



*Effective
Supervision
Inspection*

*of the
National Probation Service for
England and Wales*

Report on:
Devon and Cornwall Probation Area

2006

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FOREWORD

The Devon and Cornwall Probation Area has achieved very good results in meeting national performance targets and improving its position on the national weighted scorecard. However, this has not been linked with good quality work in the actual supervision of all cases. There is now an urgent need for it to be able to replicate its achievements in all areas of work, and particularly in relation to risk of harm issues and supervision planning and review.

The area is generally well managed and pays particularly good attention to diversity issues, but the Probation Board should ensure that current policies and strategies are updated and fit for purpose, more attention is given to better co-ordination of the considerable efforts put into work on partnerships, and that there is greater use of outcome data to assess the effectiveness of supervision. Research, planning and innovation are generally strong, and the learning from these is widely shared within the organisation and with external partners. Recent surveys from staff, sentencers and offenders have also been generally positive.

Andrew Bridges
HM Chief Inspector of Probation

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GLOSSARY

ACE	Assessment, Case Recording and Evaluation System
ACO	Assistant chief officer
ASRO	Addressing Substance Related Offending
ATR	Alcohol Treatment Requirement
CJA 2003	Criminal Justice Act 2003
CO	Chief officer
COMT	Chief officer's management team
CP	Community punishment
CPO	Community punishment order
CPRO	Community punishment and rehabilitation order
CRE	Commission for Racial Equality
CRO	Community rehabilitation order
DAAT	Drug and Alcohol Action Team
DDA	Disability Discrimination Act
DIDs	Drink Impaired Drivers
DIP	Drug Intervention Programme
DRR	Drug Rehabilitation Requirement
DTTO	Drug treatment and testing order
ECP	Enhanced community punishment
EEM	European Excellence Model
ESI	Effective Supervision Inspection
ETE	Employment, Training and Education
FPMF	Financial Performance Management Framework
HMI Probation	HM Inspectorate of Probation
HMP	HM Prison
HR	Human resources
HSE	Health & Safety Executive
ISP	Initial supervision plan
IT	Information technology
LCJB	Local Criminal Justice Board
LSC	Learning Skills Council
LSI-R	Level of Service Inventory-Revised
MAPPA	Multi-Agency Public Protection Arrangements
MP	Member of Parliament
NOMIS	National Offender Management Implementation System
NOMS	National Offender Management Service
NPD	National Probation Directorate
NPS	National Probation Service
OASys	Offender Assessment System
OCJR	Office for Criminal Justice Reform
ODPM	Office of the Deputy Prime Minister
OGRS2	Offender Group Reconviction Scale
OSAP	Offender Substance Abuse Programme
PIP	Performance Inspection Programme
PIT	Performance Improvement Team
PNC	Police National Computer
PPO	Persistent and other Priority Offender
PSR	Pre-sentence report
ROM	Regional Offender Manager
SLA	Service Level Agreement
SMART	Specific, Measurable, Achievable, Realistic and Time-bounded
SMB	Senior Management Board
SPO	Senior probation officer
SSR	Specific sentence report
TV	Television
UPW	Unpaid work

SUMMARY AND RECOMMENDATIONS

Key findings

- **Quality of Management:** There was a positive corporate leadership team that provided strong direction to staff and had made a significant contribution to inter-agency criminal justice work in the area. From a low point, performance against national targets had greatly improved, backed by sound financial planning and resource management, and the area was now in the top quartile of the NPD scorecard. The improvement had been led by the Board and had been consistently achieved across all four divisions. We found that considerable work was taking place, with energy and enthusiasm, on Supporting People and partnerships. There had been investment in new partnership and performance staff to develop this growing area of work further and the partnership strategy had recently been updated. Relationships with sentencers, partnership organisations and other stakeholders were very satisfactory. Supervision and support to staff were good and the latter were generally positive about their capacity to deal with demanding workloads. Training and staff development were also strengths. There had been significant attention to diversity issues, including minimising the negative impact of rurality, which had huge implications for delivering an equitable and effective service to offenders and communities across such a large geographical area.
- **Quality of Assessment:** Managers needed to ensure that the quality of offender risk assessment improved considerably, as only 59% of the cases inspected met the standard on timeliness and quality. Similarly, more offenders, including those assessed as posing a high risk, should have had the assessment reviewed both at the 16 week point and following any significant incident that gave cause for concern. More attention needed to be given to the timeliness and quality of supervision plans, including identifying work to address offending behaviour and community integration, describing liaison arrangements with the other agencies involved and addressing race equality and wider diversity issues. Case records were judged as well organised and recording was generally clear.
- **Quality of Interventions:** Management of offender attendance was satisfactory in most cases, with appointments arranged as required by the national standard, appropriate judgements made about offender absence, and breach action taken promptly. It was very positive that stand-downs had all but been eliminated from UPW. There was much evidence of offender managers engaging with the offender to prevent reoffending, reinforcing the work being done by others, and assisting community reintegration. Interventions were sensitive to race equality and diversity in the vast majority of cases. The main areas for improvement were supervision plan reviews being completed to time and to a satisfactory quality, making offenders more aware of the effect of their behaviour on victims, and in some cases arranging for accredited programmes to start more quickly. The area also needed to examine its high risk of harm work to ensure this was sufficient to the assessed level of risk in all cases.
- **Quality of Initial Outcomes:** Most offenders had not been convicted for a further offence committed since the start of supervision and most were also complying with the conditions of their order or licence. In many cases there was also good evidence of improvement in the criminogenic factors associated with their offending. Risk of harm was being contained or reduced in a number of cases. There had been various useful research developments to assess the effectiveness of probation interventions but there was still further scope to develop and use OASys rescoring and also include outcome measures in partnership

contracts. The resources used were appropriate to the risk of harm and the likelihood of reoffending in most cases.

Recommendations

The Probation Board should ensure that:

- 1. a review process is established to ensure policies and strategies are regularly updated and are fit for purpose*
- 2. current quality assurance systems are improved so that managers can confirm that all work is delivered to a satisfactory standard*
- 3. the quality and timeliness of risk of harm assessments and reviews are improved*
- 4. the quality and timeliness of supervision plans and reviews are improved*
- 5. all offenders commence accredited programmes within the national timescale*
- 6. victim issues are sufficiently addressed in the supervision of all offenders*
- 7. greater use is made of outcome data to assess the effectiveness of supervision.*

Next steps

- This report has been submitted to the Secretary of State and copies provided to the Chief Executive of NOMS, the National Offender Manager, the Director of the NPS, the Probation Board and CO. Copies have also been made available to the press and are on the website of HMI Probation at:
<http://www.inspectorates.homeoffice.gov.uk/hmiprobation>
- The report makes a number of recommendations which are designed to encourage the area in its work, to take further some of its own good practice and to promote improvements in quality and effectiveness in the future.
- The Board will be asked to send a response to the recommendations, together with an action plan, within three months of the publication of the report. It is anticipated that the recommendations will normally be implemented within 12 months of publication which should allow sufficient time for integration with existing developments. We will also expect the NPD to ensure that recommendations to Boards are implemented.
- As in other probation areas recently inspected, we were concerned in Devon and Cornwall about the quality of risk assessment, risk management and supervision planning and review. These issues will be subject to further inspection under the new Offender Management Inspection programme at the end of 2007.
- As well as reports on individual areas we will publish periodic reports about findings across several probation areas, reflecting the fact that this is an inspection of the NPS. Such reports will include addressing race equality and wider diversity issues, bearing in mind that, for example, the number of minority ethnic offenders is typically very small in many probation areas. These reports will also include comparisons of the performance of areas with similar characteristics.
- Over the three year period of the ESI programme we will be looking at the NPS's work with about 4,500 cases. We have arranged with the Home Office Research, Development and Statistics Directorate that cases in the sample will be followed through to the two year reconviction point. This will give a longer-term picture of the effectiveness of both individual areas and of the NPS as a whole. In addition, we will be contacting the area to obtain the OASys score at the end of supervision for each case examined in the inspection. This will make it possible to examine the impact of work done with the offender, in terms of change in the OASys score, over the whole period of supervision.

