction.

B2.4 Timeliness

0

Description: *All offenders commence the programme, or specified pre-programme phase, within the first month of the order or within three 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:

- There was some evidence of preliminary work being completed prior to offenders' participation on the programme.

Areas for improvement:

- The case file read demonstrated that it was the norm for offenders to commence the programme after the first month of the order. The area was aware that it had failed to meet the criterion for timeliness of commencement in the knowledge that a significant number of ETS commencements had been transferred from non-accredited programmes. However, the case file read demonstrated that the same problem was also predominant in 'pure' ETS allocations: only two of the 17 ETS cases had commenced the programme within the required time. The area had yet to achieve a balance between programme scheduling and throughput in a way which would improve timeliness.

B3.1 Staff selection

2

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:

- Derbyshire had demonstrated a clear commitment to the appropriate resourcing of the programme.
- Adherence to the accreditation process was explicit in the area's management manual for accredited programmes and it was apparent that Derbyshire had followed the assessment centre procedures in appointing programme tutors. Only those staff meeting the criteria were delivering the programme.
- Two prospective tutors had not been accredited, both of whom had had significant group work experience. Discussions indicated that support had been offered and their situations dealt with sensitively.

Areas for improvement:

- Programme tutors indicated that more detailed information, prior to application, about the level of commitment and the possibilities of deselection would have assisted them.

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:

- Programme staff were clear about their roles and responsibilities and how these related to each other. It was evident that the relationships and responsibilities of programme tutors - vis-à-vis

their staff grade (PO/PSO) - had been explored and discussed, as well as the developing role of the treatment manager.

Areas for improvement:

- Despite the evidence that Derbyshire had integrated competencies into its appraisal process, job descriptions for programme staff were not competency-based. The area acknowledged that this was an outstanding piece of work.

B3.3 Preparation and debriefing time for tutors

2

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

Strengths:

- Programme and treatment managers were explicit in their commitment to allow tutors sufficient time for preparation and debriefing, including additional time for those new to the programme.
- Documentation provided confirmed that the time taken for preparation and debriefing met the required standards.

Areas for improvement:

- There were some gaps in the information relating to preparation and particularly debriefing time for tutors on the attendance monitoring sheets completed at the end of each session.

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 two of the three assigned staff. Continuity is maintained by at least one of the staff members having run the previous session.*

Strengths:

- Derbyshire had a published staff rota identifying two tutors for each programme plus at least one back-up staff member. The latter was normally the treatment manager who, in exceptional circumstances, might be supplemented by a fourth staff member.
- Despite current staff shortages due to the movement of accredited tutors, a structure was in place to ensure continuity through to 2002.
- Overall, the designated tutors/back-ups delivered the designated programmes and continuity was confirmed by other sources.

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:

- All programme staff had successfully completed the assessment centre and relevant training.
- Arrangements were being made to ensure that new staff were able to undertake the national training at the earliest opportunity.
- Appraisal reports demonstrated ongoing attention to training and development needs.

B4.2 New staff paired with an experienced colleague when running their first programme

2

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

Strengths:

- Although all programme tutors were new to the delivery of ETS some had group work experience and tutors confirmed that each of the first tutor pairings had included an experienced group worker.
- Area policy confirmed the requirement that, wherever possible, novice tutors should be paired with experienced tutors and this was clearly the intention in planning for the integration of new tutors later in the year.

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 criteria has not been assessed as it was too early in the delivery of the programme and national booster training had not yet become available.

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

0

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

Strengths:

- Programme tutors were able to demonstrate their knowledge gained from training and experience of delivering the programme.
- Programme and treatment managers and a minority of case managers demonstrated a comprehensive grasp of the programme concepts.

Areas for improvement:

- Whilst able to describe some of the programme concepts, neither case managers nor PSR writers described programme methods in a way which would have been meaningful to an offender. This indicated a lack of familiarity with the programme content.
- PSR writers acknowledged that they did not know enough about the programme.

