



*Effective
Supervision
Inspection*

*of the
National Probation Service for
England and Wales*

Report on:
Gloucestershire Probation Area

2005

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

Home Office

FOREWORD

Gloucestershire Probation Area had experienced an unsettled period during the first six months of 2004 when the retirement of the chief officer was followed by three separate temporary arrangements prior to the appointment of the substantive chief officer in June 2004. There had also been large changes to the membership of the Board including a new Chair in April 2004. Credit is due to the senior management team and Board members for continuing to manage during a long period of uncertainty.

The area had been performing poorly against national targets but had put measures in place to improve and, in fact, the Improvers' Bonus was achieved at the end of March 2004. Improvements had been made in relation to basic skills awards, accredited programmes completions, enhanced community punishment commencements and victim contact. The use of partnerships was also a strength. However, the inspection has shown that in some key areas of work Gloucestershire has more to do to achieve the standards required in offender supervision. The quality of risk assessment, and supervision planning in particular, require attention. Plans were already in hand to improve case management but there had been insufficient time to see substantial progress.

The shortcomings revealed by the inspection are sufficient to warrant a follow-up inspection. This will take place in the Autumn of 2005 which will give Gloucestershire sufficient time to implement the recommendations in this report and achieve the levels required.

Andrew Bridges
HM Chief Inspector of Probation

January 2005

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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 was greatly appreciated.

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GLOSSARY

ACE	Assessment, Case Recording and Evaluation System
ACO	Assistant chief officer
CO	Chief officer
CP	Community punishment
CPO	Community punishment order
CPRO	Community punishment and rehabilitation order
CPS	Crown Prosecution Service
CRAMS	Case Record Administration and Management System
CRO	Community rehabilitation order
DAT	Drug Action Team
DTTO	Drug treatment and testing order
ECP	Enhanced community punishment
EEM	European Excellence Model
eOASys	electronic Offender Assessment System
ESI	Effective Supervision Inspection
HMI Probation	Her Majesty's Inspectorate of Probation
HQ	Headquarters
IT	Information technology
LSI-R	Level of Service Inventory-Revised
MAPPA	Multi-Agency Public Protection Arrangements
NOMS	National Offender Management Service
NPD	National Probation Directorate
NPS	National Probation Service
NSmart	A sample of data collected by probation areas each month on which the NPD bases its performance monitoring
OASys	Offender Assessment System
OGRS2	Offender Group Reconviction Score
PIP	Performance Inspection Programme
PO	Probation officer
PSO	Probation service officer
PSR	Pre-sentence report
REM	Race and ethnic monitoring
SMART	Specific Measurable Achievable Realistic and Time-bounded
SPO	Senior probation officer
SSR	Specific sentence report
SWING	South West INteGration