SCORING SUMMARY SHEET

Section A: Quality of management	
A1: Leadership and planning	Satisfactorily met
A2: Resource allocation	Very well met
A3: Management and supervision of staff	Satisfactorily met
A4: Partnership/contracting out	Satisfactorily met
A5: Effective communication with sentencers	Very well met
Section B: Quality of assessment	
B1: Assessment of risk of harm	52%
B2: Assessment of likelihood of reoffending	83%
B3: Offender management	60%
B4: Documentation	77%
Score for section B	67%
Section C: Quality of interventions	
C1: Managing attendance and enforcement	82%
C2: Delivering appropriate supervision	62%
C3: Diversity needs	78%
C4: Responsivity	76%
C5: Management of risk of harm	73%
Score for section C	76%
Section D: Quality of initial outcomes	
D1: Interventions are delivered with the desired outcomes	71%
D2: Improvements are sustainable	75%
D3: Outcomes of interventions are assessed and reviewed using available data	Well met.
D4: Interventions demonstrate value for money	76%
Score for section D	74%
OVERALL SCORE FOR SECTIONS B-D (excluding D3)	73%

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 offender manager and, where possible, interview the offender and any other people significantly involved in the supervision (e.g. accredited programme tutors, approved premises keyworkers, police in high risk of harm cases, UPW 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 group of probation areas being inspected in 2005/2006 the thematic element is on Substance Misusing Offenders. A summary of the provisional findings in relation to Devon and Cornwall is included at the end of this report.

SCORING APPROACH

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

Quality of Management criteria

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

Quality of Assessment, Interventions and Initial Outcomes criteria

- A score is calculated for each criterion based on the reading of case files, interviews with offender 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	Offender 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 £17.3 million in 2005/2006, Devon and Cornwall is the 13th largest probation area in England and Wales. It has a total population of 1,205,760 with a population density (persons per square km) of 135, much lower than the England and Wales average of 348. As such, Devon and Cornwall is one of the ‘large size lower density’ areas (outside the metropolitan areas and London) in the family grouping of areas which we currently use for making comparisons.
- The latest available data show that 1.1% of the population are from minority ethnic groups, considerably beneath the average of 9% for England and Wales as a whole.
- In 2004/2005 the number of all recorded crimes per 1,000 population was 83, lower than the England and Wales figure of 105. The corresponding figure for violent crime, 18 per 1,000 population, was also lower than the national one.
- In 2004 (the latest year for which data are available) 664 persons were found guilty or cautioned for indictable offences per 100,000 population, somewhat lower than the England and Wales figure of 1,016.
- Data collected by the NPD on the area’s performance on the main Home Office targets and on certain other key NPS and national standards targets are shown in the table overleaf. Except where indicated, the figures relate to the period April-December 2005.
- Devon and Cornwall had performed well on enforcement, offender appointments kept, DTTO/DRR completions, basic skills starts and awards, correctly entered race and ethnicity data, sickness absence, victim contact, court report timeliness and the assessment of high risk of harm offenders. It was also close to the national target in relation to a number of other areas of work. The only significant shortfall related to DTTO/DRR commencements.
- The NPD produces a weighted scorecard comparing area performance against targets for some of the above results. The scorecard for the third quarter of 2004/2005 showed that Devon and Cornwall was placed sixth out of 45 NPS areas (41 probation areas plus London broken down into four quadrants). This compared with a position of 42nd at the end of the full year 2004/2005, an excellent level of improvement.

	Target	Devon and Cornwall	England and Wales average
Enforcement: breach taken where required within ten working days (all orders/licences)	90%	93%	91%
Compliance: % of cases with no more than one unacceptable absence (community orders) or two unacceptable absences (prison licences)	85%	81%	81%
Contact levels: % appointments arranged in accordance with national standards (October to December 2005)	90%	87%	84%
Contact levels: % appointments attended in accordance with national standards (October to December 2005)	65%	74%	64%
Accredited programme completions: % performance in relation to target	100%	95%	106%
ECP/UPW completions: % performance in relation to profiled target	100%	95%	97%
DTTO/DRR commencements: % performance in relation to profiled target	100%	70%	84%
DTTO/DRR completions: % performance in relation to profiled target	100%	132%	92%
Basic skills: % performance against profiled starts target	100%	170%	129%
Basic skills: % performance against profiled awards target	100%	170%	165%
Home Secretary's race equality employment target	2.6% (target for the Southwest Region)	3.8% (target achieved by the region at 31/12/05)	12.1%
Correctly entered race and ethnicity data	95%	96%	94%
Sickness absence: average days absence	9 days	8.9 days	12.2 days
Proportion of victims of serious sexual/violent offences (where offender sentenced to custody of 12 months or more) offered contact within eight weeks (April-September 2005)	85%	98%	93%
Proportion of reports completed to the deadline set by the court	90%	95%	98%
Proportion of risk of harm assessments, risk management plans and OASys sentence plans on high risk of harm offenders completed within five working days of commencement of the order or release	90%	93%	76%
Proportion of risk of harm screenings/full analysis and OASys sentence plans on PPOs completed within five working days of commencement of the order or release	90%	83%	76%

SECTION A QUALITY OF MANAGEMENT

A1 Leadership and planning

Satisfactorily 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 business plan was a comprehensive document. It was based on NPD directives and areas for improvement identified in the EEM process, and set out priorities, targets and timescales for their achievement. LCJB issues, such as reducing the fear of crime, were also included. To support the plan, strategies and project briefs had been developed for divisional teams, with SPOs taking the lead on these. These mirrored the business plan and contained relevant local targets and objectives.
- The Board and COMT had implemented a substantial restructuring of the area. The process had been actively managed, with the most recent report in January 2006 advocating further refinements. These included increasing the scope of divisional business managers and further changes to support the National Offender Management model.
- Ambitious objectives to improve performance had also been set, with a plan in place since October 2004. To make the plan fully effective, the Board had led a very successful performance improvement group. This work was informed and guided by cross grade groups of staff who made up project implementation teams, and was also regularly reviewed by the Board to ensure staff were held to account throughout the organisation and were meeting challenging targets. As a result, the area had made month-on-month progress towards achieving the national targets. The risk register provided ratings via the traffic light system so that Board members and managers could clearly prioritise the most critical issues that would impact adversely on the delivery of service if they were not addressed.
- The comprehensive performance framework was widely owned and understood. It set out the roles and responsibilities of each level of management and staff and the nature of the Board's oversight. The data produced were broken down by teams and their individual members. Performance management was a standing item for the COMT with relevant information circulated widely to staff and Board members. The CO held directors and ACOs to account for their individual portfolios. The Board considered the area's performance on a regular basis as well as undertaking an annual review. The work was also subject to constant evaluation to ensure it integrated new challenges such as the service redesign, changing staff roles and the introduction of the offender management model.
- Ensuring visibility and accessibility was a core practice for senior staff and the Board Chair and there was a wide-ranging communications strategy to support this. This included weekly team meetings, regular E-bulletins, production of the staff newsletter, and continued Intranet development. To complement this work, an external focus was driven by high profile events

such as TV coverage of UPW projects and radio coverage of the DIDs programme, promoting the work of the area to the wider population.

- The inspection results showed that, since amalgamation, the gap between the four divisions found in the previous PIP inspection had closed, with all now performing at the same level. Whilst there was still room for improvement, it was positive that this consistency had been achieved, with clear evidence that the area was working in a more corporate fashion across the two counties.

GOOD PRACTICE EXAMPLE

In 2005 a Community Advice and Support Service had been established in Bodmin Court in partnership with the LCJB and the Prison Advice and Care Trust. It was staffed by volunteers and offered a service to all those in the court, whether defendants or families, to signpost those in need to the right services in the community. It also supported staff working in the court by helping defendants complete forms and prepare for their court appearance, and assisted families when a member received a custodial sentence. A similar service was shortly due to open in Plymouth magistrates' court and both would be evaluated by the University of Plymouth, in consultation with the Department of Constitutional Affairs, under the Community Justice National Programme. The project was being compared with community courts in New York and Merseyside. Funding and other resources had been obtained from a number of agencies including the NPS, the former Magistrates' Courts Committee, the Government Office for the South West, the OCJR, the Legal Services Commission, and the Devon and Cornwall Safer Communities Trust, as well as from the LCJB.