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

0

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

Strengths:

- Programme managers and tutors were able to demonstrate a comprehensive knowledge of the theory and evidence underpinning the ETS programme.

- There were some individuals operating in case management and with responsibility for PSR writers whose knowledge and enthusiasm for ETS was demonstrated.

Areas for improvement:

- PSR writers and case managers had generally received the required one or half a day's training but it was evident that there was a need to reinforce this. A number of staff within these groups did not appear to have absorbed the evidence already available.

B4.6 Supporting skills necessary to run programmes

1

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:

- Programme tutors had received additional training in group work skills at both a local and regional level prior to running the programme.
- Video monitoring observation forms identified development needs for individual tutors in relation to their delivery of the programme.
- Appraisals prepared on programme staff clearly identified training needs.
- The area Training Plan for 2001/2002 included motivational interviewing for case managers as a training provision to be delivered.

Areas for improvement:

- Case managers and PSR writers indicated that they would benefit from further development of their assessment skills in relation to the programme. Completion of the targeting matrix was identified as a particular area in which staff struggled with what they described as "jargon".

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.*

Whilst awaiting national training and guidelines for the treatment manager role, Derbyshire had adopted an interim position whereby each individual programme was assigned a treatment manager from within the existing pool of tutors. The responsibility rotated within the tutor group using a model of peer supervision.

Strengths:

- There was evident commitment within the area to provide treatment manager supervision at the required frequency and with appropriate preparation, including the use of video monitoring.
- Supervision notes demonstrated attention to the development needs of individual tutors and video monitoring forms, completed by the treatment managers, identified strengths and areas for improvement for programme tutors.
- PSO programme tutors also confirmed that line management supervision provided the opportunity to discuss their integration within the programme team.

Areas for improvement:

- The area's framework and practice of allocating a different treatment manager for each programme delivered did not facilitate continuity of supervision and could prevent effective discussion of areas of concern or competency.

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:

- Staff received written annual appraisals within a competency framework, which clearly identified their levels of performance.

Areas for improvement:

- Given the good quality of the tutor staff appointed, the documents reviewed provided no evidence of the need for remedial action with underperforming staff. However, close attention to the responsibilities and authority of the treatment manager role was needed to ensure that there was a framework for such eventualities.
- The area had not considered it necessary to incorporate a specific written policy relating to tutor deselection in its own capability procedure.

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.

Offender selection for the ETS programme was based on the OGRS2 score, together with the targeting matrix and an assessment of risk of harm. There was a significantly high number of offenders allocated to the ETS programme (33%) with an OGRS2 score of over 74%.

Strengths:

- The area had developed clear written instructions, contained within its management manual for the effective delivery of accredited programmes, for considering ETS when a community (punishment and) rehabilitation order was being proposed. This was identified as the responsibility of the PSR writer.
- The targeting matrix, together with guidelines for completion, had been issued electronically to all relevant staff. These included consideration of appropriate exclusions and a framework for the assessment of motivation and thinking styles.
- It was clear from interviews with programme staff that liaison with PSR writers about motivation and suitability issues had taken place.

Areas for improvement:

- The case file read indicated that there was appropriate targeting of offenders in just over 50% of the cases reviewed. This low score related to 'pure' ETS orders, as well as those transferred from non-accredited programmes. Further analysis of information relating to offenders' OGRS2 scores (provided in the advance information) revealed that the low score was likely to be

associated with the targeting of offenders at the higher level of 74+, where additional structured work had not been clearly identified in the case file.

- Despite circulation of the guidelines for completing the targeting matrix, it was evident that not all PSR writers were familiar with them.

B6.2 Offender knowledge and understanding of the programme requirements

1

Description: The requirements of the programme are clearly communicated on at least two 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:

- In interview, offenders demonstrated a good knowledge of the programme, its requirements and the consequences of failing to attend. Those who had attended spoke highly of the delivery and impact of ETS: not only could they recall specific parts of the programme but they also gave examples of how they had subsequently put their newly acquired skills to use.
- The case file read indicated that in the majority of cases the requirements of the programme had been communicated to the offender on at least two occasions.
- Programme tutors had built in the opportunity to meet with group members prior to their completing the psychometric tests, to ensure that they understood the requirements.