SUMMARY AND RECOMMENDATIONS

Key findings

- **Quality of Management:** The inspection took place less than five months after the appointment of the present CO, which followed several months of uncertainty when two separate people had held the post temporarily over three time periods. This had been coupled with changes at Board level, including the appointment of a new Chair in April 2004. Gloucestershire had been performing poorly against some national targets and, although areas for improvement had been identified, there had been insufficient time for the organisation to address all of them. Senior managers had developed a performance improvement action plan to redefine the case management strategy. This was now being implemented and improvements in some areas of work were already visible. However, there were other aspects of leadership and planning which needed to be addressed. Although good use was made of NSmart data, better use needed to be made of full area information in order to support the growth of a performance culture. There had also been insufficient middle manager capacity, with a resulting poor level of staff supervision in many cases. Attention to promoting race equality and other diversity issues was lacking, including few measures in place to ensure compliance with race equality legislative requirements. There was evidence of good quality training, although the training and development plan did not explicitly link the business plan with individual staff needs or identify expected outcomes and benefits against costs. There were positive examples of partnership work both in terms of use of resources and in shared ownership of public protection work at a strategic level. However, insufficient resources were being invested in sex offender and domestic violence programme provision.
- **Quality of Assessment:** There was a lack of understanding among some case managers about the need to undertake a thorough assessment and review of cases. Coupled with poor use of OASys, it was inevitable that performance in this area would be unsatisfactory. Work could not be properly supervised by managers who tended to be reactive to problems due to having too great a span of control. The assessment and review of the high risk of harm cases inspected tended to be no better or worse than the caseload in general, and the poor response to potential changes to the level of risk of harm was worrying. Communication between CP case managers and the CP Placement Unit needed to improve. Gloucestershire was taking action to address some of these issues but the changes were still at an early stage of being implemented.
- **Quality of Interventions:** There was good attention to monitoring attendance and encouraging compliance, and judgements about the acceptability of reasons for absence were mainly appropriate. However, insufficient appointments were being offered to achieve national standards contact requirements. Case managers were better prepared to address offending related needs rather than offending behaviour itself. There was good use of partnership arrangements to support this. Supervision plans were often not reviewed and, where reviews did take place, these were often of poor quality. Victims issues were not on the whole addressed.
- **Quality of Initial Outcomes:** There had been progress in the most significant factor linked to offending in the majority of cases. Compliance with the attendance requirements of the order or licence had been achieved in most cases. However, OASys was rescored in only a few cases. In less than half of the sample there was improvement in attitudes, beliefs and behaviour relating to offending.

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.*

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. Copies have also been made available to the press and are on the website of HMI Probation at:
<http://www.homeoffice.gov.uk/justice/probation/inspprob/index.html>
- The report makes a number of recommendations which are designed to encourage the area in its work, to take further some of its own good practice and to promote improvements in quality and effectiveness in the future.
- The Board will be asked to send a response to the recommendations, together with an action plan, within three months of the publication of the report. It is anticipated that the recommendations will normally be implemented within 12 months of publication which should allow sufficient time for integration with existing developments. We will also expect the NPD to ensure that 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 Gloucestershire Probation Area has revealed a number of such issues and a follow-up inspection will therefore be undertaken. Its timing and structure will be agreed following receipt of the Board's action plan. As well as reports on individual areas we will publish periodic reports about findings across several probation areas, reflecting the fact that this is an inspection of the NPS. Such reports will include addressing race equality and wider diversity issues, bearing in mind that, for example, the number of minority ethnic offenders is typically very small in many probation areas. These reports will also include comparisons of the performance of areas with similar characteristics.
- Over the three year period of the ESI programme we will be looking at the NPS's work with about 4,500 cases. We have arranged with the Home Office Research, Development and Statistics Directorate that cases in the sample will be followed through to the two year reconviction point. This will give a longer-term picture of the effectiveness of both individual areas and of the NPS as a whole. In addition, we will be contacting the area to obtain the OASys score at the end of supervision for each case examined in the inspection. This will make it possible to examine the impact of work done with the offender, in terms of change in the OASys score, over the whole period of supervision.

SCORING SUMMARY SHEET

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

Section B: Quality of assessment	
B1: Assessment of risk of harm	46%
B2: Assessment of likelihood of reoffending	79%
B3: Case management	53%
B4: Documentation	69%
Score for section B	61%

Section C: Quality of interventions	
C1: Managing attendance and enforcement	82%
C2: Delivering appropriate supervision	66%
C3: Diversity needs	82%
C4: Responsivity	56%
C5: Management of risk of harm	66%
Score for section C	72%

Section D: Quality of initial outcomes	
D1: Interventions are delivered with the desired outcomes	69%
D2: Improvements are sustainable	63%
D3: Outcomes of interventions are assessed and reviewed using available data	Partly met
D4: Interventions demonstrate value for money	75%
Score for section D	70%