- The Board had formed a subcommittee to provide a focus and review mechanism for all activity related to diversity. A race equality scheme was also in existence to meet national requirements. It had been reviewed using the NPD template and an impact assessment carried out. Written evidence supplied by the area clearly identified what policies were subject to scrutiny, this work being led personally by the CO.
- The area was an active member of all the local Race Equality Councils, and feedback from these organisations obtained during the inspection praised the staff for their contribution. A working group on diversity that met on a regular basis included representation from both staff groups and external organisations.
- The area had used the CRE framework 'Journey to Race Equality' to make race and diversity work something that focused on practical results, rather than just a tick-box exercise. The positive impact of this approach on staff, offenders, communities and victims was confirmed during the inspection in the reading of case files and interviews with offender managers and others.
- With very small and often isolated black and minority ethnic populations, Devon and Cornwall Probation Area had had to work hard and imaginatively with these groups in order to generate confidence and knowledge about probation. Amongst the steps taken was setting a higher target than was required by the NPD for the recruitment of black and minority ethnic staff and the development of appropriate UPW projects. 3.1% of staff and nearly 10% of probation volunteers were now from black and minority ethnic populations, the latter forming an important entry-point for new recruits. There was also a commitment to produce guidance for staff on how to work with racially motivated offenders and this had been included in the 2006/2007 proposals produced for the ROM. Managers closely monitored

PSRs and other court reports for fairness. By working with the police, the race and ethnicity of all victims was also known.

GOOD PRACTICE EXAMPLE

A protocol on the management and enforcement of community penalty breach proceedings had been agreed between the various criminal justice agencies during 2005. This ensured that breach work had an appropriate priority in court listings and provided a very visible marker to the general public that enforcement was a key issue for the probation service. The protocol would put the area in a good position to meet the national end-to-end enforcement target set for LCJBs in October 2005.

- The Board had invested in four partnership performance managers (one with a specific focus on accommodation). These brought additional expertise and resources to strategic work with partnerships and Supporting People, provided a focus for commissioned and co-operative partnership arrangements, and supported offender managers in their work.
- Internal audits and monitoring had been used to improve practice. Following the recent report of the inspection of the probation service's work with sex offenders, a PIT had been established with cross grade representation from the probation service and police to develop, implement and monitor action plans to address the areas for improvement highlighted in the report.
- In response to the CJA 2003 UPW requirements and continued uncertainty about the future direction of ECP, the area had developed a very detailed UPW action plan to ensure that the core values of the former ECP scheme were retained. Rurality was included as a key factor, with the decision taken that 80% of offenders should have their UPW placement within three miles of their home address. In order to gain compliance and speedy completion of orders, the scheme was staffed and organised to eliminate stand-downs.

GOOD PRACTICE EXAMPLE

There was strong evidence of year-on-year improvement in the scores achieved in the EEM self-assessment process. The 2005 final score stood at 482, the highest score achieved in five years. Previous self-assessments had been critical of the way in which the area had disseminated and deployed policies and decisions. This had now significantly improved. Visible leadership, the use of focused training and staff involvement, more effective communication, and a performance management culture all ensured greater understanding by staff of the decision-making process and the results.

Area for improvement:

- The Board should consider the value of establishing an annual review process to assess all key policies and update these where necessary. We found that a number of innovative policies, developed to meet specific circumstances and needs at the time, had never been reviewed. In particular, a workload agreement signed in 2003 did not cover administrative staff.

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:

- Sound financial performance and resource allocation were a priority. Supported by a computerised allocation model, managers had data on the number of staff at each grade that each division required. This was further informed by current caseloads and agreed timings for key tasks. The model was used as a comparator to assess if existing staff levels properly matched workloads. Where discrepancies arose, a plan was made in the division to move to the desired staffing level. If a reduction in numbers was required, this was achieved by managing vacancies as they arose. Inspectors were told about the improved current position with regard to staffing, with more equitable and reduced workloads now in operation following a difficult period covering the whole of 2004 and some of 2005.
- To support good offender management, all divisions had a complement of case administrators. They ensured that offender managers were aware of deadlines, and also undertook some limited contact and reporting work with offenders. Using checklists and audits, they were contributing to an overall improvement in the quality of files. A number attended interviews during the inspection as a significant other. They were clearly greatly valued by supervision staff.
- Ensuring staff had a responsibility for providing value for money was a key part of the overall strategy. The FPMF document identified clear roles for managers and staff about cost effectiveness. It set out how staff could achieve this; for example, ensuring that each member of a cluster or team knew what their responsibility was for the use of resources, including the contribution to efficiency savings. This was included in performance appraisal documents and job descriptions. Staff were also given a specific allocation for their travel and subsistence expenses.
- Each division had a business manager who took responsibility for reports and budgeting. These were new posts that had made an important contribution to the area's financial planning, management of resources and generally efficient operation. The role had been well developed in relation to divisional business support and facilities management. Business managers had control of a devolved budget and kept other managers and staff informed of the current financial position.
- The Devon and Cornwall auditors had commented that the introduction of the FPMF was a positive step. Discussions with business and operational managers confirmed that monthly financial reporting was seen as a useful tool in managing budgetary resources.
- The area had a comprehensive action plan to reduce and manage sickness absences further in line with national targets. It had looked for effective solutions to the issue externally and had adopted a more rigorous approach to monitoring and managing absence, with improved results.
- Significant work had been done on the Estates Strategy, which had been rated 'poor' following an internal audit in 2003. Failure to improve would have impacted negatively on the area's ability to deliver on important cash-linked targets, as for example, space was not available in the right locations to facilitate accredited programme groups. The area had worked with the NPD Estates Manager and its own Estates Working Group to close offices

and workshops where space was poorly utilised and create improved short-term office provision in Exeter. As result, Devon and Cornwall was now the second best area in the country in the ratio of staff to square meterage.

- An audit in 2004 had indicated that the area needed to do more to comply with DDA requirements in relation to ensuring reasonable adjustments had been made with regard to access and mobility. To address this gap, work had been undertaken to improve access and provision for disabled people within the area's premises. During 2004/2005 the NPD had carried out a DDA audit of all NPS properties. This had confirmed the effectiveness of the strategy adopted, with the Plymouth office being assessed as one of the most DDA compliant NPS properties in the country.
- Inspectors and area assessors commented on the good quality of work done by approved premises staff. This was a particular local issue as many offenders were transferred into Devon and Cornwall from other areas. Occupancy levels were above target. The profile of offenders had also changed with the majority now being medium or high risk of harm cases. Staff were dealing in a constructive way with some very challenging offenders and ensuring public protection issues were paramount. To keep local MPs and communities informed about approved premises work the area had also established community stakeholder groups which met on a regular basis.
- The audit committee was attended by the CO, Treasurer and Secretary, and reported to the full Board. Members commented that staff who attended were open and constructive. Regional audit controllers had confirmed the robustness of the area's audit processes.
- There were regular meetings of the South West Region Probation Area Treasurers. The agendas focused on sharing good business practice, benchmarking costs, and undertaking work on regional issues such as reviewing UPW unit costings and contestability.

A3	Management and supervision of staff
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Satisfactorily met

Description:

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

Strengths:

- The service had improved its policies and procedures for dealing with HR issues, revised appraisal and sickness management arrangements and completed a comprehensive review of employee care policies. The Board received quarterly reports on staffing issues. These reviewed training, details of staff movements, applications for promotions, and turnover. The data were broken down by division, team, race, age, and gender.
- There was an annual staff survey. The most recent, which was the fourth to be undertaken since amalgamation, showed positive feedback, particularly on the question of staff feeling supported by managers. Generally higher levels of overall satisfaction with the organisation were expressed, this despite the prevailing potentially negative perceptions about the future of probation and the introduction of contestability.
- A stress survey had been conducted in March 2005 using a recognised HSE toolkit, and had achieved a 76% return rate. It had led to the introduction of stress management arrangements through local divisional action plans and managers addressing the issues the survey had highlighted. Training for all staff on reducing stress was now provided. Links had been made with an external occupational health provider and there was close monitoring of stress-

related absence and sickness, which was reported to the Board. The NPD and HSE had shown interest in this work. It was planned to re-run the survey in the summer of 2006 to assess progress.

- The area had taken a strategic decision to adopt the Living Leadership model. It was originally offered to senior management but had now been made available to all middle managers as well and was actively supported by the use of peer group action learning sets. There was commitment to staff welfare, modelled from the Board Chair, CO, and other senior leaders. Good levels of satisfaction and comments made from staff during the inspection confirmed this. The 2005 survey showed many improvements, for example, staff feeling recognised and rewarded for the work they had done, managers being more open to suggestions for improvement, and 86% of people surveyed having a clear understanding of their role in the probation service.
- All staff followed a core induction process. To ensure this took place, both managers and staff completed an induction checklist to verify that the required tasks had been concluded. This was reviewed centrally.