Areas for improvement:

- Interviews with offenders and PSR writers suggested that only limited information was provided to offenders at the PSR stage. It was said by one PSR writer that it was sometimes left to the defence solicitor at court to discuss the programme requirements from the leaflet attached to the PSR.

B6.3 Group size

2

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

Strengths:

- Groups all started within the minimum and maximum limits and those falling below the required numbers were transferred to the next available programme.

B6.4 Accessibility of group work programmes

1

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.

Strengths:

- It was evident that the group work team had given consideration to the individual needs of women and minority ethnic offenders and had agreed strategies for working with them in their team meetings.
- Documentation completed by the treatment manager revealed that discriminatory remarks had been challenged during programme delivery.

- Area policy made it clear that that no woman, black or Asian participant would be required to attend a programme as a singleton placement without their agreement and, wherever possible, they would be offered the alternative of another programme. This policy was also to be applied when any woman, black or Asian offender became a singleton participant due to offender drop-out from the group.
- The area had commissioned diversity training for all staff to be delivered during the year.

Areas for improvement:

- A volunteer mentoring scheme was available within the area, but few staff seemed to be aware of it or of its potential to assist minority ethnic or women offenders to access programmes. There was no evidence of its use.
- The option to be moved following offender drop-out did not appear to have been offered to one female offender.
- Leaflets for offenders did not address the concerns of race equality or wider diversity issues, or contain information for those from a minority background.
- Derbyshire had a sizeable proportion of minority ethnic offenders allocated to its programmes (approximately 18%). This indicated a potential to begin to gather and evaluate information, e.g. on drop-out rates, in order to ensure equality of access for these offenders.
- The composition of the programme tutor group was predominantly white and female. More diversity within this group would assist the area to maintain its own commitment to offer appropriate tutor pairings.

B7.1 Implementation of monitoring and evaluation design

2

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 ETS programme had been running for six months at the time of the audit and the area recognised that there was now a need to fully evaluate its initial raft of programmes. It was intended to analyse reasons for drop-out, particularly at the early stages, as a means of informing practice.

Strengths:

- The area demonstrated a strong commitment to monitoring and evaluation which was reflected in its strategy for monitoring and evaluating group work programmes, together with the development and use of monitoring tools. The development of interim reports, pending the roll-out of IAPS, was included in this strategy.
- A full suite of monitoring tools had been designed for use with ETS and to be compatible with IAPS when it was available. These tools were accompanied by an outline of the purpose of each instrument and the member of staff responsible for its completion. Data flow charts further clarified the process.
- A review of the monitoring information collected for the ETS programme confirmed that the tools were in proper use.
- Monthly reports on the proposals to group work programmes by division were provided to all managers and used as the basis for performance accountability. A recent information review of the targeting matrices, collected between February and June, had revealed some useful information about non-referrals to the programme which could be the basis for further local evaluation.

Areas for improvement:

- Whilst there was a system of information feedback to managers, this did not extend routinely to practitioners.

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:

- Monthly group work profile reports on proposals for ETS and conversion to orders were provided to all managers. These were discussed in the quarterly performance accountability meetings with the CO as well as in divisional management meetings.
- The programme manager referred to the information provided by the group work profiles in his presentations to staff.
- There was strong evidence in one division of the direct use of this report to take steps to seek further information with a view to improving performance.

Areas for improvement:

- The area was not yet in a position to feedback information to practitioners on psychometric testing or group work trends, e.g. drop-out patterns.
- The development of information based on local evidence would help to inform practice and provide the basis for a strategic approach to enhancing completions.

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:

- Programme tutors consistently covered the session material in the correct order.
- Inappropriate extras were not added to the programme sessions.

Areas for improvement:

- Exercises were not always set up or explained correctly.
- There were occasions when exercises did not run to time and, as a result, it proved difficult to meet the aims and objectives of the session.