OVERALL SCORE FOR SECTIONS B-D (excluding D3)	68%
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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, and some of whom are registered as high risk of harm (there were ten such cases in Gloucestershire). The cases come from most categories of orders and licences.
- During the first week of the inspection we examine the file, carry out an in-depth interview with the case manager and, where possible, interview the offender and any other people significantly involved in the supervision (e.g. accredited programme tutors, hostel key-workers, police in high risk of harm cases, CP supervisors, and staff of other organisations involved in providing a service to offenders in relation to drugs, alcohol, employment, etc.).
- Inspection of about a third of the cases in the sample is carried out by experienced staff of the probation area being inspected. We think this provides a positive experience both for the area and the staff directly involved and that it increases ownership of the findings.
- The second week of the inspection involves meetings with senior and middle managers and Probation Board members to cover issues around the management of the probation area concerned, and to provide some feedback from the first week of the inspection. We also talk with the police in relation to the area's supervision of high risk of harm cases and with representatives of other organisations that are assisting the area with the supervision of offenders.
- ESI also includes an additional thematic element which, in due course, leads to the publication of a separate report describing the work of several probation areas. In the second eight probation areas being inspected in 2004/2005 the thematic element is on Offender Accommodation. A summary of the provisional findings in relation to Gloucestershire is included at the end of this report.

SCORING APPROACH

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

Quality of Management criteria

- A score is derived from assessment of performance on each of the individual evidence items within the criterion (excluding those relating to the NPD). Scores are defined as:
 - **Very well met:** very strong performance on each item
 - **Well met:** strong performance on each item
 - **Satisfactorily met:** strong performance on the majority of items and at least satisfactory performance on the others
 - **Partly met:** good performance on some of the items and at least satisfactory performance on the others
 - **Not met:** at best only satisfactory performance on some of the items
 - **Poor:** otherwise.
- For Leadership and Planning some additional weighting is given to performance on NPD and other Government targets. These are DTTO commencements, enforcement, accredited programme completions, sickness absence, victim contact, PSR timeliness, basic skills starts and basic skills 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 £5.8 million in 2003/2004, Gloucestershire is the second smallest probation area in England and Wales. It has a total population of some 564,000 with a population density (persons per square km) of 214, significantly lower than the England and Wales average of 348. As such, Gloucestershire is one of the 'small size, low density' areas in the family grouping of areas which we currently use for making comparisons.
- The latest available data show that 2.8% of the population are from minority ethnic groups, a lower proportion than the average of 9% for England and Wales as a whole.
- In 2003/2004 the number of all recorded crimes per 1,000 population was 99, lower than the figure of 113 for England and Wales as a whole. The corresponding figure for violent crime – 14 per 1,000 population – was also slightly lower than the national one of 16.
- In 2002 (the latest year for which data are available) 959 persons were found guilty or cautioned for indictable offences per 100,000 population, somewhat lower than the England and Wales figure of 1,050.
- Data collected by the NPD on Gloucestershire's performance on the main Home Office targets and on certain other key NPS and national standards targets are shown in the table overleaf. Except where indicated the figures relate to the financial year 2003/2004.
- The area had performed well on basic skills awards, accredited programme completions, ECP commencements and victim contact, and was also close to the target in relation to basic skills starts. Performance in relation to enforcement, DTTO starts, and most particularly PSR timeliness, was less satisfactory. The area had met national standards targets in relation to arranging CPO work sessions, but was still some way beneath them in respect of both CROs and CPROs.
- The NPD produces a weighted scorecard comparing area performance against targets for some of the above results. The latest scorecard reveals that Gloucestershire had risen to 22nd out of 42 areas (41 probation areas, plus the four London quadrants) using data from the first six months of 2004/2005, compared to a position of 41st out of 42 areas for the full-year 2003/2004. This indicates substantially improved performance.
- The reconviction rate for community orders was statistically slightly higher than that predicted. However, some caution is needed in interpreting reconviction data particularly at individual area level and the results need to be considered in the context of police clear-up rates and other variables.

