



*Effective  
Supervision  
Inspection*

*of the  
National Probation Service for  
England and Wales*

Report on:  
*Cheshire Probation Area*

2004

## FOREWORD

We find Cheshire to be a well-managed area with an encouraging culture of seeking continuous improvement. The quality of basic skills assessments and interventions is high. Planned interventions generally match offenders' assessed risk of harm and likelihood of reoffending. Offenders are mostly fully engaged from the start of their order or licence, first by way of a thorough induction which makes them aware of their obligations while being supervised and, secondly, by being encouraged to participate in the supervision planning and review process.

Supervision plans could be improved by ensuring the inclusion of race and diversity issues and information from inter-agency risk management plans. Some attention also needs to be given to the assessment and management of high risk of harm cases.

Finally, little use is currently made of outcome measures, an aspect of work in Cheshire which offers considerable scope for development.

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HM Chief Inspector of Probation*

*January 2004*

## ACKNOWLEDGEMENTS

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

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

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## **GLOSSARY**

ACE	Assessment, Case Recording and Evaluation System
ACO	Assistant chief officer
ASRO	Addressing Substance-Related Offending
CLAN	Centrally led action network
CO	Chief officer
CP	Community punishment
CPO	Community punishment order
CPRO	Community punishment and rehabilitation order
CRAMS	Case Record Administration and Management System
CRO	Community rehabilitation order
DTTO	Drug treatment and testing order
EBS	Employment and Basic Skills
ECP	Enhanced Community Punishment
ESI	Effective Supervision Inspection
ETE	Employment, Training and Education
HMIP	HM Inspectorate of Probation
ISP	Initial supervision plan
IT	Information technology
LSI-R	Level of Service Inventory-Revised
MAPPA	Multi-Agency Public Protection Arrangements
MAPPP	Multi-Agency Public Protection Panel
NPD	National Probation Directorate
NPS	National Probation Service
OASys	Offender Assessment System
OGRS2	Offender Group Reconviction Scale
PIP	Performance Inspection Programme
PO	Probation officer
PSO	Probation service officer
PSR	Pre-sentence report
SDA	Service Delivery Agreement
SID	Seemingly irrelevant decisions
SLA	Service Level Agreement
SMART	Specific, Measurable, Achievable, Realistic and Time-bounded
SPM	Supporting Performance Measures
SPO	Senior probation officer
SSR	Specific sentence report
VLO	Victim liaison officer

## SUMMARY

### Key findings

- **Quality of Management:** The Board and senior management team demonstrated strong participatory leadership and had a philosophy of involving and consulting staff. The organisation was target driven at all levels and had established basic, yet essential building blocks for an effective management structure, providing timely and clear performance information for the Board. Performance in relation to key targets was mixed, but reasonably good compared to areas of similar size and population density. There was a healthy ethos of self-examination coupled with a committed and enthusiastic Board who showed an interest in the core business of the organisation and acknowledged the critical importance of its staff. A small number of issues needed further attention including supervision, induction and workforce planning. A more strategic approach to partnerships was also necessary. Attention was given to diversity issues both at an area level and regionally. The contribution to regional work was significant and indicated some foresight, with the likely increased prominence, influence and importance of regional initiatives and their impact locally. Communication with sentencers was established and working reasonably well.
- **Quality of Assessment:** The interventions planned were commensurate with offenders' assessed risk of harm. Work was required to ensure that all high or very high risk of harm cases were adequately reviewed, that they all received management attention and that there was a speedy response to any further significant incident. Effective arrangements were in place for the induction of offenders. Case managers were identifying appropriate interventions to reduce the likelihood of reoffending and were involving offenders in the preparation of supervision plans. There needed to be attention given to producing SMART objectives, ensuring supervision plans were sensitive to race and diversity issues and integrating risk management meeting notes and action plans into the supervision plan. The organisation of case files and the clarity of recording were excellent.
- **Quality of Interventions:** The area was achieving excellent results in the levels of contact arranged with offenders, although there was still scope for improvement with enforcement. In most cases supervision plans were regularly reviewed and there was good liaison by case managers with other people involved in supervising the offender. CP work clearly occupied the offender and was demanding. Additional requirements of orders and licences were implemented. Case managers motivated offenders and this was evidenced in the contact log and supervision plan objectives. Issues that needed attention included screening for diversity issues, resettlement work and reducing the turnover of case managers for individual cases. The management of risk of harm cases was generally good. The area needed to ensure that inter-agency risk management plans were of a better quality and were reviewed as part of the supervision planning process.
- **Quality of Initial Outcomes:** Although positive results were being achieved on criminogenic factors, in individual cases more work needed to be done to ensure these were sustained once the order or licence came to end. More attention needed to be given to outcome measures. Overall resources were being used appropriately and efficiently to achieve the planned results, although there were some exceptions to this.

## Recommendations

*The Probation Board should ensure that:*

- ▣ *the area's assessment and management of risk policy is revised in the light of the introduction of OASys and local changes in MAPPA*
- ▣ *action is taken to increase the number of DTTOs being made*
- ▣ *the timeliness of the commencement of accredited programmes is improved to meet the national standard*
- ▣ *a workforce planning document is produced*
- ▣ *the quality of local induction and supervision is improved for all staff and consistently applied across the area*
- ▣ *there is a partnership strategy in place to give the area medium to long-term direction*
- ▣ *all supervision plans are sensitive to race and diversity issues and include SMART objectives*
- ▣ *there is improved management oversight of high risk of harm cases and the decisions and actions of risk management meetings are integrated with the supervision planning process*
- ▣ *victim issues are sufficiently addressed in the assessment and supervision of all offenders*
- ▣ *better use is made of available outcome measures at all levels of the organisation.*

## Next steps

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

## SCORING SUMMARY SHEET

Section A – Quality of Management	
A1: Leadership and planning	Well met
A2: Resource allocation	Satisfactorily met
A3: Management and supervision of staff	Partly 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	77%
B2: Assessment of likelihood of reoffending	88%
B3: Case management	77%
B4: Documentation	90%
<b>Score for section B</b>	<b>82%</b>

Section C: Quality of Interventions	
C1: Managing attendance and enforcement	90%
C2: Delivering appropriate supervision	82%
C3: Diversity needs	83%
C4: Responsivity	73%
C5: Management of risk of harm	90%
<b>Score for section C</b>	<b>85%</b>

Section D: Quality of Initial Outcomes	
D1: Interventions are delivered with the desired outcomes	75%
D2: Improvements are sustainable	75%
D3: Outcomes of interventions are assessed and reviewed using available data	Not met
D4: Interventions demonstrate value for money	86%
<b>Score for section D</b>	<b>78%</b>