C1.2 Adherence to treatment style

2

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:

- The video monitoring results showed treatment style as the strongest area of performance in programme delivery with, overall, some of the most consistent scores across the area. It was clear from discussions with staff and from the treatment manager video monitoring forms that treatment style had figured significantly and successfully in skills development.
- There were examples of tutors making excellent links between exercises and sessions.
- The use of open questions to facilitate learning was consistently good.
- Tutors demonstrated their ability to listen and allow for answers.
- Members of the groups were encouraged to explain and validate ideas for themselves.
- Overall, tutors demonstrated good skills in engaging offenders and communicating the programme material.

Areas for improvement:

- Opportunities to summarise points during some of the sessions were lost and this would have enhanced offender learning.

C1.3 Group work skills

2

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:

- Tutors were clearly spoken and used appropriate language.
 - There were excellent examples of the use of praise.
-

- Groups were well managed.

Areas for improvement:

- Exercises were not always well introduced or drawn to an end in a way which reinforced learning.
- Handovers were not always well integrated in delivery, sometimes conducted perfunctorily and without connection between component parts of the session.

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:

- Members of the group work team had given consideration to race equality and wider diversity issues in team meetings identifying strategies, issues to be alert to and the need to be adequately informed of cultural and religious events. Their awareness was further confirmed in interview.
- A 'buddying' system had been adopted to help offenders with literacy difficulties to complete the psychometric tests.
- Treatment manager post-programme reports stated that discriminatory language had been dealt with in programme sessions.

Areas for improvement:

- Singleton placements were observed during the audit and involvement of these offenders in the group was sometimes found to be limited. Whilst post-programme reports indicated that tutors had been aware of these limitations, attention to seating arrangements, awareness of tutors' body language and fuller involvement in exercises might have promoted greater participation.
- The current composition of the staff group made it difficult for the area to designate appropriately diverse tutor pairings.

C1.5 Programme integrity checklist

1

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

Strengths:

- Programme integrity checklists were completed for each session of the programme, together with the attendance monitoring sheet.

Areas for improvement:

- Review of the video monitoring forms indicated that treatment managers may need to be more critical in their observations: in some cases tutors were more objectively self-critical than treatment managers.

C1.6 End of programme summary reports

1

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.*

The area had gone to some lengths to find a post-programme report which would enable it to satisfy this criterion and programme staff had clearly invested a great amount of time in preparing them, with the result that they were very thorough and detailed. A limited review of the style of these reports with case managers would help to promote greater use and fuller integration in supervision planning.

Strengths:

- Programme staff had gone to some lengths to adopt an appropriate programme report, consulting with local prisons and the National Probation Directorate. It was the one area which tutors identified as a significant omission from the national training they had received.
- Completion of the reports had been undertaken thoroughly, with tutors devoting several hours to each one and all being prepared prior to the meeting with case managers.
- Reports commented fully on offenders' participation in the programme and covered progress in relation to all cognitive deficits.
- Remaining treatment needs were identified through the objectives set at the end. These were SMART, practical and purposeful for the offender and identified the case manager as the person responsible for confirming accomplishment.

Areas for improvement:

- Unfortunately, the level of detail in the post-programme report was found by case managers to be so complex that they had difficulty assimilating it within the supervision plan review.
- The format of the report was not conducive to a full assessment of risk of reoffending or to identify likely scenarios for relapse.
- Tutors were not in a position to record progress pre and post-course from psychometric testing (results not available), or from the semi-structured interview as this was not undertaken.

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 OASys when available, or ACE or LSI-R before then.*

Strengths:

- The area had clearly taken forward the recommendation from HMIP's Performance Inspection to improve the format of supervision plans; the new ones being conducive to writing clear and

focused plans. Integration of the programme was evident to some degree in the majority of cases reviewed.

- There were some excellent examples of SMART objectives found in the case file reading exercise.

Areas for improvement:

- More information from the targeting matrix and the evaluation and monitoring assessment could have been incorporated into supervision plans.
- There was potential for the area to use good examples of SMART objectives to promote and develop good practice.