GOOD PRACTICE EXAMPLE

A contribution to good working relationships had been the introduction of an acceptable behaviour policy which set out clear standards about how managers and staff should treat each other. At its heart was a firm commitment to diversity, understanding, self-awareness, personal responsibility and tolerance. Rather than relying on unproductive adversarial procedures which often left complainants disappointed and matters unresolved, the new policy advocated other methods such as self help, peer support and mediation as more effective solutions.

- Supervision and support of staff were key tasks for all managers, with the business plan setting the target that 100% of staff appraisals should be completed. At the time of the inspection in February 2006, over 90% of staff had had their annual appraisal and were working to an active Performance and Planning document. The system had clear and simple documentation that was reviewed and updated every year. All staff interviewed in the inspection also received supervision at a frequency which reflected their grade and length of time in post. They were generally content with their supervision arrangements, although many commented that more could be done to tackle individual poor performance.
- Devon and Cornwall had recently adopted a new complaints and grievance procedure, which enabled it to respond to concerns in a timely manner. The recent addition of monitoring arrangements provided benchmarks against which performance could be measured.
- The area's training plan was comprehensive and included diversity issues. All courses offered were listed on the local intranet and staff could access these electronically. By way of example, a typical staff member would have had ten full days of training in the last 12 months. This covered child protection, offender manager training, various diversity awareness courses and a two-day event on the CJA 2003.
- There were two service-wide training related objectives for 2005/2006, these being to improve the level of IT competency and to implement the Living Leadership model fully. The area currently needed to improve the IT skills of many staff significantly if performance gains were to be maintained and to meet the introduction of NOMIS in 2007. It had rejected the 'one-size-fits-all' or 'sheep-dip' approaches to staff development on IT and offered more bespoke/managed programmes. Living Leadership coaching had provided managers with

improved coaching skills. Most staff interviewed in the inspection reported a positive working relationship with their manager.

Areas for improvement:

- Although the area was meeting many of the national targets, the inspection revealed a wide disparity in the quality and effectiveness of work. Internal quality control by some managers was insufficient. It appeared that not all managers were undertaking the required quarterly quality sampling and as a consequence some worrying practice was being 'signed off'. The Board and COMT needed to give a clear steer to managers and staff about exactly what constituted quality work. Replicating the work already done to make progress against targets would be an effective way of achieving this. This was an urgent priority for action.
- Devon and Cornwall's own EEM self-assessment had identified that the area lacked an overarching HR strategy. If in place it would have improved connectivity between HR and other related organisational resource management systems.

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:

- Partnerships had a strategic focus on the priority offender needs outlined in the business plan, namely drugs, Supporting People, basic skills and activity that would enhance LCJB and other multi-agency priorities such as reducing the incidences of domestic violence. Partnership activity was influenced by OASys needs analysis information so that more accurate commissioning arrangements could be made. The biggest direct spend was on partners that supported and/or delivered accredited programmes.
- Partnership spending priorities were aligned with the annual business plan cycle and associated Home Office and LCJB community safety priorities. In order to consolidate all this activity, the area had published a new strategy in March 2006 to aid governance and provide direction on this considerable area of work.
- Monitoring was systematic and comprehensive. Reports and presentations on each partnership, including details on referrals and value-for-money issues, were produced on a regular basis and reviewed by COMT. All partnerships were also required to be compliant with area expectations in relation to diversity.
- Due to the size and geography of the area, it was impractical to have a single structure to engage with the voluntary sector. To overcome this, and as part of implementing the regional Reducing Reoffending plan, Devon and Cornwall was represented at all the strategic pathways groups together with relevant voluntary organisations. The contact was maintained by individual ACOs who took responsibility for specific subject areas.
- An excellent relationship with partnerships and external stakeholders, including MAPPA partners, was evidenced in the inspection. Work had been undertaken to build sustainable strategic relationships between the area and the Devon and Cornwall CDRPs. This was not without its logistical problems, as there were 15 of these altogether. To ensure a consistent approach in both counties, relationships and strategic objectives were informed by a new

round of local area agreements for 2006/2007. The new partnership performance managers had led on this to ensure the work was given sufficient priority.

- The area had supported the regional external funding manager in income generation to fund partnership work. Successful bids meant that nearly £1 million in additional funds was available to fund projects over the next three years, the majority of this coming via the European Social Fund. Bids were made with the help of the Prison Advice and Care Trust and had benefited the Courts Advice Desks and Swing, a regional project that had been very influential in promoting end-to-end offender management and helping the area develop a better supporting infrastructure to deliver Custody Plus sentences.
- There was active engagement with the Race Equality Councils and other race networks in each of the four divisions. The area had gained added value from these relationships through their participation in the area's race equality reviews and through the advice and support provided to staff.
- Along with other agencies, Devon and Cornwall Probation Area was one of the major sponsors of a refugee/asylum seeker and offender art project in Plymouth. There were also well established alliances with other providers of services such as Working Links, Job Centre Plus, and 'Warbath' ('Together' in Cornish) which supported offenders in the community and those released from prisons into Cornwall by motivating them to gain the skills and confidence to find and keep employment.

GOOD PRACTICE EXAMPLE

Each division had an allocated partnership budget of £13,000. This was used to support area and local priorities and enabled the area to add value to local projects.

- The MAPPAs met quarterly and comprised senior management representatives from the police, prison service and probation area, who were all signatories to the local protocol. A jointly funded MAPPAs co-ordinator had been in post for three years. Evidence from the Governor of HMP Exeter confirmed that the prison had excellent working relations with the area. He described the good quality of probation service practice, both pre and post-release, as well as the positive nature of the work undertaken by the SMB.
- During 2005, Torbay and North East Devon had each been subject to a Supporting People inspection. It had identified the positive contribution made by probation staff, particularly in relation to the de-commissioning of poorly performing accommodation services for offenders and the effective links between MAPPAs and the Supporting People programme. As a result, the local authorities now recognised their responsibilities towards people in the community who posed a risk to others and the necessity to take an active part in multi-agency work and jointly manage risks to the public. To facilitate offenders' access to accommodation, the area had contracted partnerships with a number of agencies to provide referral and placement advice. It could also provide some funding for advance payment of rent and deposits.

Areas for improvement:

- Offender managers were referring offenders inconsistently to the extensive range of support that was available. In a considerable number of cases in the inspection we would have expected to find partnership referrals to address criminogenic needs, but these had not taken place. These issues required attention by both managers and staff.

- Services for alcohol users were not consistently available across Devon and Cornwall Probation Area, despite the fact that the inspection showed this was a significant criminogenic factor in the supervision of many of the cases in the sample. This was a particular concern in the Plymouth division. Delivering this provision was disadvantaged by the fact that the National Treatment Agency had explicitly instructed the DAATs not to spend any of their respective pooled treatment budgets on alcohol provision, as this money was to be targeted at drugs treatment.
- There were a number of partnership issues that the area had tried to resolve that needed central intervention. The National Officer Supporting People (NPD) had been very helpful, but the post had been discontinued and it appeared that Supporting People was now low on the NOMS agenda. Recent information from the ODPM had been complex and difficult to engage with and the lack of a national officer or information sharing of how others were addressing Supporting People had made this work unnecessarily complicated. The provision of ETE/Basic Skills was also not assisted locally by all services having gone to a new contractor via ROM/LSC tendering. There was a lack of clarity from the NPD over this process.