	Target	Gloucestershire	England & Wales average 2003/2004
Proportion of magistrates' courts PSRs prepared in 15 working days	90%	40%	65%
Basic skills: % performance against starts target	100%	98%	94%
Basic skills: % performance against awards target	100%	109%	70%
Accredited programme completions: % performance in relation to target	100%	101%	88%
Enforcement – breach taken where required within ten working days (all orders/licences)	90%	71%	77%
DTTO starts: % performance in relation to target	100%	77%	95%
Home Secretary's race equality employment target	1.7% (target for the South-West Region)	6.6% (result achieved by Gloucestershire)	11.3% (2003)
Sickness absence: average days absence	9days	10.4 days	12.3 days
ECP commencements	100%	116%	139%
Proportion of victims of serious sexual/violent offences (where offender sentenced to custody of 12 months or more) offered contact within eight weeks	85%	89%	91%
Proportion of CROs where 12 appointments arranged in first 12 weeks	90%	71%	87%
Proportion of CPROs where required appointments arranged in first 12 weeks	90%	59%	78%
Proportion of CPOs with at least five hours average work arranged per week	90%	100%	87%
Two year reconviction rate for community orders (information for commencements in the first quarter of 1999)	To achieve actual rates that were lower than predicted	Actual 54.8% Predicted 53.5%	Actual 50.2% Predicted 51.7%

SECTION A QUALITY OF MANAGEMENT

A1 Leadership and planning

Partly met

Description:

The Board and CO lead the area in the achievement of national targets and implementation of national policies through the production of local policies and procedures which are regularly monitored and reviewed. Areas are enabled to work efficiently and effectively by the NPD who develop national targets and policies in line with Ministerial priorities and provides guidance and resources. The senior management team is committed to the implementation of national and local targets and priorities, including What Works strategies, risk management and promoting diversity.

Strengths:

- The business plan had been produced at a time of significant changes at CO level but was owned by the current senior management team. The Board had an established planning sub-group to oversee the process of implementation. A new Board Chair and CO had taken up appointment in April and June 2004 respectively.
- The Board reviewed a comprehensive information report on progress against business plan targets at every Board meeting.
- Middle managers focused on the five key priorities in the business plan that their team would contribute to, thus ensuring relevance and ownership. These would then be taken forward in team meetings.
- Performance monitoring data were disseminated monthly to managers and teams. The two ACOs with responsibility for operations held regular meetings with operational and support service managers to coordinate policy implementation and performance improvement plans, and a case management group of managers had also been established. Where process issues were identified, these were taken forward by a process management group who would work on the detail using data available electronically to support and monitor change.
- ACOs actively participated in the monthly NSmart monitoring process and gave feedback to managers about both positive performance and any need for improvement. They in turn gave feedback to case managers on their performance.
- In April 2003 Gloucestershire had been required to establish a performance improvement action team whose focus was to improve assessment and case management and achieve better performance against several national targets including accredited programme completions. Significant improvements had been made and the project approach adopted had been extended through a strategy to address all aspects of case management.
- Gloucestershire had been ranked 22nd out of the 42 probation areas using data from the first six months of 2004/2005 in the NPD weighted scorecard. This was a significant improvement on its position of 41st in April 2003/2004. The greatest improvements to date had been in programme completions, victim contact and basic skills, although further progress was still required in enforcement and contact levels.
- Good use was made of IT systems to facilitate communication of achievements and changes to all staff via monthly e-mail bulletins from the senior management team and the bi-monthly Newsletter.