<b>OVERALL SCORE FOR SECTIONS B-D (excluding D3)</b>	<b>82%</b>
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## INSPECTION ARRANGEMENTS

- The ESI programme started in June 2003. All 42 probation areas comprising the National Probation Service for England and Wales are being inspected over a three year cycle, with areas of similar characteristics (in terms of size and population density) visited in the same year to facilitate comparisons in performance. This enables us to identify and promote effective work with offenders and disseminate information about good practice.
- Probation areas are being assessed on how well they have met defined inspection criteria focusing on the:
  - overall management of the area
  - quality of the assessments carried out on offenders
  - quality of the interventions carried out with offenders
  - initial results of the interventions, both in relation to criminogenic factors such as employment, accommodation and substance misuse, and also whether there has been any reduction in the risk of harm and the risk of reoffending.
- The inspection takes account of the regular NPS performance data. These are produced by the NPD who are responsible for their collection and quality assurance.
- Each inspection takes place over two weeks, about three or four weeks apart. The area is asked to identify a random sample of 100 offenders (more in the largest areas) who have been under supervision for approximately nine/ten months, 20 of whom are registered as high risk of harm. The cases come from most categories of orders and licences.
- During the first week of the inspection we examine the file, carry out an in-depth interview with the case manager and, where possible, interview the offender and any other people significantly involved in the supervision (e.g. accredited programme tutors, hostel key-workers, police in high risk of harm cases, CP supervisors, and staff of other organisations involved in providing a service to offenders in relation to drugs, alcohol, employment, etc).
- Inspection of about a third of the cases in the sample is carried out by experienced staff of the probation area being inspected. We think this provides a positive experience both for the area and the staff directly involved and that it increases ownership of the findings.
- The second week of the inspection involves meetings with senior and middle managers and Probation Board members to cover issues around the management of the probation area concerned, and to provide some feedback from the first week of the inspection. We also talk with the police in relation to the area's supervision of high risk of harm cases and with representatives of other organisations that are assisting the area with the supervision of offenders.
- ESI also includes an additional thematic element which, in due course, leads to the publication of a separate report describing the work of several probation areas. In the first seven probation areas being inspected in 2003/2004 the thematic element is on Education and Basic Skills. A summary of the provisional findings in relation to Cheshire 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 HMIP website.

### Quality of Management criteria

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

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

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

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

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

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

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

## OVERVIEW OF THE AREA

- In terms of its main revenue budget of £10 million in 2003/2004, Cheshire is the 19th largest probation area in England and Wales. It has a total population of some 991,500 with a population density (persons per hectare) of 4.3, higher than the England and Wales average of 3.1. As such, it comprises one of the ‘medium size, higher density’ areas in the family grouping of areas which we and the NPD currently use for making comparisons.
- The latest available data show that 1% of the population aged 18-54 are from minority ethnic groups, a somewhat lower proportion than the average of 9% for England and Wales as a whole.
- In 2002/2003 the number of recorded crimes per 100,000 population was 8,600 which was lower than the figure of 11,300 for England and Wales as a whole. The corresponding figure for violent crime – 1,200 per 100,000 population – was also lower than the 1,900 recorded for England and Wales.
- In 2001 (the latest year for which data are available) 808 persons were found guilty or cautioned for indictable offences per 100,000 population, slightly lower than the England and Wales figure of 993.
- Data collected by the NPD on Cheshire’s performance on the main Home Office SDAs and on certain other key NPS and national standards targets are shown in the table overleaf. Except where indicated, the figures relate to the period April 2002 to March 2003. Those figures marked with an asterisk indicate that the area had met the target or it was a ‘near miss’.
- The area had performed very well on basic skills awards, victim contact, accredited programme completions and arranging CPO work sessions, but less satisfactorily on basic skills commencements, sickness absence, DTTO starts and enforcement. The proportion of court reports that were SSRs had been below the target, but was still better than the national average. Performance on the proportion of CROs and CPROs where the required appointments had been arranged in the first 12 weeks was beneath the target. The area was close to the national standard target for the proportion of magistrates’ courts PSRs prepared in 15 working days.
- The NPD produces a weighted scorecard comparing area performance against targets for some of the above results. On those produced to date, Cheshire had moved from a ranking of 35th in February 2003 to 17th at the time of the inspection. This was an encouraging improvement.
- The reconviction rate for community orders was less than that predicted. This was in principle a good result, suggesting success in reducing reoffending. However, some caution is also needed in interpreting reconviction data particularly at individual area level and the results need to be considered in the context of police clear-up rates and other variables.

	Target	Cheshire	England & Wales average
Proportion of magistrates' courts PSRs prepared in 15 working days (SDA 1a)	90%	84%*	78%
Proportion of all reports (PSRs plus SSRs) which are SSRs (SDA 1b) January-December 2002	20%	17.8%	14.6%
Basic skills: % performance against starts target (SDA 2)	100%	66%	100%
Basic skills: % performance against awards target (SDA 2)	100%	153%*	85%
Accredited programme completions: % performance in relation to target (SDA 3)	100%	100%*	64%
Enforcement – breach taken where required within ten working days (all orders/licences) (SDA 4)	90%	59%	64%
DTTO starts: % performance in relation to target (SDA 6)	100%	84%	102%
Home Secretary's race equality employment target (SDA 7)	5.4% (target for the North-West Region)	6.1%* (result achieved by the North West Region)	
Sickness absence: average days absence (SDA 8)	10 days	13.7 days	11.9 days
Proportion of victims of serious sexual/violent offences (where offender sentenced to custody of 12 months or more) offered contact within eight weeks (SPM 1)	85%	99%*	81%
Proportion of CROs where 12 appointments arranged in first 12 weeks	90%	82%	88%
Proportion of CPROs where required appointments arranged in first 12 weeks	90%	80%	80%
Proportion of CPOs with at least five hours average work arranged per week	90%	94%*	90%
Two year reconviction rate for community orders (information for commencements in the first quarter of 1999)	To achieve actual rates that were lower than predicted	Actual 48.9% Predicted 52.2%	Actual 50.2% Predicted 51.7%