A5	Effective communication with sentencers
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Very well met

Description:

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

Strengths:

- A courts strategy was in place describing contact with the judges and the role of Crown Court liaison officers at each of the three Crown Courts. The area also took an active part in the quarterly Crown Court user group meetings which were attended by SPOs.
- ACOs and SPOs attended meetings with judges in each of the divisions where there was a Crown Court to discuss issues of current and future relevance, for example the introduction of the offender management model and Custody Plus. The CO also met with the judges for the area about once every six months.
- There was regular and effective communication with sentencers at area level as set out in circular 73/2005. This was done through the Sentencer Liaison Meeting and the Legal Forum. The Devon and Cornwall sentencer liaison map listed the terms of reference, aims and objectives and stakeholders, as well as a meeting schedule to inform this work. The probation service contributed to the induction and training of new magistrates across the area. Communication also took place at divisional level, although this was less formalised in nature. Leaflets were available on the services provided by probation and a bench handbook had recently been distributed.
- Protocols had been established with the courts over the provision of the different types of report available, including specifying the agreed timescales. Guidance to staff had been issued on the most appropriate format to use when preparing a report. The guidance also covered UPW proposals so that sentencers would know exactly what the offender would be required to do if the proposal was accepted. The effectiveness of this work was monitored and reported to the Legal Forum.

- A breach protocol was in place to facilitate achievement of the new LCJB joint enforcement target.
- A sentencer satisfaction survey had been carried out in the summer of 2005. A total of 720 questionnaires had been distributed, achieving a return rate of 45%, which is above the usual average. Responses showed 93% satisfaction with the quality of communication with the probation service, and 94% with the quality of court reports and their helpfulness to sentencing. 75% of respondents said that community sentences were a credible and effective punishment, while 87% were satisfied with the range and quality of the programmes available and welcomed their use as a condition to address offending behaviour. Sentencers had identified wanting more information on the progress of offenders while under supervision as an area for improvement and work was currently in hand to address this.

SECTION B QUALITY OF ASSESSMENT

B1 Assessment of risk of harm

52%

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:

- There was a close fit between the interventions planned and the assessed risk of harm in 78% of cases. However, it was important that further work should now be done to ensure all cases met this standard.
- Managers and staff were using local audits to assess quality and indicate what further work was needed to meet national standards. They had recently completed audits of work on sex offenders and on OASys. The latter indicated that 92% of current cases now had an initial OASys risk of harm assessment.

GOOD PRACTICE EXAMPLE

The offender manager had put in place a fresh OASys assessment and sentence plan following the transfer into the area of an offender undertaking UPW. This had brought structure and removed the drift that had been evident in supervision by the previous area and resulted in 100% attendance and compliance. The offender had also been able to take advantage of educational opportunities on offer in the area as part of supervision.

Areas for improvement:

- Risk of harm was satisfactorily assessed in only 59% of the cases. Although OASys had been in place for some time it was not consistently or rigorously used by staff and non-completion was a recurring theme, especially with risk assessment. In a number of cases, risk screenings indicated that a full risk of harm assessment should have been triggered, but one had not been completed and there was no clear reason for this. Risk management plans, where they existed, were poor especially in high risk of harm cases.
- Consistent professional oversight was needed in the supervision of all high risk of harm cases. Some 27% did not clearly evidence management oversight of the assessment.
- The risk management plan was not completed within the required five working days in eight of the high risk of harm cases inspected.
- The risk assessment was reviewed at the 16 week point as required by the national standard in only 25% of the cases inspected. The figure for high risk of harm cases was worryingly even lower at only 20% of cases.
- Only 45% of all relevant cases and only 43% of relevant high risk of harm cases had the risk assessment reviewed after a significant incident that might give rise to concern.

- Overall, further coaching was needed to ensure that all staff were confident about eOASys and an improvement action plan was needed, owned and driven by the Board and COMT, to ensure that the embedding and effective use of OASys was central to area practice.

B2	Assessment of likelihood of reoffending	83%
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Description:

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

Strength:

- There was a clearly identified likelihood of reoffending score in 92% of all the cases sampled and in 89% of the high risk of harm cases.

Area for improvement:

- OASys had been used to assess the likelihood of reoffending and criminogenic factors in 74% of all cases, with a similar figure for high risk of harm cases.

B3	Offender management	60%
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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:

- 86% of cases had evidence on file to show that the offender manager had taken steps to explain the requirements of the order or licence to the offender.
- The ISP had been communicated to the offender to encourage participation in 75% of cases.
- A prison/probation joint benchmarking exercise focusing on the sentence plan section of OASys would be taking place in the summer of 2006.

Areas for improvement:

- Only 45% of ISPs met national standard requirements on content and timeliness. The figure for high risk of harm cases was even lower at only 30%.
- SMART objectives were found in less than half the ISPs.
- 31% of ISPs in the whole sample and 46% of the high risk of harm cases were assessed as insufficiently sensitive to race and other diversity issues.
- In 41% of the main sample and 33% of the high risk of harm cases the ISP failed to spell out sufficient liaison responsibilities with other agencies.
- We found that in 40% of the high risk of harm sample, the offender manager failed to integrate other agencies' risk work into the ISP.
- Identification of work to address offending behaviour and community reintegration was assessed as sufficient in 71% of the sample.

- In nine of the high risk of harm cases, the identified intervention was considered insufficient for addressing offending behaviour and community reintegration.

B4	Documentation	77%
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Description:

All relevant documentation is available and has been satisfactorily completed.

Strength:

- Generally, recording was clear, with 82% of cases meeting the standard.

Areas for improvement:

- We considered that 72% of the files inspected were well organised and contained all the relevant documentation. Race and ethnic data were missing from case records in 31% of the high risk of harm cases and 25% of the whole sample.
- The area had struggled for some time with an inadequate IT system. This was a national issue, which the area was unable to rectify alone. Offender managers often had to wait ten to 15 minutes to access records, and work saved was sometimes lost and had to be redone. This had been reported to the NPD but it was noted the situation was likely to remain poor for the foreseeable future.

SECTION C QUALITY OF INTERVENTIONS

C1 Managing attendance and enforcement

82%

Description:

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

Strengths:

- In 78% of all cases the frequency of appointments or work sessions arranged conformed to at least minimum national standards, the requirements of the order or licence, the achievement of planned objectives, and any risk of harm considerations.
- In 93% of cases offender attendance across all interventions was monitored sufficiently by the offender manager, with appropriate action taken, where necessary, to ensure compliance.
- Judgements made by offender managers about offender absences were found to be appropriate in 89% of cases.
- In 89% of relevant cases breach action had taken place within the national standard timescale.
- None of the cases inspected showed instances of offenders just ‘signing in’ when they reported, all had received a proper interview. Similarly, there were no examples of those who had turned up for UPW being stood-down and sent home.

GOOD PRACTICE EXAMPLE

The booklet 'Licences and Notices of Supervision' was used effectively by offender managers to explain the requirements of the order or licence and the type of behaviour expected of the offender. Both the offender manager and offender signed this contract and both retained a copy which also had the offender manager's name and contact details.

Areas for improvement:

- In 21% of the high risk of harm cases, we considered that offender attendance was insufficiently monitored by the offender manager. There were a small number of examples of their failure to report being deemed acceptable, even when no evidence was produced to confirm this. In one case breach action had not met the national standard timescale.
- We heard from offender managers about long delays in starting offenders on the sex offender and domestic violence accredited programmes. In a number of cases these were as long as months.

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. Offender 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:

- In 81% of cases work had been delivered to assist offenders' community reintegration, for example, in relation to such issues as accommodation, employment, drugs, alcohol and family relationships.
- In 84% of the UPW cases the work done was judged to be demanding and fully occupying the offender.
- In 81% of cases offender managers had motivated the offender by reinforcing the work undertaken by others (including arranging sufficient contact while the offender was on an accredited programme) and by engaging with the offender to prevent reoffending.

GOOD PRACTICE EXAMPLE

The offender manager had used her excellent relationship and positive engagement with a local charity shop to develop a range of placements there. These offered low risk/low need offenders experience as shop assistants or working on the till as well as less glamorous work sorting clothes and undertaking delivery work. This had led to good feedback from both the beneficiary who valued their contribution, and from the offenders themselves. The placement was informed by careful assessment and matching of the offender by the offender manager and was a good example of effective use of UPW. As a result, a number of ex-offenders had continued to work with the charity once supervision had finished.

- Sufficient liaison with others providing interventions was found in 84% of the high risk of harm cases and in 88% of the whole sample.

Areas for improvement:

- Appropriate action had been taken to implement additional requirements in orders or licences in 71% of the relevant cases.
- Victim work in high risk of harm cases should have been more evident. It was considered sufficient in only 53% of cases, leaving considerable room for improvement. A similar low figure of 46% was recorded for the sample as a whole.
- Offender managers did not routinely review supervision plans. Only 50% of cases met the new national standard that work should be reviewed at the 16 week stage, as each element of the sentence was completed, or in response to changes in risk of harm.
- Only 62% of supervision plan reviews contained SMART objectives.
- Supervision plan reviews did not fully integrate the MAPPAs action plan or the action plan from another risk management meeting or child protection conference in six of the relevant cases.

