



*Effective
Supervision
Inspection*

*of the
National Probation Service for
England and Wales*

Follow-up report on:
Gloucestershire Probation Area

2006

The Home Office logo consists of a thick, black, curved line above the words 'Home Office' in a bold, sans-serif font.

Home Office

FOREWORD

- In October 2004 our original Effective Supervision Inspection raised a number of concerns about standards of management and practice within the Gloucestershire Probation Area. We advised that a follow-up inspection would take place in October 2005, involving a similar analysis of a comparable sample of offenders.
- However, we were conscious that some of the remedial actions undertaken by the area might not yet show through in our standard case sample, which normally involves cases nine or ten months into supervision. Hence, for this inspection, we undertook an inspection of cases which had been supervised for five or six months which gave the area sufficient time to improve performance and allowed for at least one review in each case.
- At the time of the original inspection the chief officer had been in post for a short time only. She had identified a number of issues requiring improvement and had put measures in place to address them. There had been insufficient time, however, for these to have had an impact. The senior management team and middle managers had been aware of certain deficits in the area's practice, but had not anticipated that they and certain aspects of leadership and planning would be assessed as poorly as they were. Whilst this was a blow, it is to their credit that, supported by their Board, they have responded positively to the inspection findings.
- An action plan had been drawn up and there had been satisfactory progress in implementing aspects of this, particularly in relation to the quality of management. There had clearly been a whole area approach to trying to improve the quality of assessment, planning and case management. There were positive developments in policy work, staff development and improvements in the area's approach to diversity to support this. However, improvements had not consistently been reflected in the supervision of offenders and this report details what is still required to develop the assessment and management of cases.

Andrew Bridges
HM Chief Inspector of Probation

December 2005

ACKNOWLEDGEMENTS

We would like to express our thanks to the Gloucestershire 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 were greatly appreciated.

HM Assistant Chief Inspector: John Hutchings

HM Inspectors: Helen Boocock, Julie Fox

Practice Assessors: Stephanie Mason, Nicola Molloy, Nikki Shave

Information Manager: Kevin Ball

Inspection Admin Officer: Pippa Bennett

Area Assessors: Charlie Baker, Sally Buxton, Sue Coombs, Stephanie McBride

CONTENTS

	Page
Glossary	4
Reasons for undertaking the follow-up	5
Summary of the findings of the follow-up	6
Inspection arrangements	10
SECTION A QUALITY OF MANAGEMENT	11
SECTION B QUALITY OF ASSESSMENT	17
SECTION C QUALITY OF INTERVENTIONS	17
The role of HMI Probation	20

GLOSSARY

ACE	Assessment, Case Recording and Evaluation System
ACO	Assistant chief officer
CO	Chief officer
CPO	Community punishment order
CRAMS	Case Record Administration and Management System
DTTO	Drug treatment and testing order
ECP	Enhanced community punishment
ESI	Effective Supervision Inspection
HMI Probation	HM Inspectorate of Probation
HR	Human resources
IDAP	Integrated Domestic Abuse Programme
LSI-R	Level of Service Inventory-Revised
MAPPA	Multi-Agency Public Protection Arrangements
MAPPP	Multi-agency Public Protection Panel
NOMS	National Offender Management Service
NPD	National Probation Directorate
NPS	National Probation Service
NVQ	National Vocational Qualification
OASys	Offender Assessment System
OGRS2	Offender Group Reconviction Scale
PBA	Probation Boards' Association
PO	Probation officer
PSO	Probation service officer
PSR	Pre-sentence report
SMART	Specific, Measurable, Achievable, Realistic and Time-bounded
SMT	Senior Management Team
SPO	Senior probation officer
SSR	Specific sentence report

REASONS FOR UNDERTAKING THE FOLLOW-UP

- A number of concerns were highlighted in the original ESI, which took place at the end of 2004. These were summarised in ten recommendations.