## SECTION A QUALITY OF MANAGEMENT

A1	Leadership and planning	Well met
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### 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 planning process for the area business plan was clear. Middle managers were consulted on the draft and the CO and Chair had also undertaken a series of briefing meetings to all staff. There were quarterly reviews by the Board and progress against the objectives was regularly discussed at team meetings.
- The Board impressed as enthusiastic, performance focused and fully engaged with current issues and there was evidence of effective collaboration between Board members and senior managers. Arrangements also existed for members to be linked to individual offices to keep them in touch with practice.
- The area had undertaken audits which resulted in recommendations for action on various types of work as part of a process of constant organisational self-examination. The timetable ensured that certain areas of work were addressed at appropriate intervals so that trends could be identified.
- The performance information presented to the Board was clear and understandable. It was broken down to team level and was accompanied by a short commentary by the relevant ACO. It also detailed the funding that would be lost if national targets were not achieved so that appropriate remedial action could be taken. Middle managers used performance data to measure both team and individual performance and staff objectives were related to national targets. The area had taken action to address some unsatisfactory levels of performance, for example appointing an additional ACO to provide more concentrated management of practice delivery and to improve enforcement, and setting up a project development group with an external consultant to reduce current levels of sickness absence.
- There was a Race Equality Scheme. A diversity manager had recently been appointed and a diversity practice development group had been established. The black and minority ethnic staff group met with the CO every six months, there was a Diversity Panel, chaired by a Board member, and the NPD Head of Diversity had attended a Board meeting. The CO was Chair of the North-West Region Diversity Group. Cheshire, jointly with other criminal justice agencies, had contributed to 'Race to Justice' a local plan to combat racism which was owned by the Cheshire Criminal Justice Board. The CO was also Chair of the Criminal Justice Boards Race Action Group. All PSRs and case files of minority ethnic offenders were inspected twice a year. The area had also been awarded the Disability Awareness Symbol.
- The What Works strategic plan addressed the implementation of ECP, which had involved the reorganisation of the county's CP structure, and the introduction of OASys. The area had

also decided to continue the Domestic Violence Pathfinder programme, even though other areas had withdrawn from this.

- There was strong evidence of the area's contribution to regional work including a prisoner resettlement strategy and work on business process improvement that had included the production of a training programme for senior and middle managers. The area also contributed to an ACO post attached to the Government Office for the North West to integrate local and regional NPS initiatives, regional agencies and funding streams.

**Areas for improvement:**

- The number of DTTO commencements had not increased and was subject to a Performance Improvement Action Team.
- Offenders were not commencing accredited programmes within the required timescale. This had already been highlighted in the HMIP follow-up audit of accredited programmes undertaken in August 2002.

A2	Resource allocation	Satisfactorily met
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Description:

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

**Strengths:**

- The area had a resource allocation formula which enabled it to respond to workload changes in each unit and ensure the allocation of staff was correct.
- The annual business plan reflected the careful attention given to future planning and resource allocation. A strong emphasis was placed on achieving targets, efficiency and effectiveness, with resources allocated to reflect the NPD performance link and the introduction of new initiatives such as ECP and OASys.
- The Board had been pro-active in making savings, utilising the expertise of its members. The transfer of finance and payroll from the County Council to an in-house financial system would save £30,000 over three years.
- The Board and senior managers had worked carefully to address issues of workload and employee care in their resource allocation process. This was evidenced in a joint agreement on priorities and employment care and in clear communications between the CO and the unions. A workload measurement tool had been adopted, which showed clearly how work was to be allocated.
- There was regular overview of the allocation of resources by the senior management team, with appropriate action taken where necessary. There had been an increase in the allocation of staff to court work to meet the demand for SSRs, to DTTO work and to support the implementation of OASys.
- Resources had been allocated to support race equality and wider diversity issues, including the appointment of a diversity manager as previously described. A Diversity Panel met regularly to review progress against the objectives in the NPD's 'Heart of the Dance' strategy and the Board had also been involved in a diversity week.

**Areas for improvement:**

- More resources needed to be allocated to developing work with racially motivated offenders.

- The local resource formula would be improved if it could also take account of offenders' risk of harm and likelihood of reoffending and the management of high and very high risk of harm cases.
- The workload management tool should be used to improve start times for offenders on accredited programmes.

A3	Management and supervision of staff	Partly met
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**Description:**

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

**Strengths:**

- There was a contingency budget for long-term sickness. A peripatetic PO would cover absences of over four weeks.
- In January 2002, in conjunction with an external consultant, the area had undertaken a stress audit which resulted in a number of staff care initiatives.
- The Board had adopted a reward and recognition policy in September 2003 for implementation in January 2004.
- Cheshire had contributed to the achievement of exceeding the race equality employment target for the North-West Region.

**Areas for improvement:**

- The lack of regular supervision of staff had already been noted in the Investors in People Review Report in May 2003. Supervision was covered by the performance management policy that required a minimum of four sessions a year. Some case managers had not received this, or would have preferred monthly supervision. Others commented that the focus of supervision was on 'business issues', targets and objectives to the detriment of case discussion and staff welfare. The performance management policy allowed for more than four sessions, but for negative reasons such as poor performance. Some middle managers stated that they exceeded the minimum requirements through 'informal' supervision meetings which were not always recorded.
- There was also an issue of adequate supervision for new staff and staff managing high risk of harm and child protection cases. We found that some PSO case managers seemed unsure of what they should be doing with a case, including an example of a new PSO having to manage a relatively large caseload over a period of time without a line manager.
- Although the area had made a number of major decisions about staffing, including increasing the senior management team by one ACO, changing the ratio of PSO and PO staff to 1:1 and appointing a diversity manager, there was no overarching workforce planning document. The implementation plan for the ECP scheme in February 2003 included some of the elements of workforce planning such as a training needs analysis and was the type of document that could usefully have been produced for the whole area.
- Stress levels were contributing to a significant minority of sickness absences and one office in particular had suffered from a high turnover of managers and staff.
- Physical conditions in some of the offices were unsatisfactory and there were also problems about staff having to share computers and access the local computer network. Managers

needed to take steps to help staff use IT equipment more effectively. The area was working with the NPD to try to effect improvements, but staff needed to be made aware of this and the progress to date.

- A minority of case administrators did not feel part of the case management units. Senior managers were aware of this and the matter was being addressed.
- There continued to be a shortfall in the completion rate of performance assessments and appraisals.
- There was little evidence of training programmes for the management of high risk of harm cases, child protection, victim awareness and race equality and wider diversity issues.
- There was a need for a practice development group to assist staff undertaking resettlement work. This was particularly important when just over half of the high or very high risk of harm cases in our sample were resettlement cases. The area will shortly have a resettlement SPO who will also address practice development issues.