Areas for improvement:

- There had been a Training Plan for 2003/2004 which was rolled over into 2004/2005; this had been informed by business plan objectives, but staff development needs were not explicitly linked to these objectives, the planning process and the identified improvements required. Planning processes made no mention of the significant resources required to train staff in such areas as new accredited programmes, OASys and ECP. Where training had been planned, the need and expected outcomes were not defined. The area's approach was to be flexible to accommodate additional mandatory training requirements set by the NPD.
- Gloucestershire made good use of NSmart data. However, this was a snapshot only and did not produce actual whole-service data that would demonstrate to senior and middle managers how teams and individuals were doing. Comparisons were therefore not possible so good practice could not be identified or disseminated and poor practice could go unchecked. Coupled with less than adequate supervision of case managers by middle managers, this demonstrated a poor level of accountability. The Board was therefore also not informed about what performance was actually like in any part of the area.
- Data quality was being addressed by the process management group. Until quality could be assured and data made routinely available, with a requirement to use it at all levels, a culture of performance accountability would not be established.
- It was acknowledged by the Board and CO that attention to, and progress in race equality and other diversity issues had not received high enough priority at a strategic level. To address this a diversity strategy group was in the process of being formed with Board, managers and staff representation, chaired by the CO.
- Apart from the NPD requirement to monitor PSR proposals on minority ethnic offenders, service delivery was not reported on in terms of race, ethnicity, gender or any other aspect of diversity. The number of black and minority ethnic offenders on the caseload were said to be low, reflecting the population of the county. It could be argued that staff were therefore more likely to need training and support and that their work should be monitored.
- Many policies in relation to both human resources and service delivery were out of date. A particular example was public protection where guidance in relation to MAPPA and OASys was insufficient and an updated policy and strategy was being prepared. The senior management team was aware of deficiencies in relation to policies and had drawn up a list of priorities.
- Impact assessments required to comply with the Race Relations (Amendment) Act 2000 had not yet been completed. The group established to take this forward had been inclined to over-complicate the process and had agreed to assess all aspects of diversity for negative impact while carrying out their legal obligations in respect of race equality.

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:

- In a small area there is relatively little scope for a flexible approach to resource allocation. There was evidence, this financial year, of staffing decisions being made that contributed to the effective delivery of targets. These included extra investment in staff supervision (one SPO and two senior practitioner posts). At the time of the inspection changes were also being made to operational team structures to support the case management strategy. They involved a shift away from a traditional case manager model to the investment in PSO and case administrative officers to form 'clusters' with POs. This would entail a differential approach to the supervision of offenders, with qualified POs reserved for those who posed the highest risk of harm to the public. This structure would also be appropriate for implementation of the Criminal Justice Act 2003.
- The internal auditor had recently issued the Annual Letter which found financial systems to be generally satisfactory. There was an active Board audit committee that worked closely with the auditor. It was currently examining case file management and had plans to audit partnership work.
- Many changes had been introduced in the past 12 months to improve the area's effectiveness, some of them requiring extra resources. They included the adoption of CRAMS as an electronic case record in January 2004 and implementing eOASys as the assessment tool in all cases. Both of these had required training, a change in working practices and in the use of time.

Areas for improvement:

- During 2003 the former CO had issued guidance on workload management and priorities which had been accepted by the trade unions. In the absence of the promised national workload management scheme, the senior management team and middle managers had continued working within this guidance. Nevertheless, the area's staff survey in 2003 had noted that 44% of respondents felt under stress due to workload pressures and that 41% felt that all sources of stress were not adequately dealt with.
- Gloucestershire had been badly affected by the national estates contract and had had to give up several buildings prior to early 2003, when it was then also obliged to move out of its central CP Unit building. The knock-on effect had been negative for CP staff who were already coping with the changes introduced by the implementation of ECP and for HQ staff forced to make room for CP colleagues in an already crowded building.
- The area was unable to accommodate all of the offenders who were ordered by courts to undertake the Thames Valley Sex Offender Programme and the Domestic Abuse Programme. It was accepted by case managers that some offenders might not get a place during an order as enrolments prioritised risk. There was no evidence of courts being informed about this.