- In 22 out of 49 relevant cases, accredited programmes had not commenced promptly. There were also 14 offenders within the target range where there was no appropriate reason recorded for their not being referred to an accredited programme.
- We considered that a third of the interventions delivered to high risk of harm cases did not sufficiently challenge the offender to accept responsibility for the offence and its consequences.

C3	Diversity needs	78%
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Description:

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

Strengths:

- In 90% of cases the interventions delivered were sensitive to diversity. The area had tried to pay particular attention to the issue of rurality.
- Literacy and dyslexia were sufficiently addressed in 90% of relevant cases. These included four examples of excellent work on this by offender managers.

GOOD PRACTICE EXAMPLE

Literacy issues needed addressing with the offender. The offender manager had encouraged attendance at study sessions and as a result the offender had gained qualifications. To recognise and celebrate this achievement the offender manager had presented the award certificate in a little ceremony during supervision.

C4	Responsivity	76%
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Description:

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

Strength:

- There was evidence of good pre-release work in prison licence cases. The quality and degree of the work was consistent with the assessment of risk and need in 77% of the whole sample and in all of the relevant high risk of harm cases.

Area for improvement:

- In 24% of the whole sample and in 40% of the high risk of harm cases we considered that insufficient consideration had been given to the methods likely to be most effective with the offender (e.g. type and pace of activity, UPW placement, accredited programme or residential provision).

Description:

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

Strengths:

- The level of interventions was considered sufficient in relation to the assessed risk of harm in 80% of cases.
- Appropriate action had been taken in all of the cases where potential public protection issues had arisen.

GOOD PRACTICE EXAMPLE

A visit to West Cornwall showed an impressive range of local facilities to deal with high risk of harm and PPOs. A multi-agency project, jointly working with the police allowed specific targeting of offenders at substantial risk of reoffending, and its location within health service premises also facilitated easy access to substance misuse provision. There were also good links with employment and training providers. Work with high risk of harm offenders was assisted by good links with the police generally, with Social Services and with the availability of approved accommodation premises. The visit also allowed inspectors to meet the co-ordinator of the area's volunteers group and some of the volunteers themselves.

Areas for improvement:

- The level of interventions was considered insufficient in relation to the assessed risk of harm in 40% of the high risk of harm cases.
- Offender managers had executed risk management plans appropriately in only eight of 13 high risk of harm cases. Similarly, the plans had been sufficiently reviewed in less than half of these cases.
- Nine of the 25 inter-agency risk management plans were judged as insufficient or poor.
- Home visits had taken place within the national standard timescale in half the high risk of harm cases.
- In three relevant cases, staff were not sufficiently involved in child protection arrangements.
- Management oversight was insufficient in 11 of the high risk of harm cases.

SECTION D QUALITY OF INITIAL OUTCOMES

D1 Interventions are delivered with the desired outcomes

71%

Description:

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

Strengths:

- 83% of offenders had not been reconvicted of a further offence committed since the start of the order or licence.
- In 64% of the cases in the sample, offenders were deemed to have complied with the conditions of their order or licence, including any additional requirements.
- In 60% of relevant cases there was evidence of improvement in the offender's community ties and social circumstances.
- Staff were beginning to re-score OASys as a matter of routine, with evidence of this in 43% of the cases. In the majority, this had been done at the seven to nine month stage of the order or licence.
- There was evidence in 63% of cases that the offender had applied learning outcomes and skills acquired during the period of supervision.
- 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 offender managers addressed with offenders as part of supervision. Analysis of outcomes on these factors showed progress in 72% of cases and deterioration in only 7%.

Table A: Criminogenic issues for Devon and Cornwall offenders (Sample 95)

Accommodation	30
Health/mental health	35
Alcohol	40
Anger	16
Drugs/solvents	19
Employment	49
Financial problems	17
Gambling	0
Peer influences	28
Relationships	39
Thinking skills	69

Areas for improvement:

- Risk of harm had been reduced in 38% of the high risk of harm cases, although it had been successfully contained in 78%.
- Offender 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 46% of relevant cases.

D2	Improvements are sustainable	75%
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Description:

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

Strengths:

- In 72% of relevant cases attention had been given to long-term community reintegration issues and appropriate links made with community resources and families.
- In 71% of relevant cases sufficient attention had been given to offenders maintaining contact with mainstream organisations to address criminogenic need.

GOOD PRACTICE EXAMPLE
<i>The offender manager had used the very detailed PSR and assessment to plan a substance misuse intervention. The offender had been using illegal heroin for a considerable amount of time. The work done by the offender manager meant that the offender was now only using a small amount of methadone on a maintenance programme, was attending supervision and had stopped offending. This was very effective work and a demonstrable success for both the offender and the supervisor.</i>

- There was effective promotion of partnership organisations to offenders. Information leaflets and posters were prominently displayed in offices. In larger offices where partnership staff worked on site, instant referrals were available. We found good evidence of proactive offender manager use of these facilities and offenders benefiting from referrals to basic skills and other advice.

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

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

Strengths:

- The area had a very active research officer who had a planned programme of work. The main tasks were to gather evidence and evaluate work done so improvements could be made and lessons learnt. This person also worked collaboratively with other agencies so that knowledge and understanding gained was disseminated to other criminal justice partners and the community.
- In 2004, UPW beneficiaries had been surveyed about their experience of working with Devon and Cornwall, and the area had then used the findings to change the way it approached communities when seeking UPW placements. Staff were able to point to

positive endorsement of the scheme by other beneficiaries and examples of success. This helped to address the concerns and questions of potential placement providers.

- In response to emerging local concern about why victims of domestic violence withdrew charges even when it was judged there was sufficient evidence to proceed, the area had led a joint criminal justice review with its LCJB partners to identify the factors that caused this. The organisation Against Domestic Violence and Abuse in Devon had been commissioned to undertake the detailed work, producing a report with recommendations to improve services to assist the women and children under threat. The findings, in the form of a series of case studies, had been widely disseminated to partner agencies such as the police, courts, victim support, Women's Aid and Devon County Council.
- The research officer had planned and carried out a very detailed offender survey in 2004 and again in 2005, the latter resulting in 370 responses. The survey covered six key processes that offenders experienced as part of supervision, including the way they were welcomed and inducted, whether they were on an accredited programme and whether they had been referred to other agencies. It had provided useful information for the area and a comprehensive report was produced for staff. In particular, it was positive to read about how staff had been creative in terms of ensuring offenders could report by adopting a problem-solving approach to many difficult rurality and transport issues raised during supervision. Careful sequencing of appointments, and offender managers seeing offenders in satellite offices, ensured that offenders were able to comply with supervision requirements. Offenders' overall satisfaction rate with the work of the area was 95% with no noticeable difference between divisions.
- In order to improve performance on ASRO programmes, the area had analysed the reasons for completion targets not being achieved. Staff involvement to maintain offender motivation was found to be variable and it was found that some offender managers were doing very little to ensure offenders continued to attend. A report had been produced and circulated to staff so lessons could be learnt.
- Serious further offence enquiries had been subject to a wider regional peer review. A local ten-point action plan had been formulated from this so that staff could learn from these enquiries. The review had also produced a five-point national action plan for the NPD to consider that addressed wider strategic issues.
- The area measured the concordance levels between proposals in PSRs and the resulting sentences. The information had been used in the Legal Forum to flag up the under-use of CPOs/CPROs and the over-use of CROs, especially those resulting from SSRs. Discussion of outcomes was a feature of Board, management and team meetings.

Area for improvement:

- The performance of Devon and Cornwall Probation Area funded partnerships would be improved by the inclusion of outcome measures in the SLA and these data being evaluated and shared widely.