A4	Partnership/contracting out
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Satisfactorily met
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**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:**

- The importance of performance monitoring had clearly been communicated to partners. The contract with the main ETE provider, Tony Walsh Associates, was subject to quarterly reviews with submission of monitoring information a pre-requisite of continuing payment. The contract included a non-performance and termination clause that detailed circumstances in which it could be terminated. An example of performance monitoring in order to assess value for money was the area having recently reviewed victim work and brought it in-house, saving money and improving quality.
- A specialist contracts and partnerships officer was involved in putting contracts out to tender and drawing up subsequent agreements with providers.
- The area had good links with its partners and clearly understood and appreciated their contribution to service delivery. Similarly, all partners consulted spoke very positively about their probation colleagues and their contribution to partnerships work. Recent initiatives included joint MAPPA training for probation and housing representatives. Individual partnerships had given presentations on their work to the Board, and had also been invited to attend the area staff conference.
- A partnership between the area and four other criminal justice agencies had been used to encourage applicants for employment from minority ethnic groups, through the Race Equality Council's 'Connecting Communities Project'. The project sought to promote the careers of such applicants. The diversity manager acted as the area's representative.
- The area had produced an accommodation review for 2003/2004 which outlined how it would address current priorities including the development of links with Supporting People. The NPS advisor for Supporting People considered that Cheshire was playing a full and effective role in the programme.

**Areas for improvement:**

- There was no partnership plan for 2003/2004 and the area acknowledged that a review of partnerships was now needed.
- The area's expectations of its partners' contribution to managing diversity could be more clearly and comprehensively communicated.
- There would be benefits from reviewing managers' engagement with local Crime and Disorder Partnerships.
- There needed to be the same provision of alcohol services for offenders available in each office.

A5 Effective communication with sentencers

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:**

- The area had drawn up comprehensive SLAs with the Crown Prosecution Service, magistrates' courts and the Crown Court, dealing with all key areas including the arrangements for the provision of reports.
- A professionally presented sentencers' guide had been produced (also available on CD ROM), together with a range of information leaflets.
- Three seminars for sentencers had taken place, about OASys, the Accredited Sex Offender Programme and ECP, and these had proved to be popular. A forum had been set up by each office to facilitate the exchange of views between probation staff and magistrates.
- The area had produced an innovative video for sentencers with information about basic skills, accredited programmes and DTTOs. A newsletter was also produced to keep sentencers informed of progress and any new developments either locally or nationally.
- A sentencers communications strategy for 2003/2004 had been issued in May 2003.

**Area for improvement:**

- There was evidence that it was always the same magistrates who attended events organised by the probation service. The area needed to give attention to ways of attracting more magistrates to attend.

**GOOD PRACTICE EXAMPLE**

*The area had published 'A Guide to the Work of the National Probation Service - Workbook for Magistrates'. The guide outlined the structure, roles and responsibilities of the service, nationally and in Cheshire, and described the ethos and values of the new national organisation. It also gave an account of the services offered to courts, communities, victims and offenders. The innovative part of the guide was a series of case based exercises which were designed to enable magistrates to relate their practical sentencing judgement and skill to the knowledge in the guide. At the end of the guide there was a learning review which asked the reader questions based on its contents. The completed learning review could be submitted for assessment and Certification of Completion. The guide was also available on CD ROM.*

## SECTION B QUALITY OF ASSESSMENT

### B1 Assessment of risk of harm

77%

#### 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:

- In 88% of cases there was a close 'fit' between the interventions planned and the risk of harm. This demonstrated a good level of knowledge and skill by staff.
- Every quarter ACOs sampled about 18 high risk of harm cases using the national standards monitoring instrument developed by HMIP and made brief comments in the contact log.
- Risk of harm assessments were consistently completed to a high standard at the beginning of supervision, with 85% assessed as satisfactory or excellent.

#### Areas for improvement:

- Fourteen cases in the sample were identified as high or very high risk of harm. Four of these did not have a satisfactory risk management plan prepared in five working days of the order, date of release, or the subsequent assessment of the case as high risk of harm.
- In three of the high risk of harm cases there was no evidence of appropriate senior or middle management involvement in the assessment.
- In ten cases there had been a significant incident which, in the opinion of the assessors, should have led to a review of the risk of harm posed by the offender. There was evidence in only two of these of a reassessment taking place and neither of these was of a satisfactory quality or completed within 15 working days of the incident.
- 42% of risk of harm reviews were not satisfactory.

### B2 Assessment of likelihood of reoffending

88%

#### Description:

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

#### Strength:

- In 90% of cases the likelihood of reoffending score was clearly identified using either OGRS2 or ACE. This was an excellent result.

#### Area for improvement:

- In 16% of cases either the quality of the ACE assessment was unsatisfactory or it was not completed on time. In a small number of cases, where an SSR had been prepared, there was no ACE or OGRS2 form in the file. The area had now replaced ACE with OASys and needed to ensure it was completed in at least 90% of cases.

**Description:**

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

**Strengths:**

- In nearly all cases steps had been taken to ensure that the offender fully understood the requirements of the order or licence. This was an excellent result.
- In 89% of cases appropriate interventions were identified by case managers to address offending behaviour and community reintegration.
- Liaison responsibilities with others involved in the supervision of the offender were clearly defined in 80% of cases. This was especially important in relation to high and very high risk of harm and child protection cases. Other agencies and partnerships also gave a very positive opinion of their liaison arrangements with the area.
- In 89% of cases the initial supervision plan had been communicated to the offender so that they had the opportunity to participate actively in the planning process and in some cases there was evidence of the offender identifying problems they wanted to be addressed. The OASys offender self-assessment form was also now being used as a source of information.

**GOOD PRACTICE EXAMPLE**

*An induction pack was issued to offenders at the commencement of their order. It contained an induction interview checklist which was signed and dated by both the offender and the probation member of staff. The checklist covered conditions of the order, enforcement, expectations about behaviour, office hours, complaints, diversity policy and partnerships amongst other things. There was an induction validation sheet of questions or quiz to check the offender had understood what they had been told. In addition there were leaflets on CROs, CPROs and accredited programmes, a letter of understanding for those attending programmes, details of how to make a complaint and an appointment card.*

**GOOD PRACTICE EXAMPLE**

*In a high risk of harm and high likelihood of reoffending case, which involved a young man who had committed arson with intent to endanger life, the case manager had fully engaged the offender to contribute to his initial supervision plan. The offender had added an objective to find employment as well as amending one other objective. The plan clearly identified criminogenic factors and addressed these in the objectives that were set. There was evidence that work which had taken place in custody was being followed through in the community. The risk of harm was thorough and although some parts would not have been particularly well received by the offender, it was clear that he had agreed with the assessment of risk and the rationale for a higher level of reporting. The supervision plan and contact log demonstrated an impressive application of effective practice and professionalism by the case manager.*

***Areas for improvement:***

- ▣ There were 18 cases where the initial supervision plan or CP assessment was scored as insufficient, either through it not being completed on time, the content not meeting national standards or its lack of consistency with previous assessments.
- ▣ SMART objectives were not in evidence in 28% of supervision plans, the most usual failing being the absence of a time for achieving an objective.
- ▣ In 36% of cases the supervision plan was not sensitive to race and other diversity issues. This was possibly because the documentation in use did not require the case manager to address these issues.
- ▣ Of the supervision plans in eight relevant high risk of harm or child protection cases, four were assessed as not having integrated the MAPPP action plan, or the action plan of another risk management meeting or child protection conference.