Description:

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

Strengths:

- Workforce monitoring and planning in relation to retirements and vacancies was carried out. Information was copied from annual appraisals into a central database detailing staff potential for, and interest in progression.
- Monitoring of recruitment and staff wastage was also routinely undertaken. The area had exceeded its target for the employment of black and minority ethnic staff, including two senior practitioners and one middle manager who had recently moved to a diversity post in a larger area. Staff wastage for black and minority ethnic staff was higher than for the total staff group, but the numbers were too low to be significant. No data were collected in respect of actual staff progression.
- There had been an increased investment in training for new staff, particularly in a comprehensive programme for the relatively new grade of PSO.
- The ACO responsible for human resources had acted on behalf of the South-West Region in sending out an invitation to tender for the provision of middle manager development training to commence in 2004. This acknowledges the pivotal role this grade of staff holds in key areas of work, including staff and performance management.
- The 2003 EEM self-assessment had noted improved provision for training administrative staff, a move away from an old fashioned approach which concentrated on providing training for POs. There were also new opportunities for career progression for administrative staff through the creation of PSO posts, where they had been successful against external competition.
- Staff had appraisal objectives linked to the business plan, though it was acknowledged that these needed to be set earlier to fit in with the planning cycle.
- 97% of staff interviewed reported to inspectors that they were supervised regularly, though only 59% reported that this was monthly (38% bi-monthly).

Areas for improvement:

- The Race Equality Action Plan 2002 was of a poor quality and did not set specific objectives in relation to what the area needed to do to become a positive employer in relation to the recruitment, retention and progression of black and minority ethnic staff. The Business Plan for 2004/2005 included a commitment to 'progress' with a project plan development date of April 2004, but this had passed with no action taken.
- The staff supervision policy dated from 1998 and, although modified in 2001, was now out of date. It reflected an earlier approach to management, did not specify the frequency of supervision, nor mention accountability as a feature of line management and supervision.
- Senior management acknowledged that some middle managers had had responsibility for too many staff for them to be satisfactorily aware of the level of individual case manager performance and the needs of the offenders they supervised. This was now being addressed by the appointment of senior practitioners and an additional manager.

- 76% of staff had had their appraisals completed and returned by the end of October 2004 according to internal monitoring.

A4	Partnership/contracting out	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 Board and audit committee received regular reports on spending on partnership work.
- Good use has been made of Board members' time and local connections by one becoming a member of each of the six Crime and Disorder Reduction Partnerships. Senior managers represented the area at the strategic Community Safety Partnership which incorporated the DAT.
- The CO had prioritised work with the Local Criminal Justice Board and chaired its Public Confidence Sub-Group.
- Partners within the MAPPA framework reported thorough and positive formal liaison with the area. There were also productive informal relationships at all levels which were capable of speeding up processes to manage and reduce offenders' risk of harm. Police and probation staff had been trained jointly to use common assessment tools.
- Most of the financial investment the area made in partnership arrangements with other agencies added value to probation resources, e.g. in the areas of substance misuse, domestic abuse and basic skills provision. At a management level, partners reported a professional and efficient working relationship with the probation area.
- The ACO responsible for substance misuse had worked collaboratively with other agencies to secure funding from various sources to establish the Gloucestershire Drugs Initiative. This had had a budget of £8 million over seven years. Most of the projects had either come to an end and were now mainstream funded or were coming to an end having secured further funding. Several projects funded by this initiative were viewed locally and regionally as innovative, e.g. Ryecroft Drugs Project.

A5	Effective communication with sentencers	Partly met
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Description:

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

Strengths:

- Protocols were in place with the magistrates' and Crown Courts. There was effective liaison with both courts via regular meetings with the resident judge, clerks to the justices and magistrates. The probation area contributed to the training of magistrates.
- There was a positive relationship between the probation area and the resident judge; it was of concern however that, despite several requests, the Lord Chancellor's Department had not approached him to become a member of the Board.