GOOD PRACTICE EXAMPLE

OUTCOME INFORMATION AND FEEDBACK FROM OFFENDERS

Thirty offenders from Devon and Cornwall Probation Area were interviewed in person during the inspection; 11 face-to-face and 19 over the telephone. Their response to some key questions are listed below:

- *probation took account of my individual needs, circumstances and diversity - 95%*
- *probation work has made it less likely that I'll reoffend - 91%*
- *work done by probation was helpful - 88%*
- *probation has caused me to 'think twice' about my offence - 88%*
- *probation work has made me more aware of the impact on the victim or the wider community - 77%*
- *the work I was asked to do on community punishment was demanding - 74%*
- *probation was able to provide help with problems - 63%*
- *offenders recalled spending between 30 and 45 minutes in an interview at the start of supervision and the most recent interview, on average, lasted about 30 minutes.*

Overall, 81% of offenders thought there had been a big improvement with their problems.

D4 Interventions demonstrate value for money

76%

Description:

Interventions are delivered with efficient and appropriate use of resources.

Strengths:

- In 80% of cases the work done was consistent with the offender's risk of harm.
- Resources allocated were appropriate to the likelihood of reoffending in 81% of cases.

Area for improvement:

- Resources were being used efficiently to achieve the planned results in 68% of the whole sample and 70% of the high risk of harm cases.

THEMATIC ELEMENT: SUBSTANCE MISUSING OFFENDERS

SUMMARY OF THE PROVISIONAL FINDINGS FOR DEVON AND CORNWALL

Introduction

Every inspection in the ESI programme includes a thematic element. In the second group of probation areas being inspected in 2005/2006 the thematic element focuses on work carried out with substance misusing offenders. A full report on the whole thematic inspection will be published as soon as possible after the visit to the last of these areas.

Pending publication of the thematic report, each of the area ESI reports includes a summary of the provisional findings for the area. The summary for Devon and Cornwall is given below.

National context

Although the relationship between substance misuse and offending is complex, there is little doubt that there is a strong association between the two. This is supported by research evidence. The contribution of the NPS towards reducing offending by substance misusing offenders in partnership with others, principally the DAAT and the DIP, is therefore potentially very significant.

The NPS has in recent years set targets for the commencement and completion of interventions for drug misusing offenders (DTTOs, DRRs and drug testing on licence for PPOs) and has developed a range of accredited programmes to address substance misuse such as OSAP, ASRO and DIDs. Although not accompanied by targets, ATRs are also available under the CJA 2003. These issues will be further addressed in the final report of this inspection to be published in the summer of 2006.

Methodology

The methodology for the substance misuse thematic inspection has four main elements:

- an analysis of advance evidence provided by the area
- an analysis of the work done with substance misusing offenders within the main ESI sample (the substance misuse subsample). The OASys assessment that is required on nearly all offenders at the commencement of interventions includes a preliminary assessment of drug and alcohol misuse. A score of four or more indicates a significant criminogenic issue
- interviews with senior managers, relevant staff and significant partners from one particular DAAT within the area. The DAAT focused on was the Devon DAAT
- an analysis of work undertaken with a small sample of offenders with substance misuse problems from the Devon DAAT area, who had either recently been sentenced to community orders under the CJA 2003 or released from prison as PPO cases (the post-CJA sample). 15 such cases were identified.

Quality ratings

Quality of Substance Misusing Offenders Management: Of the six Management criteria (A1-A5 and D3), in Devon and Cornwall four were found to be well met and two satisfactorily met.

	Main ESI Sample n=95	Substance misuse subsample* n=54
<i>Quality of Assessment</i>	67%	66%
<i>Quality of Interventions</i>	76%	71%
<i>Quality of Initial Outcomes</i>	74%	72%
<i>Overall score B-D</i>	73%	70%
* The substance misuse sub sample is based on the 54 cases within the main ESI sample with a score of four or more for drug or alcohol use on the OASys assessment. These 54 cases form the basis for all numerical scores in the thematic report. The post-CJA sample is referred to in the text but has not been included in this or any other table.		

Overall assessment

Devon and Cornwall contained four DAAT areas, and the inspection focused on the Devon DAAT. This had three different clinical service providers and the overlap with the hinterlands of the Torbay and Plymouth Unitary areas drove much of the commissioning complexity. The details of service delivery arrangements within that division varied between geographical locations, some offices operating specialist teams and others being more generic. The area was also seeking to revise its structures to incorporate the offender management model. These arrangements made the drawing of conclusions from the inspection process somewhat more complex than in some of the other probation areas included in the thematic.

40% of the Devon and Cornwall ESI sample were found to have an OASys score of four or above for alcohol and 22% for drugs. A total of 54% scored four or above for either alcohol or drug use, with 8% scoring four or more for both alcohol and drugs. The 54% of the ESI sample with an alcohol or drug OASys score of four or above is referred to as the substance misuse subsample. The size of the subsample gives a strong indication of the possibilities for tackling offending through effective substance misuse interventions.

The offending profile of the substance misuse subsample was broadly similar to the main sample, with fewer sexual offences and fraud cases and a greater incidence of violence and theft. The profile of sentences differed slightly with a higher proportion of the substance misuse subsample sentenced to CROs and a lower proportion receiving CPOs. Overall the differences between the two samples were not great, although the substance misuse subsample scored less well than the main sample in all areas, particularly in interventions. Substance misusing offenders had considerably higher OASys scores, particularly those in the post-CJA sample. The reconviction rates in the substance misuse subsample and post-CJA sample were considerably higher than the main sample.

Sections B, C and D of the thematic report do not seek to replicate the main findings, so comments have been restricted to where there are differences between the samples.

The OASys assessments undertaken at the commencement of supervision indicated that the most commonly misused substances after alcohol in the previous six months had been cannabis, heroin, and

amphetamines. There were indications that previous patterns of misuse had also included frequent use of crack cocaine and hallucinogens.

In 2004/2005 the area had achieved only 51% of the target on DTTO commencements, although it had exceeded the completion targets. There had been a similar pattern in the first three-quarters of 2005/2006 with 70% of the commencements target achieved and 132% of the completions. The area and some of the partners were of the opinion that the commencement target had been set too high, and that there were insufficient offenders with the required treatment needs.

Recommendations

The Probation Board should ensure that the area:

- 1. improves liaison with the DIP to ensure offenders are offered a more seamless service*
- 2. provides sufficient training for offender managers required to manage offenders subject to DRRs at all levels of intensity*
- 3. has the capacity to deliver sufficient structured day care programmes for DRRs at the highest level of intensity*
- 4. continues the current performance drive towards achieving the NPD commencement target for DRRs*
- 5. increases the consistency of the quality of interventions for PPOs.*

SECTION A QUALITY OF SUBSTANCE MISUSING OFFENDERS MANAGEMENT

A1: Leadership and planning:	Assessment
<p><i>There is an area policy and strategy for the delivery of services for substance misusing offenders. Effective structures exist for the delivery of the policy and strategy and managers are held accountable for its effective operation.</i></p>	<p>Satisfactorily met.</p>

Strengths:

- There were clear area and divisional business plans with targets for DTTO/DRR commencements and completions with identified managers owning the targets.
- Plans for the delivery of low intensity DRRs consisting of testing and brief interventions had been drawn up and implemented.
- There was good evidence of the use of performance data to inform planning for future service delivery.
- Effective arrangements had been made for the delivery of brief interventions for alcohol misusers.
- There were good relationships with the DAAT. The divisional ACO attended the main DAAT meetings, with local staff attending sub-groups.
- The area had contributed to a revised service specification for the four DAATs which had led to an increase in the consistency of service delivery. The service specification included detailed targets consistent with those of the area.
- Data were produced at both a DAAT and divisional level to ensure the details of performance were available and understood.
- The area had significantly increased the number of its DTTO/DRR commencements during 2005/2006.

Areas for improvement:

- There was no overarching strategic plan setting out a vision for the provision of substance misuse services in the area.
- Local managers were unable to extract information from the local case management system or OASys, making them reliant on centralised data.
- The area had achieved only 51% of the DTTO commencement target for 2004/2005, and 70% of the target for the first three-quarters of 2005/2006.
- Liaison between the area and DIP services was insufficient to ensure the seamless provision of services for substance misusing offenders.
- A transport strategy for offenders travelling long distances for treatment had yet to be finalised.

A2: Resource allocation:	Assessment
<i>The area is able to demonstrate a strategic approach to effective resource allocation for work with offenders with substance misuse issues.</i>	Well met

Strengths:

- ▣ The area had taken a clear strategic decision to deliver many of the services to substance misusing offenders in partnership. Consideration was being given to the resourcing requirements for 2006/2007.
- ▣ There were clear contracts with partners setting out the resources available for the delivery of services for substance misusers.
- ▣ Sufficient funds for the drug testing of PPO cases released on licence and for low intensity DRRs had been identified.