The Probation Board should ensure that:

- 1. a costed staff training and development plan is drawn up linking individual and team development needs with the achievement of business plan objectives*
- 2. regular up-to-date monitoring reports detailing performance at individual, team, divisional and area level are commissioned and used at all levels*
- 3. a diversity action plan be drawn up to address all the requirements of the Race Relations (Amendment) Act 2000, the Disability Discrimination Act 1995, the NPD's 'Heart of the Dance' and HMI Probation's follow-up report on race equality*
- 4. all area policies and practice guidelines are reviewed and updated where necessary so that they incorporate national expectations and guidance and best professional practice*
- 5. changes to middle manager and senior practitioner roles are implemented to make certain that case managers are held to account for their work and are supported by quality supervision*
- 6. a system for monitoring the impact of the changes to case management is quickly put into place so that satisfactory risk of harm assessments and reviews are completed in all cases*
- 7. there are improvements in the quality and timing of supervision plans and reviews, including the use of SMART objectives, for all types of community order and licence*
- 8. contact arranged with all offenders meets at least the minimum requirements of national standards*
- 9. action is taken to reduce the waiting time for offenders to start accredited programmes*
- 10. victim issues are addressed sufficiently in the assessment and supervision of all offenders.*

SUMMARY OF THE FINDINGS OF THE FOLLOW-UP

Key findings

- ▣ **Quality of Management:** At the time of the original ESI in October 2004 a number of areas for improvement had already been identified by the new CO and were being addressed. These included the creation of the post of senior practitioner and there was evidence that this was already impacting on the quality of the work. There had also been a new emphasis on improving the assessment and management of risk of harm and increasing management involvement in this process in relevant cases. Whilst there was still room for improvement, case managers in the main understood the usefulness of the OASys assessment tool to their work and were showing signs of developing the required quality. In order to manage the gaps where there had been a shortfall in staffing, the SMT gave clear guidance about priorities. The quality of supervision by middle managers was still an issue that needed further attention, but this was being addressed through a reduction in their span of control and by the provision of relevant training. Since the original inspection the area had also improved its performance in relation to the timely provision of reports to courts. A report by the NPD Audit and Assurance Unit into developing and maintaining the courts' confidence in the probation service contained generally positive findings.
- ▣ **Quality of Assessment:** Performance had improved overall and it was clear from discussions with case managers that the need for formal and accurate assessment was now understood. However, whilst their understanding and approach had clearly improved, this had yet to be evidenced consistently in case files. Initial supervision plans were now slightly more satisfactory with a more significant improvement with high risk of harm offenders, but SMART objectives were still not evident in many cases. Planned interventions were appropriate in more high risk of harm cases than previously, but this did not apply to the sample as a whole.
- ▣ **Quality of Interventions:** Overall, the management of risk of harm was unsatisfactory, with evidence of case managers not responding satisfactorily to changes in the perceived level of risk, including with high risk of harm cases. Risk management plans were not executed well in most cases, nor were they reviewed. Some of this was related to the arrangements for reviewing Level 2 MAPPP plans. Greater management oversight of high risk of harm cases was required. Performance against national standards contact and enforcement requirements had also deteriorated. However, attention to the diverse needs of offenders had been a strength in 2004 and continued to remain so.

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 General of the NPS, the Probation Board and CO. It is also available on the website of HMI Probation at:

<http://www.inspectorates.homeoffice.gov.uk/hmiprobation>

SCORING SUMMARY SHEET

Section A: Quality of management	Original Inspection	Follow-up Inspection
A1: Leadership and planning	Partly met	Satisfactorily met
A2: Resource allocation	Partly met	Satisfactorily met
A3: Management and supervision of staff	Partly met	Partly met
A4: Partnership/contracting out	Satisfactorily met	Not followed up
A5: Effective communication with sentencers	Partly met	Well met
Section B: Quality of assessment		
B1: Assessment of risk of harm	46%	55%
B2: Assessment of likelihood of reoffending	79%	89%
B3: Case management	53%	48%
B4: Documentation	69%	75%
Score for section B	61%	66%
Section C: Quality of interventions		
C1: Managing attendance and enforcement	79%	71%
C2: Delivering appropriate supervision	58%	50%
C3: Diversity needs	82%	79%
C4: Responsivity	45%	74%
C5: Management of risk of harm	60%	47%
Score for section C	67%	63%

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.
- The Gloucestershire follow-up inspection took place in one week. It comprised an inspection of approximately 60 case files, some of them on offenders assessed as high risk of harm, and interviews with their case managers. Interviews were also undertaken with the CO, Board members, ACOs and middle managers.
- The report uses a similar framework to the ESI report in assessing the area's performance against the criteria that are relevant to the issues addressed in the follow-up. We have re-scored those assessment and interventions criteria where it has been possible to make a direct comparison.

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 and Interventions criteria is based on the inspection of work with the offenders in the case sample. A numerical score is calculated for each of these criteria.