Area for improvement:

- Concerns had been expressed in the magistrates' courts about the inability of the probation area to meet the level of requests for full PSRs due to the high level of demand. Decisions about priorities had been communicated to the courts and, as a consequence, PSR requests had reduced and SSR requests increased. However, in August 2004, Gloucestershire still had the lowest rate of completion of reports within 15 working days in England and Wales at only 40%. This was based on previous agreements with the courts to four week bail adjournments. Good relationships with sentencers had been maintained through prioritising reports on offenders in the Crown Court and those remanded in custody. It had now committed itself to achieving the target in the expectation that the level of requests would be lower. This was a new development and the impact on other work had yet to be assessed.

SECTION B QUALITY OF ASSESSMENT

B1 Assessment of risk of harm

46%

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.

Areas for improvement:

- It was of concern that in the small number of cases classified as posing a high risk of harm to the public, the level of satisfactory performance was lower against most questions than in the overall sample. It is acknowledged that no MAPPA level 3 cases were inspected.
- The principles of and need for formal assessment were not properly understood. In only 56% of cases was there a satisfactory risk of harm assessment (50% in high risk of harm cases) at the start of supervision, and in 13% either no assessment was completed or the quality was judged to be poor.
- Despite training and refresher training, case managers' ability to use eOASys was insufficient in many cases. It was often seen as a Home Office requirement that had no bearing on the management of their work. Coupled with the point above, it was not surprising therefore to find a poor level of performance.
- In 18% of cases the risk classification was inappropriate, unclear or not done (in high risk of harm cases 30% of the classifications were inappropriate).
- Satisfactory reviews of the level of harm were not routinely undertaken at 16 weeks as required by the national standard. In 47% of cases the reviews were of insufficient quality and in 32% they were poor or missing (the equivalent figures for high risk of harm cases were 60% and 20%).
- Where there was a significant incident that gave rise for concern (typically a further offence) which should have led to a reassessment, in only 32% of cases was this undertaken satisfactorily (50% in high risk of harm cases). When this was raised with case managers they often did not see the need to reassess. This was not wholly in response to the need to prioritise but a misunderstanding of the role of case managers in relation to public protection.
- There was judged to be a close 'fit' between the interventions planned and the assessed risk of harm in only 50% of high risk of harm cases.
- Nine out of the ten high risk of harm cases did not have a satisfactory risk management plan prepared within five working days.
- Management involvement at middle and senior levels was insufficient in 70% of high risk of harm cases. Overall there was little evidence of quality supervision of case manager practice. SPOs in some cases were signing off poor quality assessments or, more often, assessments were left without a countersignature when one was required.
- In part, due to the closure of a building, CP case managers had been dispersed from the central CP Unit into generic case management teams. Whilst there were potentially positive

aspects to this in relation to preparation for the Criminal Justice Act 2003 and NOMS, it had had the effect of fragmenting assessment in CP cases. The case manager undertook the first part of the assessment, including OASys where this was not complete. Information was then sent to the quality assurance manager at the CP Placement Unit where decisions were made about suitability and allocation to placements. The assessment was not returned to the case manager. Assessment was also sometimes delayed due to the non-completion of a risk assessment by SSR or PSR authors.

- The quality of risk assessments undertaken by some CP staff was very poor and demonstrated a lack of understanding of the process. CP case managers were now supervised by managers who had no experience of CP and who had insufficient time to give to the work of their staff.

B2	Assessment of likelihood of reoffending	79%
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Description:

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

Strength:

- In 77% of cases the content of the likelihood of reoffending assessment was appropriate to the needs of the case.

Area for improvement:

- This level of satisfactory assessment was reduced to 60% for high risk of harm cases.

B3	Case management	53%
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Description:

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

Strength:

- Steps had been taken in 92% of cases to ensure that the offender fully understood the requirements of the order or licence.