Area for improvement:

- ▣ Although there was a detailed service specification for the provision of services for substance misusing offenders, there was little evidence that performance against the specification was systematically monitored and reviewed.

A3: Management and supervision of staff:	Assessment
<i>The area has a human resources strategy that effectively encompasses staff training and development needs in relation to substance misuse work.</i>	Satisfactorily met

Strengths:

- ▣ Training for probation staff had been written into SLAs between the area and its major substance misuse partners.
- ▣ Relevant staff had attended a DRR performance seminar to promote best practice across the area.
- ▣ The area had conducted a training needs analysis to identify the needs of staff prior to the introduction of the offender management structure.

Area for improvement:

- ▣ Despite the training needs analysis, some staff had not received sufficient training to undertake work with substance misusing offenders, particularly in respect of low intensity DRRs.

A4: Partnership and contracting out:	Assessment
<i>The area has engaged in effective partnership working with the statutory and voluntary sectors to ensure a full range of treatment facilities are available to substance misusing offenders. Contracts are in place as required.</i>	Satisfactorily met

Strengths:

- ▣ There were clear service specifications for partners to deliver accredited programmes for substance misusing offenders.
- ▣ In addition to the partnership work on programmes, the voluntary sector was also contracted to deliver brief interventions for drug and alcohol misusing offenders within the overall caseload.

- The service specification for the delivery of substance misuse services was detailed and costed.
- A partnership development day had been run which partners had found useful in explaining both the targets the area was working towards and the broader aims, objectives and underlying philosophy of probation work.
- The installation of a PNC terminal in the probation office for one of the PPO teams had been negotiated, leading to enhanced and appropriate information sharing.

Areas for improvement:

- There were communication problems between offender managers and the direct providers of services in some DRR cases, with offenders given conflicting appointments.
- Formal protocols were lacking between the probation area and some service providers.
- The structured day care programme was unable to meet the requirements of high intensity DRRs.
- Not all partners working with the area had received sufficient training in the implementation of the CJA 2003.
- There was a lack of consistency in the requirements made of PPO cases in the different parts of the area. Some offered an intensive level of supervision with fast access to services, whilst others appeared to lack focus.
- Communication problems between the area and some partnership providers had caused difficulties with the commissioning and use of accommodation resources.
- Arrest referral schemes were not operating in the area, leading to a missed opportunity to commence early interventions with drug misusing offenders.

A5: Effective communication with sentencers:	Assessment
<i>The area has successfully communicated with sentencers to promote and explain its substance misuse policy and strategy.</i>	Well met

Strengths:

- There had been good liaison with sentencers, with training provided on the implications of the CJA 2003 in respect of substance misusing offenders. This had included detailed input on the delivery of DRRs, and the variety of services available at different levels of intensity.
- Sentencers had provided positive feedback to the area on the quality of training.

SECTION B QUALITY OF SUBSTANCE MISUSING OFFENDERS ASSESSMENT

B1: Assessment of risk of harm:	Score
<i>Risk of harm is satisfactorily assessed in cases identified as manifesting substance misuse issues.</i>	48%

There were no significant differences in performance between the main ESI sample and the substance misuse subsample in this section.

Area for improvement:

- In the post-CJA sample, the quality of risk of harm assessments at the start of supervision was satisfactory in less than half of cases.

B2: Assessment of likelihood of reoffending:	Score
<i>The likelihood of reoffending is satisfactorily identified and assessed in cases manifesting substance misuse problems.</i>	86%

There were no significant differences in performance between the main ESI sample and the substance misuse subsample in this section.

B3: Offender management:	Score
<i>Cases assessed as manifesting substance misuse issues are managed effectively, there is evidence of referral to an appropriate agency or the offender manager is undertaking work to address the substance misuse issues.</i>	57%

There were no significant differences in performance between the main ESI sample and the substance misuse subsample in this section.

B4: Documentation:	Score
<i>All relevant documentation is available and has been satisfactorily completed in cases manifesting substance misuse issues.</i>	78%

Strength:

- Case records were well organised and complete in 80% of the substance misuse subsample as compared to 72% of the main ESI sample.

Area for improvement:

- For the post-CJA sample, case records were considerably less well organised and complete, and were less likely to have clear and sufficient recording.

SECTION C QUALITY OF SUBSTANCE MISUSING OFFENDERS INTERVENTIONS

C1: Managing attendance and compliance:	Score
<i>Contact with the offender and enforcement of the order or licence is planned and implemented to meet the requirements of national standards in cases manifesting substance misuse issues.</i>	81%

Strength:

- Breach action and recall had taken place within the national standards timescale in 87% of cases in the substance misuse subsample, as compared to 85% in the main sample.

Areas for improvement:

- When compared to the main sample, performance with the substance misuse subsample was marginally poorer in respect of the frequency of appointments offered, the monitoring of attendance by offender managers and judgements about the acceptability of absences.
- Performance against all the criteria related to managing attendance and compliance were significantly poorer in the post-CJA sample.

C2: Delivering appropriate supervision:	Score
<i>Interventions are delivered and coordinated to ensure supervision and risk-reduction objectives are met for offenders with substance misuse issues.</i>	63%

Areas for improvement:

- The area performed marginally less well in all aspects of the delivery of appropriate supervision for the substance misuse subsample, as compared to the main sample.
- The area performed considerably less well in all aspects of the delivery of supervision in the post-CJA sample.

C3: Diversity needs:	Score
<i>There is a full range of interventions to meet the diverse needs of substance misusing offenders.</i>	72 %

Areas for improvement:

- Offenders with substance misuse problems were marginally less likely to have their literacy needs assessed.
- Interventions for only two-thirds of the post-CJA sample took sufficient account of the offender's diversity needs.

C4: Responsivity:	Score
<i>Offenders with substance misuse issues learning styles, motivation and capacity to change are taken into account in the assessment and intervention plan.</i>	80%

There were no significant differences in performance between the main ESI sample and the substance misuse subsample in this section.

C5: Management of risk of harm:	Score
<i>Interventions with offenders with substance misuse issues are appropriate to the assessed risk of harm.</i>	65%

There were no significant differences in performance between the main ESI sample and the substance misuse subsample in this section.

SECTION D QUALITY OF SUBSTANCE MISUSING OFFENDERS INITIAL OUTCOMES

D1: Interventions are delivered with the desired outcomes:	Score
<i>Planned objectives are achieved and the risk of harm/likelihood of offending is reduced in cases manifesting substance misuse issues.</i>	71%

Areas for improvement:

- ▣ 26% of offenders in the substance misuse subsample had been convicted for a further offence committed since the start of the order or licence, compared with 17% of the main ESI sample.
- ▣ There was evidence of progress against the first priority criminogenic issue in 64% of cases in the substance misuse subsample as compared to 72% in the main sample.
- ▣ 60% of the post-CJA sample had been convicted for a further offence committed since the start of the order or licence.

D2: Improvements are sustainable:	Score
<i>Results are capable of being sustained beyond the end of supervision for offenders with substance misuse issues.</i>	72%

Areas for improvement:

- ▣ Work to ensure the long-term integration of substance misusing offenders was sufficient in only 62% of cases in the substance misuse subsample, as compared to 72% in the main sample.
- ▣ The offender's long-term community reintegration needs were being sufficiently addressed in less than half the post-CJA sample.

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 in working with offenders with substance misuse issues.</i>	Well met

Strengths:

- ▣ The area had comprehensive centrally-collated data on commencements and completions of DRRs. These were used to inform the development of practice, and plan improved performance.
- ▣ Outcome data on the completion rates of DRRs were shared with DAAT partners to enable the effective matching of treatment capacity and demand.
- ▣ Data were provided and used on a monthly basis to monitor performance against key targets.
- ▣ Performance data had been used in county-wide staff training events to share good practice.

D4: Interventions demonstrate value for money:	Score
<i>Interventions are delivered for offenders with substance misuse issues which are appropriate and efficient.</i>	74%

There were no significant differences in performance between the main ESI sample and the substance misuse sample in this section.

THE ROLE OF HMI PROBATION

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

Home Office Objectives

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

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

Role

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

Code of Practice

HMI Probation aims to achieve its purpose by:

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

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

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