B4	Documentation	90%
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Description:

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

***Strengths:***

- ▣ 83% of case files were assessed as well organised and containing all relevant documentation, with 12 of these considered to be excellent.
- ▣ The recording on files was clear and sufficient in 97% of cases. This was an excellent result that reflected the high standards achieved by case managers sometimes in the context of staff shortages and sickness.

***Area for improvement:***

- ▣ Race and ethnicity monitoring forms were missing from some case files.

## SECTION C QUALITY OF INTERVENTIONS

### C1 Managing attendance and enforcement

90%

**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 95% of cases the frequency of appointments/work sessions arranged conformed to at least minimum national standards, to the requirements of the order/licence and to the achievement of planned objectives and to any risk of harm considerations. This was a very good achievement.
- In 93% of cases there was evidence that the offender's attendance across all interventions was being monitored by the case manager with appropriate action taken, where necessary, to ensure compliance.
- In 92% of cases judgements made by case managers about the acceptability and unacceptability of absences were deemed appropriate. This was another very good result.

**Area for improvement:**

- Of the 31 cases where breach or recall action had taken place, there were six where this had been outside the national standard timescale. There was some scope for improvement here.

### C2 Delivering appropriate supervision

82%

**Description:**

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

**Strengths:**

- Progress against objectives in supervision plans had been satisfactorily reviewed in line with the national standard in 84% of cases.
- There was evidence of active liaison between the case manager and others providing interventions to the offender in 92% of cases.
- In all the CPO and CPRO cases there was evidence that offenders were occupied fully and the work was demanding.
- In 78% of cases appropriate interventions had been carried out with the timing and sequencing reflecting the offender's risk of harm and likelihood of reoffending.
- Appropriate action had been taken to implement additional requirements in orders or licences in nearly all relevant cases.

- In 88% of cases work and resources had been directed at community reintegration issues, such as accommodation, employment, alcohol and family relationships. This was evidence of an appropriate balance between accredited programme interventions and those delivered by case managers.
- In 83% of cases the case manager sufficiently motivated the offender by reinforcing the work undertaken by others, including arranging enough contact while the offender was on an accredited programme and engaging with the offender to prevent reoffending. This result was confirmed by the other people involved in interventions in most cases.
- In 87% of cases interventions sufficiently challenged the offender to accept responsibility for the offence and the consequences. This was good result.
- A small number of offenders were within the range for an accredited programme, but this had not been arranged. However, in most cases there was an appropriate reason for this which suggested that generally case managers were using their professional judgement appropriately.

#### GOOD PRACTICE EXAMPLE

*A VLO was able to obtain photographic evidence of the injuries sustained by a victim which was passed to the case manager. Usually the case manager received a written description of the injuries of a victim. The photograph had a bigger impact on the offender and enabled the case manager to work more effectively with the offender about the repercussions of the offence.*

#### GOOD PRACTICE EXAMPLE

*The area ran a Health and Safety Induction Course for CP workers. It was a one day course aimed at teaching basic local health and safety standards, and covered the practical use of hand held tools, electrical and petrol driven equipment, access equipment (including scaffolding) and fire safety. The area had nearly completed the process of the course being accredited. On completion offenders would have sufficient knowledge, coupled with the opportunity to practice skills on the worksite, to compile a portfolio of evidence to achieve a credit certificate awarded by the Greater Manchester Open College Network. This was a good example of an intervention that involved an educational input, with the potential for skills enhancement. It also contributed to offenders' future employability and thus to a reduction in the likelihood of reoffending.*

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

- In 30% of cases SMART objectives were not sufficiently set in supervision plan review documents.
- Evidence that the work of others was reinforced by the case manager was not present in all cases. A few case managers were not clear what the area's expectations were with regard to contact with offenders while they were attending an accredited programme.
- Over a third of cases (36%) did not commence their accredited programme within the national standard timescale without there being a valid reason for the delay. The area was already aware of this issue.
- In over a third of cases (37%) victim issues were not properly addressed.

- In 39% of the cases, where there was a direct victim, insufficient work had been carried out to raise the offender’s awareness of the impact of the offence on the victim. This included six high risk or very high risk of harm cases.
- In six out of ten high risk of harm cases there was insufficient integration into supervision of the MAPPP action plan, or the action plan from another risk management meeting or a child protection conference. It was noted that monthly meetings at each office to discuss individual high-risk cases were sometimes referred to in a one-line entry in the contact log, with action points not recorded. It was acknowledged that the area was going through a transitional period with the introduction of OASys, and the phasing out of the public protection register and the implementation of local risk management meetings.
- There was some evidence of inappropriate interventions and of their timing and sequencing.

C3	Diversity needs	83%
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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 79% of cases arrangements for intervention(s) had sufficiently taken account of race equality and wider diversity issues. 84% of offenders also said that the area had taken account of their individual circumstances and needs. These were good results.
- The delivery of interventions had been sensitive to race equality and wider diversity issues in 85% of the relevant cases.

**GOOD PRACTICE EXAMPLE**

*The offender was a female traveller who was a single parent with two children. She had experienced domestic violence and harassment from her ex-husband. Subject to a CRO, at the start of the order she was living in cramped conditions with her father. The case manager obtained information about travellers. When working with her the case manager took her cultural background into account, yet enabled her to question and challenge the role of men in her culture, which sometimes involved violence against women. The case manager had regard to her transient lifestyle and status as a single parent, developed an inclusive approach which involved a respect for difference, and encouraged the offender to participate positively in the process of supervision. There was evidence in the supervision plan and its reviews that, despite acute accommodation issues that were eventually improved, the case manager continued to work with the offender on problem solving, thinking skills, ETE, and assertiveness. What was exemplary were timely supervision plan reviews which examined and noted progress of each objective and, at the same time, demonstrated a continued sensitivity to diversity without losing sight of the main purpose of the order which was to reduce the likelihood of reoffending.*

**Areas for improvement:**

- Literacy and dyslexia issues were insufficiently addressed in 15% of relevant cases. There was room for improvement particularly in the context of achieving basic skills targets.
- Where attention to race equality and wider diversity issues was assessed as insufficient, there was either a lack of evidence of a check for diversity issues or the response was mishandled.