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.

Quality of Assessment and Interventions criteria

- A score is calculated for each criterion based on the reading of case files and interviews with case managers. Scores in the original ESI also took into account interviews that took place with offenders themselves and with other people significantly involved in delivering supervision. These did not take place in the follow-up and so the original scores in sections B and C have been adjusted to facilitate direct comparison between case manager interviews only in the two inspections.
- 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

- The scoring sheet shows the assessment or score recorded for each criterion, plus the overall scores for Sections B and C. The assessment and scores are also recorded alongside the relevant criterion in the text.

SECTION A QUALITY OF MANAGEMENT

A1	Leadership and planning	Original inspection	Partly met
		Follow-up inspection	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 SMT is committed to the implementation of national and local targets and priorities, including What Works strategies, risk management and promoting diversity.

- At the time of the original ESI in October 2004 a number of areas for improvement had already been identified by the new CO and were being addressed. In particular there were measures in hand to improve the quality of case management, although these had been in place for too short a period to have had an impact. They included the creation of the post of senior practitioner whose primary focus was improvement in the assessment and management of cases, in particular those supervised by PSO staff. Senior practitioners were also to undertake targeted development work with PO case managers as required. We saw evidence that, where a senior practitioner was involved with a case manager, there was improvement in the quality of their work. Further appointments to this grade had been made with staff about to take-up post.
- An ACO had responsibility for all aspects of offender management and had instituted a comprehensive review of performance following the inspection. Work had already commenced on process improvement coordinated by a group of middle managers. It was clear that there had been an emphasis throughout the year following the inspection on improving the assessment and management of risk of harm and on introducing quality into the countersigning process.
- All teams had undertaken a ‘first steps’ exercise to refresh case managers about the need for accurate assessment followed by appropriate planning and review. Outcomes were picked-up in supervision and in team meetings. The impact of this approach was immediately apparent in case file reading and in particular in discussions with case managers. In 2004 it had been of concern that case managers often did not understand the need for proper assessment so had regarded the use of OASys as a bureaucratic necessity rather than as a key component of their work. In 2005, whilst there was still room for improvement, case managers now mainly understood the usefulness of this assessment tool and were also showing signs of improving the quality of OASys completions. This had no doubt been assisted by the area’s decision to pilot the use of the OASys court report which requires a full assessment to be undertaken in order to produce the report.
- Many policies had been out of date and this was being rectified. It was of particular note that there was a comprehensive policy and procedure around public protection which had been drawn up in conjunction with other MAPPA partners. This now indicated clearly to staff what was expected of them. A web-enabled handbook of national and local procedures was now available to all staff on their desktop, although the area acknowledged that it needed to be relaunched to increase its use.

- The Training Plan 2005/2006 linked achievement of business plan objectives to individual and team development needs using information from appraisals and the staff survey. It demonstrated commitment to developing the staff group via staff induction, NVQ accreditation and core training. It also addressed the need for Criminal Justice Act 2003 and IDAP training for all staff to keep up with changes. Training was not seen as the panacea for all problems, however, as evidenced by the use of senior practitioner time and team development exercises.
- There had been some improvements to the area's ability to generate useful performance information, but these had been hampered by national changes to OASys and CRAMS. Data quality was still an issue. However, progress had been made in relation to accessing some basic data from OASys, broken down by race, ethnicity and gender, and there were also plans to undertake the necessary training later in the year to obtain reports from CRAMS. In the meantime, the area had established the OASys quality action plan required by the NPD to assist in developing a performance accountability culture.
- The establishment of a Directing Diversity Group consisting of staff, managers and Board members, led by the CO, had become the vehicle for taking forward action to promote diversity in all aspects of work. There was also evidence of commitment at both Board and senior manager level to raising the profile of diversity. A review of the Race Equality Action Plan had been carried out in May 2005 and a new satisfactory plan put in place. Impact assessment had been built into policy development, although existing policies still needed to be assessed. Board members were enthusiastic about the Directing Diversity Group and there was evidence of positive efforts to communicate widely about the work of the group and to rotate membership.
- At the end of 2004/2005 Gloucestershire had been ranked 27th out of 45 areas (41 probation areas, plus London divided into four quadrants) on the NPD's weighted scorecard, this showing some scope for improvement. However its performance against many indicators was still strong, with the exceptions being ECP and DTTO completions and victim contact rates. There was particularly good performance in relation to basic skills commencement and staff sickness targets.