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

1

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 three-way meetings between the case manager, programme staff and the offender at the end of the programme.*

Strengths:

- Effective liaison for enforcement purposes was demonstrated in the review of case files.
- The case file read provided clear evidence that post-programme meetings were attended by case managers, programme tutors and offenders. Discussions with staff and offenders confirmed this.

Areas for improvement:

- Liaison arrangements, expected between programme staff and case managers, were generally limited to pre-programme allocation, post-programme review and confirmation of attendance following each session.
- The area expected little contact by case managers with offenders during the course of the programme unless specific problems arose. There was therefore limited evidence of this on the case record.

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

0

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:

- There was some evidence of case managers undertaking motivational work and addressing problems prior to offenders' attendance on the programme.

Areas for improvement:

- Derbyshire did not encourage case managers to maintain contact with offenders whilst undertaking the programme unless there were problems to be addressed. Consequently, case managers did not provide routine appointments or engage with individuals during the programme. Formal pre-programme sessions (optional nationally for ETS) had not been adopted.
- Lack of regular contact meant that there was limited opportunity for case managers to undertake motivational work or reinforce learning. Homework assignments were not discussed

and it was evident from the programme reports that the completion of homework assignments was inconsistent. This in itself undermined the impact of the programme.

- The absence of contact during the programme contributed to a sense of separatism between case managers and programme tutors, which was evident during interviews with staff.

D1.4 Understanding and knowledge of programme methods

0

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.*

Strengths:

- 94% of case managers had attended the awareness training and further events were scheduled for the autumn. 78% had attended the training for completing the evaluation and monitoring tool.
- There were individual case managers and their managers who had a comprehensive level of knowledge of programme methods.

Areas for improvement:

- Overall, case managers did not demonstrate sufficient knowledge and understanding of the programme methods to confirm that they would be able to reinforce learning from the programme. Whilst there was some recollection of the headlines, the detail behind them was not evident and it was difficult to elicit a practical description of programme methods.
- Case managers found difficulty with some of the assessment material which they described as “jargonistic”.

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:

- Derbyshire’s policy on enforcement clearly set out the respective responsibilities of staff whose understanding was demonstrated in interview and in the results of the case file read.
- Additional enforcement guidelines for ETS further clarified requirements.
- The case file read demonstrated good levels of recording and enforcement practice.

D1.6 Documentation

1

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

This was measured in the case file read on the basis of what Derbyshire area would require in the light of its policies and practices. Electronic communications on offender attendance at programme sessions were not normally printed out and there was no requirement to conduct formal preparatory work beyond ensuring that the offender understood the requirements and signed a contract. This limited the documentary evidence on the case file.

Strengths:

- Case files were well ordered and easy to follow and in the majority of cases contained either all (53%) or most (36%) of the required documentation.

Areas for improvement:

- More than half of the cases examined were transfers from non-accredited programmes and the documentation required by the area had not been stringently applied at the point of transfer.
- Copies of all relevant documentation were not always evident on the case file; the minimum being the targeting matrix, the evaluation and monitoring tool and the offender contract (signed).

D1.7 End of programme review

1

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.*

The evaluation of this criterion was assessed in nine cases.

Strengths:

- Three supervision plan reviews were considered to have fully incorporated the post-programme report and a further four had partly achieved incorporation.
- Case managers and offenders referred to the objectives set out in the post-programme reports and how these had been followed through in supervision.

Areas for improvement:

- Full integration of the post-programme report in supervision plan reviews was yet to be achieved.
- Some case managers indicated that they had difficulty in making use of the post-programme report due to its programme related detail and use of specialised language.

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 scored as the area is awaiting the national development of a cognitive-behavioural booster programme designed to reinforce learning.

Next Steps

HMIP will employ a three-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 one-two 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 six months of the audit report being received by the probation area.

Derbyshire Probation Area achieved an IQR of 59% 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 will be received by the Joint Accreditation Panel in February 2002.