The area needed to ensure that there was a systematic way for the issues to be checked and recorded.

C4 Responsivity

73%

Description:

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

**Strength:**

- Sufficient consideration was judged to have been given to the methods likely to be most effective with the offender (for example in terms of type and pace of activity, work placement, accredited programme or hostel placement) in 84% of cases.

**GOOD PRACTICE EXAMPLE**

*In a CP case it was noted that the offender had been given a good mix of work placements which had utilised their existing skills. Using an ECP questionnaire to obtain feedback from the offender, they confirmed that the choice of placements had been a positive experience, highlighting the importance of matching work placements with individual offenders.*

**Areas for improvement:**

- In a quarter of the prison licence cases the quality and degree of pre-release work was insufficient or poor in relation to the assessment of risk and need, the offender's motivation and their capacity to change.
- 38% of the cases had been managed by more than one case manager, with over a quarter of these experiencing three or even four changes. This was more of a concern with high risk of harm cases where five cases had two or more case managers. From the offender's point of view changes of case manager were likely to be disruptive and needed to be managed smoothly.

C5 Management of risk of harm

90%

Description:

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

**Strengths:**

- The level of intervention was assessed as appropriate to the risk of harm of the offender in 92% of cases.
- There were 30 cases where there had been a change in the risk of harm. In 28 of these the case manager had sufficiently identified and managed the change, taking account of victim issues where relevant.
- In all eight high or very high risk of harm cases where there had been an inter-agency risk management plan, the plan was being executed appropriately, with effective liaison taking place, including accommodation issues.

- There were four cases which involved child protection issues. In all of these there was evidence that the case manager had recognised the child protection matter and had ensured liaison appropriate to the case to reduce the risk to the identified child(ren).
- There were two high or very high risk of harm cases where a potential public protection issue had arisen, including the possible failure to meet additional licence conditions. In both cases there had been an appropriate response to all of the public protection issues involved.
- There was sufficient management oversight in line with national and area policy in nearly all the high risk of harm cases. Managers confirmed that they read case files prior to the monthly high risk of harm offender meetings.
- A home visit had taken place in all but one of the high or very high risk of harm cases.
- There was evidence of a history of positive working relationships between probation and police under MAPPA, with both agencies able to give examples of effective joint working in the management and assessment of high and very high risk of harm cases. There were also regional risk meetings involving the area manager from HM Prison Service.
- The area had a comprehensive child protection policy, including the requirement for middle managers to exercise oversight of the relevant cases. Child protection cases were also easily identifiable on CRAMS.

#### GOOD PRACTICE EXAMPLE

*A case manager supervising a sex offender had been informed that the sex offender was having contact with children and he was drinking more. This information increased the likelihood of him reoffending and causing harm to the public. The case manager immediately called a meeting with the police in response to the change in risk.*

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

- In three high risk or very high risk of harm cases the risk management plan produced under MAPPA or other inter-agency arrangements was assessed as insufficient. Either the plan was not produced on time or the assessment of risk of harm did not explain or confirm the main 'risky behaviours', indicate what triggered them, state what restrictive interventions were being planned, and who was going to implement them and when. These figures were small, but with high or very high risk of harm cases a good quality inter-agency risk management plan needed to be present in every case.
- In two of the above cases there was insufficient evidence of the plan being reviewed by the agencies to the required timescale.
- Domestic violence as a risk factor needed more prominence in public protection policies, procedures and practice.
- With the phasing out of the public protection register and the introduction of OASys and local risk management meetings, the area needed to update the assessment and management of risk policy.
- HMIP's PIP follow-up inspection in August 2002 had identified that there was no link between the SPO monthly review of high risk of harm cases, the quarterly reading by SPOs of these case files and the sampling of high risk of harm cases undertaken by ACOs. This was still an issue.

## SECTION D QUALITY OF INITIAL OUTCOMES

D1 Interventions are delivered with the desired outcomes

75%

Description:

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

### **Strengths:**

- In 73% of cases ACE scores showed an improvement.
- The most frequent criminogenic factors identified by offenders were alcohol, thinking skills and employment. Offenders indicated that there had been an overall improvement in these factors of 78%.
- Case managers identified a number of criminogenic factors associated with offenders subject to supervision. Those most frequently identified were deficits in thinking skills followed by alcohol, relationships and employment. An analysis of progress on these factors showed an average improvement in 77% and no deterioration in 19% of them.
- In 72% of cases there was evidence of a positive change in the offender's attitudes, beliefs and behaviour in relation to offending and an increased awareness of the effect of the offence on the victim.
- Learning outcomes and skills had been applied in 69% of cases.
- In 72% of cases there was evidence of an improvement in community ties and social circumstances.
- 86% of offenders had attended all or nearly all planned appointments or work sessions. This was a good result.
- 85% of offenders had complied with the conditions of the order or licence, including additional requirements.

### **GOOD PRACTICE EXAMPLE**

*An offender had just completed a 12 week ASRO programme. There was evidence that he had applied aspects of the programme, in particular the notion of 'SIDs'. He used this concept one evening when he and his partner went for a drive to the local shops (a SID). On approaching the shops the offender explained to his partner what SID meant. Both he and his partner misused drugs and the local shops were a well-known area where drugs were obtained. They decided that the underlying reason for their decision was to obtain drugs and decided they needed to drive to a different area as they wanted to stay clean and steer clear of temptation.*

### **Areas for improvement:**

- In 30% of cases there was insufficient evidence that learning outcomes and skills had been applied by the offender. It was possible in some cases that the case manager had completed work with the offender but this was not recorded on the contact log.

- In 45% of cases ACE had not been reassessed at the eight month point so it was not possible to identify whether there had been any reduction in the score.
- In just under a third of cases there was insufficient evidence of a positive change in the offender's attitudes, beliefs and behaviour in relation to offending and an increased awareness of the effect of the offence on the victim.
- 23% of cases had appeared in court for an offence committed since the commencement of the order or licence.

**D2** Improvements are sustainable

**75%**

Description:

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

**Strength:**

- In 76% of relevant cases sufficient attention had been given to long-term community reintegration issues and appropriate links made with community resources, family and others.

**Area for improvement:**

- The area needed to increase the number of relevant cases where sufficient attention was given to long-term community reintegration issues, including assisting the offender to establish and maintain links with mainstream organisations.