Conclusion: *We assessed the area as demonstrating improved performance in relation to the criterion. Further work was underway to improve access to performance monitoring data.*

A2	Resource allocation	Original inspection	Partly met
		Follow-up inspection	Satisfactorily met

Description:

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

- In addition to the creation of senior practitioner posts, a decision had been taken to increase the SPO complement by one to reduce what had been too wide a span of control.
- The area had experienced this financial year's budget settlement to have been more challenging than anticipated (supported by a PBA budget survey) and savings had also had to be found from holding staff vacancies for longer than was desirable.

- From March 2005 a workload measurement tool had been made available reflecting expectations outlined in the national offender management model. In order to manage the gaps where there was a shortfall in staffing, the SMT gave clear guidance about priorities. A staff survey had been undertaken around the same time and the results on stress and how this related to resource allocation were more positive than in a previous survey in 2004.
- Although there was a backlog in offenders waiting for a place on the sex offender programme, the area now had sufficient capacity to manage new orders and to clear the backlog.

Conclusion: *We assessed the area as demonstrating improved performance in relation to the criterion.*

A3	Management and supervision of staff	Original inspection	Partly met
		Follow-up inspection	Partly met

Description:

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

- An appropriate updated staff supervision policy and guidelines had recently been circulated around the area for consultation. Over 90% of the staff we interviewed said that they received supervision from their line manager at least every two months. All middle managers were expected to attend supervision skills training; the roll-out of this training had recently commenced and managers who had attended were enthusiastic about it. However, it was too recent to have had an impact yet.
- The quality of supervision by middle managers was still an issue that needed attention. Clearly the training above would assist, but there was evidence in file reading and discussion that SPOs were not using case discussion as the focus of preparation for supervision. Whilst ‘firefighting’ when holding case manager vacancies could account for some of this, the area needed to follow-up promptly on the training with its managers. However, the quality of supervision and coaching by senior practitioners was already evident and was having a positive impact on case management.

Conclusion: *We assessed that the area had appropriate strategies in place, but that these had yet to follow through and impact on performance in all cases.*

A5	Effective communication with sentencers	Original inspection	Partly met
		Follow-up inspection	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.

- Since the last inspection the area had improved its performance in relation to the timely provision of reports to court. According to the latest NPD Performance Report (August 2005), 99% had been provided within court timescales.

- In September 2005 the NPD Audit and Assurance Unit had published a report on the courts in Gloucestershire developing and maintaining confidence in the probation service. This had been positive overall and had concluded that the strategies and processes used by the area in managing its links with the courts provided the basis for a positive relationship.

Conclusion: *We assessed that the area had made good progress against all aspects of the criterion.*

SECTION B QUALITY OF ASSESSMENT

B1	Assessment of risk of harm	Original inspection	46%
		Follow-up inspection	55%

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.

- Performance had improved overall in relation to the assessment of risk of harm. It was clear from discussions with case managers that the need for formal and accurate assessment was understood. However, whilst their understanding and approach had clearly improved, this had yet to be evidenced consistently in case files.
- There was a close fit between the interventions planned and the assessed level of risk of harm in 80% of cases. Most encouraging was the increased level of manager involvement in assessment, evidenced in countersigning and comments in the contact log; this was now evident in twice as many cases as before.
- The high risk of harm sample was small (11 cases), but it was of concern that with the exception of the frequency of reviews of risk of harm performance against all questions in this section was lower than for the sample as a whole.
- Performance had deteriorated slightly in relation to the whole criterion. The exception to this was that a review of the assessment of risk was now more likely to take place, although there were four cases where no assessment had been done at the start of supervision. The quality of the assessment was still only satisfactory in 67% of cases.

Conclusion: *The progress evidenced in all aspects of the management of the area had had some positive impact on performance but, as yet, not sufficient. The focus on assessment in coaching and supervision needed to continue.*

B2	Assessment of likelihood of reoffending	Original inspection	79%
		Follow-up inspection	89%

Description:

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

- There was a likelihood of reoffending score in all cases. This was a positive improvement, although in 22% of cases it was not completed on time.

Conclusion: *We assessed the area as demonstrating improved performance in relation to the criterion.*

B3	Case management	Original inspection	53%
		Follow-up inspection	48%

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.

- ▣ Initial supervision plans were slightly more satisfactory than previously and the high risk of harm cases showed a more significant improvement.
- ▣ Surprisingly, objectives in plans were less likely to be SMART than previously in both the overall sample and the high risk of harm cases.
- ▣ Appropriate interventions were planned in significantly more high risk of harm cases than in 2004, although performance had deteriorated in the sample as a whole. A similar pattern was found in relation to plans' sensitivity to diversity issues.

Conclusion: *We assessed the area as demonstrating some improved performance in relation to the criterion. However, a considerable amount of further work was still required to bring supervision planning to a satisfactory standard in all cases.*

B4	Documentation	Original inspection	69%
		Follow-up inspection	75%

Description:

All relevant documentation is available and has been satisfactorily completed.

- ▣ Case records were well organised and complete in 76% of cases, an improvement on the figure of 60% in the original inspection.

Conclusion: *We assessed the area as demonstrating improved performance in relation to the criterion.*

SECTION C QUALITY OF INTERVENTIONS

C1	Managing attendance and enforcement	Original inspection	79%
		Follow-up inspection	71%

Description:

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

- ▣ Overall, performance against this criterion had deteriorated. Appointments made were sufficiently frequent in 71% of cases, and an even lower figure of 55% was achieved with high risk of harm cases, slightly worse than in the original inspection.
- ▣ Breach or recall action had taken place within the required timescale in only 52% of relevant cases. Appropriate judgements about the acceptability of absences were also made in only 76% of relevant cases, as against 87% in the original ESI.

Conclusion: *We assessed the area as performing less well in relation to the criterion. Further work was required to ensure that national standards were complied with in all cases.*

C2	Delivering appropriate supervision	Original inspection	58%
		Follow-up inspection	50%

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.

- ▣ Performance in relation to this criterion was mixed. Progress had been made in the production of satisfactory supervision plan reviews and the content was more likely to be sufficient. However, there were no reviews at all in 12 cases.
- ▣ There was evidence of improvement in case manager liaison with others providing interventions as part of supervision.
- ▣ Performance had deteriorated in all other aspects of case management referred to in the criterion. The deterioration was small in relation to some questions, e.g. addressing victim issues, but even here performance remained poor with only 50% of cases assessed as satisfactory.

Conclusion: *We assessed the area as performing less well in relation to the criterion. Further work was required to ensure that cases were well managed.*

C3	Diversity needs	Original inspection	82%
		Follow-up inspection	79%

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.

- ▣ Attention to the diverse needs of offenders had been a strength in 2004 and remained strong this time as well.
- ▣ There had been a particular improvement in offenders' literacy and dyslexia needs being properly addressed.

Conclusion: *We assessed the area as demonstrating satisfactory performance in relation to the criterion.*

C4	Responsivity	Original inspection	45%
		Follow-up inspection	74%

Description:

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

- ▣ Consideration had been given to the most effective methods of working with individual offenders in 75% of cases.
- ▣ The quality of pre-release work in particular had much improved from the original inspection, when it had been assessed as satisfactory in only one out of the ten cases inspected. On this occasion it was assessed as satisfactory in 73% (11 of the 15 cases inspected).

Conclusion: *We assessed the area as demonstrating improved performance in relation to the criterion*

C5	Management of risk of harm	Original inspection	60%
		Follow-up inspection	47%

Description:

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

- ▣ Probation staff were insufficiently involved in child protection arrangements in a third of the relevant cases; these included three cases where the offender had been assessed as high risk of harm.
- ▣ Interventions were appropriate to the level of risk of harm in 73% of cases. This was a less satisfactory figure than in the original inspection.
- ▣ Overall, the management of risk of harm was unsatisfactory. Case managers did not respond satisfactorily to changes in the perceived risk of harm. In the five high risk of harm cases where there had been a change in the level of risk, this was dealt with satisfactorily in only one case. Risk management plans were not executed well in most cases, nor were they reviewed. Some of this was related to arrangements for reviewing Level 2 MAPPs; in some

cases we found no dates for reviews set, and in others dates were set but came and went with no action.

- There was sufficient management oversight of the supervision of the offender in only 36% of the high risk of harm cases.

Conclusion: *We assessed the area as performing less well on the whole in relation to the criterion. Further work was required to ensure that cases were well managed and properly supervised.*

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:

*HM Chief Inspector of Probation
2nd Floor, Ashley House
2 Monck Street
London SW1P 2BQ*