**D3** Outcomes of interventions are assessed and reviewed using available data

**Not met**

Description:

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

**Strengths:**

- The introduction of OASys would enable the area to measure changes in the impact of criminogenic factors on offenders both at the start and end of supervision.
- In January 2004 a prolific offender project would start, jointly run with the police, and one of the targets would be a reduction in reconviction for those offenders involved.
- The senior management team had used research to inform its thinking about case management and was aware of research taking place with regard to specific accredited programmes. The CO was on the Assessment and Case Management CLAN. Members of the senior management team had directly contributed to the national case management model.

**Areas for improvement:**

- There was little evidence of case managers reviewing cases in terms of the quality of outcomes.
- The Board and senior management did not routinely consider outcome measures.

Description:

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

***Strengths:***

- The area was generally efficient in matching its resources to risk with, for example, all high or very high risk of harm cases in the sample being supervised by POs.
- In 83% of cases resources were being used efficiently in achieving planned results.

## THEMATIC ELEMENT: EMPLOYMENT AND BASIC SKILLS

### SUMMARY OF THE PROVISIONAL FINDINGS FOR CHESHIRE

#### Introduction

Every inspection under the ESI programme includes a thematic element. For the first seven areas visited under the programme the thematic element was EBS. A full report on the whole thematic inspection is scheduled to be published as soon as possible after the visit to the last of these seven areas.

Pending publication of the thematic report, each of the area ESI reports includes a summary of the provisional EBS findings for the area. The summary for Cheshire is as follows.

#### Quality ratings

**Quality of EBS Management:** Of the 13 relevant Management Criteria, six were Met, six were Partly Met and one was Not Met.

The other criteria were scored by analysing the EBS work done by the area (where applicable) with the 100 cases examined for the main ESI. The scores for the individual questions (listed further below) were weighted and aggregated to produce the following three quality ratings.

<b>Quality of EBS Assessment</b>	<b>77%</b>
<b>Quality of EBS Interventions</b>	<b>83%</b>
<b>Quality of EBS Initial Outcomes</b>	<b>60%</b>

#### Overall assessment

In 2002/2003 the area performance for Basic Skills exceeded the target; however, the area was not currently meeting the target. There was no current plan. The quality of EBS assessments and interventions was high with good liaison with the main provider. The management aim was to integrate the work into the overall business objectives, which will be facilitated by the recent replacement of the project manager.

#### Recommendations

*The Board should ensure that the area:*

- ▣ *reviews the EBS plan so that it is up to date, incorporates the national targets and integrates diversity measures to ensure fair access to all offenders*
- ▣ *takes effective measures to improve performance against targets*
- ▣ *communicates with both partners equally in order that they are fully informed of its EBS plan and establishes an SLA with the partner working with offenders in approved premises*
- ▣ *considers the employment agenda, both in setting local targets and developing a strategic approach to working with employers.*

## SECTION A QUALITY OF EBS MANAGEMENT

Criteria relating to A1: Leadership and planning (1):	Assessment
<i>The area has a strategic plan to implement local and national EBS policies, etc:</i>	
a) <i>there is a plan that states both SDA and local targets for both employment and basic skills, and how they will be met;</i>	PARTLY MET
b) <i>race equality and diversity measures, including monitoring by race and gender, were built-in at the planning stage;</i>	NOT MET
c) <i>the plan re EBS has been clearly communicated to relevant staff, courts and relevant partners.</i>	PARTLY MET

### **Strengths:**

- ▣ Employment and Basic Skills were referred to in the area business plan, including assessing the business risk of having a single partner and taking action to minimise potential pitfalls.
- ▣ The implementation of the agenda was widely communicated to staff and local champions had been selected for each office. Training covered EBS criminogenic needs, their origins such as dyslexia, and the social and demographic benefits of reduction, as well as targets and processes. The next training was being organised for mixed staff groups, so that case managers, administrative staff and those working in approved premises would attend together. Courts and the main partner regularly received briefings, but information for the other partner was via regional links and did not include the Cheshire plan.

### **Areas for improvement:**

- ▣ The EBS plan did not incorporate the current Basic Skills targets. Arrangements to review it had been made, with a cross-area staff group and the main partner working together to prepare the first draft. The amended plan would be issued with an up-to-date policy and practice instruction.
- ▣ There was minimal reference to diversity in the plan and the data collected were not compared to the overall area caseload so it was unclear whether referrals and completions mirrored age, gender and ethnicity distribution. There were, however, examples of good practice such as rural, childcare and travellers' issues being addressed.

Criteria relating to A1: Leadership and planning (2):	Assessment
<i>Effective management structures exist, and managers are held to account for delivering EBS:</i>	
a) <i>the area's senior management team has demonstrated collective commitment to achieving its EBS targets;</i>	MET
b) <i>monitoring reports are used to hold managers to account for performance against EBS targets, including by race and gender;</i>	MET
c) <i>national and local EBS targets are met;</i>	PARTLY MET
d) <i>(For NPD:) action by the NPD both supports and holds the area to account for its achievement of SDA targets.</i>	N/A

**Strengths:**

- There was evidence that the Board and senior management team were fully committed to improving performance and achieving targets. One Board member had specialist knowledge and had taken a lead role in evaluating the work done by the main partner. EBS matters were regularly discussed at management meetings led by the specialist ACO. Their strategy was to incorporate employment and basic skills as an integral part of their operation. The drop in performance had been scrutinised and resulted in changes to definitions, recording and training. Also the post of EBS project manager had recently been filled.
- Partners and the area prepared monthly reports, and both were used by managers to monitor referrals and completions at meetings and in supervision.
- Cheshire had exceeded the national Basic Skills target for awards, but only achieved two-thirds of the starts target. Steps were being taken to improve performance.

**Area for improvement:**

- A local employment target had not yet been considered.

Criteria relating to A2: Resource allocation:	Assessment
<i>The area demonstrates a strategic approach in allocating resources effectively for EBS work:</i>	
<i>a) expected EBS results have been defined and are clearly understood by staff, and any relevant partners / providers;</i>	PARTLY MET
<i>b) the area can demonstrate that its resource allocation for EBS is appropriate for delivering its planned EBS results.</i>	MET

**Strengths:**

- The Board made decisions about resources when the partner contract expired and the cash linked targets were imposed. Its strategy was renewal of the contract and investment in staff training. The expected results had been communicated to staff and to the main partner. Good use had been made of funding from the European Fund and the Learning Skills Council, including a current bid for long-term development funding.
- The main partner worked with offenders living in the community, providing a local service and able to respond quickly and flexibly to new referrals. Area staff were being trained to provide increased capacity to meet the targets.

**Area for improvement:**

- One partner worked solely with residents of approved premises in four North-West areas. Communication was via another area and there was less awareness of Cheshire's targets and plans.

Criteria relating to A3: Management and supervision of staff:	Assessment
<i>The area's human resources management ensures effective EBS work with its offenders:</i>	
<i>a) recruitment and assignment of staff are aligned to the area's EBS objectives;</i>	MET
<i>b) staff are held accountable for achievement of individual and/or team targets.</i>	MET

**Strengths:**

- EBS practitioners were located in all of the area offices, the number of hours worked varying according to its size. Those employed by the partner agency were fully integrated into the area's communication networks, such as CRAMS and intranet. Case managers were responsible for completing the Fast Track questionnaire, with monitoring by administrative staff.
- Staff in the area and both partners provided regular performance reports for their managers which were used in supervision and team meetings.

Criteria relating to A4: Partnership/contracting out:	Assessment
<i>The area's management of partnerships and of contracting out ensures effective EBS work with its offenders:</i>	
<i>a) 'Best Value' appraisals have been undertaken to establish whether EBS services provided will best be delivered by area staff, or contracted out to commercial or voluntary sector providers or through partnership and referrals;</i>	MET
<i>b) EBS contracts with providers are designed to achieve the area's EBS targets;</i>	PARTLY MET
<i>c) providers are held accountable for achievement of relevant EBS targets.</i>	PARTLY MET

**Strengths:**

- Before the previous contract with the main partner expired, the area reviewed its achievements, including a staff survey. It was decided that provision would continue to be mixed and a formal tendering process was undertaken.
- There was a detailed contract with the main partner, the content of which was reviewed each quarter by the lead ACO and contracts manager. As well as evaluating targets, the meeting considered health and safety, equal opportunities, complaints and offender feedback.
- Both providers were accountable for achievement of the relevant targets, and there were negotiations to allocate them appropriately. The main partner used them for its own internal target, and the second was also held to account by its own complementary public sector agreement. The internal auditors of both partner agencies audited the information.

**Area for improvement:**

- The second partner was in the public sector and was not subject either to a contractual relationship or an SLA with the area. As a consequence, the level and scope of its provision was not quantified.

## SECTION B QUALITY OF EBS ASSESSMENT

Criteria relating to B2: Assessment of likelihood of reoffending:	Score
<i>Risk of reconviction and criminogenic factors are identified and assessed using an approved tool:</i>	<i>(percentage of relevant cases)</i>
a) <i>basic skills screening has been carried out at start of supervision;</i>	75%
b) <i>the offender's employability has been assessed (using OASys where available) at start of supervision;</i>	76%
c) <i>there is a clear assessment of the extent to which there are EBS criminogenic factors in this case.</i>	75%

### **Strengths:**

- ▣ Basic Skills screening was carried out at the start of supervision for three-quarters of offenders.
- ▣ A similar number of offenders had their employability assessed at the same time.
- ▣ As well there was a clear assessment of EBS criminogenic factors for three-quarters of the offenders in the sample.

Criteria relating to B3: Case management:	Score
<i>The initial supervision plan integrates any EBS interventions into the overall plan of work for the offender:</i>	<i>(percentage of relevant cases)</i>
a) <i>appropriate EBS interventions have been planned in response to the EBS assessment;</i>	90%
b) <i>the ISP either integrates EBS interventions into the overall work plan, or clearly explains why the offender does not need them.</i>	68%

### **Strengths:**

- ▣ The extent to which offenders had appropriate interventions built into their plan was excellent.
- ▣ Interventions were well integrated into the overall work plan for most cases.

Criteria relating to B4: Documentation:	Score
<i>Case records are well organised and contain all relevant information:</i>	<i>(percentage of relevant cases)</i>
a) <i>there is an adequate record in the case manager's file of the EBS plans and interventions undertaken by others;</i>	80%
b) <i>each quarterly review properly incorporates the EBS elements.</i>	65%

### **Strengths:**

- ▣ Good recording of the interventions and plan was evident in more than three-quarters of cases.
- ▣ EBS objectives were incorporated into the quarterly reviews of more than half the offenders.

## SECTION C QUALITY OF EBS INTERVENTIONS

Criteria relating to C2: Delivering appropriate supervision:	Score
<i>Contact with the offender is planned and implemented to ensure that EBS objectives of supervision are met:</i>	<i>(percentage of relevant cases)</i>
a) <i>EBS interventions take place as planned, or decisions to depart from the plan are recorded and justified;</i>	83%
b) <i>there is appropriate use of resources (partnerships and community groups, etc), with the EBS work undertaken being monitored and recorded and the contribution to meeting the EBS objectives of supervision regularly reviewed;</i>	73%
c) <i>the case manager prepares and motivates the offender, reinforces work undertaken by others, etc.</i>	90%

### **Strengths:**

- Where EBS interventions were proposed, the delivery for nearly all cases followed the plan.
- The resources used included partnerships and these were monitored, recorded and reviewed for three-quarters of the offenders.
- There was excellent practice by case managers which prepared and motivated offenders and reinforced the work undertaken by specialist EBS staff, including partners. It was facilitated by their location within local offices and echoed the positive relationships between the agencies at management level.

Criteria relating to C5: Management of risk of harm:	Score
<i>Risk of harm is actively managed following offender assessment:</i>	<i>(percentage of relevant cases)</i>
a) <i>EBS interventions and changes are constantly monitored for any possible risk of harm considerations.</i>	100%

### **Strengths:**

- Risk of harm considerations were only identified in four cases out of the total sample.
- In all cases the response to the issue was assessed as sufficient and the case manager responded to minimise risk of harm to the public.

## SECTION D QUALITY OF EBS INITIAL OUTCOMES

Criteria relating to D1: Interventions are delivered with the desired outcomes:	Score
<i>Planned EBS objectives are achieved, with likelihood of reoffending demonstrably reduced:</i>	<i>(percentage of relevant cases)</i>
<i>a) a measurable EBS objective was achieved during supervision (to date);</i>	66%
<i>b) employment and/or basic skills status has improved since start of supervision;</i>	53%
<i>c) there has been an improvement in OASys score since start of supervision.</i>	N/A

### **Strengths:**

- At least one measurable objective was achieved by more than half the offenders.
- A similar number of offenders showed an improvement in employment and/or basic skills status at the end of supervision.

## THE ROLE OF HMIP

HMIP 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 HMIP 'Her Majesty's Inspectorate of the National Probation Service for England and Wales.' HMIP is funded by the Home Office and reports directly to the Home Secretary.

### Home Office Aims

HMIP contributes primarily to the achievement of Home Office aims to:

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

### Role

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

### Code of Practice

HMIP aims to achieve its purpose by:

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

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

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