Areas for improvement:

- It was of concern that in the sample of cases classified as posing a high risk of harm to the public, the level of satisfactory performance was lower against most questions in this section than in the overall sample.
- Initial supervision plans were satisfactory in only 36% of cases (10% of high risk of harm cases) in terms of their timing and the quality of the content. Further analysis showed that in 54% of cases the quality was acceptable (20% in high risk of harm cases) but the plan was late.
- SMART objectives were to be found in only 36% of cases (20% of high risk of harm cases).

- ▣ Appropriate interventions to address offending behaviour were identified in 30% of the high risk of harm sample and in 66% of the general sample.
- ▣ The initial supervision plan integrated a risk management plan in only two of the cases in the high risk of harm sample.
- ▣ Liaison responsibilities were clearly identified in only one of the high risk of harm cases and in 47% of the general sample.
- ▣ None of the high risk of harm case plans demonstrated sensitivity to race or other diversity issues, although 59% of the general sample did.

B4	Documentation	69%
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Description:

All relevant documentation is available and has been satisfactorily completed.

Strength:

- ▣ The content of the contact log in CRAMS was clear and sufficient in 77% of cases despite this recording system having only been introduced during 2004.

Areas for improvement:

- ▣ Paper files routinely contained old and very old case material (one case referred back to 1982) which was not relevant and did not encourage case managers to adapt to new systems. They did not have discretion to archive old material.
- ▣ CP case documentation was held on two sites and included elements of duplication. There was evidence of some breakdown in communication following the changes, but the area had recognised the need to improve processes to support the new arrangements, e.g. the need for case managers to be sent placement details when the offender is given work instructions.

SECTION C QUALITY OF INTERVENTIONS

C1 Managing attendance and enforcement

82%

Description:

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

Strengths:

- Attendance was monitored satisfactorily and action taken to encourage compliance, where necessary, in 91% of cases (100% in high risk of harm cases).
- Judgements about the acceptability of absences were appropriate in 87% of cases.

Areas for improvement:

- Offenders had appointments arranged to meet national standards and the requirements of the order or licence in only 64% of cases (60% in the high risk of harm sample).
- Where breach action was necessary it was undertaken within the required timescales in 76% of cases.

C2 Delivering appropriate supervision

66%

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:

- Case managers were considered to have undertaken work that challenged the offender to take responsibility for their offending in only 66% of cases. The figure for high risk of harm offenders was higher at 80%.
- Where other staff from the area or partner agencies were involved in delivering interventions such as accredited programmes, case managers motivated offenders by reinforcing this work in 76% of cases and had taken over responsibility for pre- and post-programme work only early in 2004 and were clearly developing an understanding of the programmes and of motivational techniques. Previously cases had been held in the programmes team until completion of the order, which was not found to be efficient.
- Despite the low level of planning apparent in assessment, case managers liaised satisfactorily with others providing interventions, e.g. programme tutors in 71% of cases.
- In most cases CP work was found to occupy offenders fully and to be demanding.

Areas for improvement:

- Plans were not reviewed appropriately in terms of quality and timing in 78% of cases (90% in high risk of harm cases). This low priority given to reviewing progress was not wholly as a result of the need to prioritise but a reflection of the poor understanding of the need for proper assessment and review.
- Where OASys had been used to review the work, the content was of sufficient quality in only 42% of cases. It was found that case managers often did not understand how to draw on all relevant factors in order to make a proper assessment. There was a tendency to 'blame' the tool rather than reflect on professional practice. The emphasis for development needed to move away from OASys (the tool) onto the principles and practice of sound case assessment and management.
- In only three of the ten high risk of harm cases was there a review which incorporated another risk review from child protection conferences or the MAPPA. Linked to the poor understanding of the importance of assessment to core case management was a fragmentation between the different elements of risk management. Local risk assessment meetings and reviews were often not presented with full relevant criminogenic information as OASys had not been completed satisfactorily before the meeting. Information was then recorded on CRAMS by administrative staff as part of the risk management procedure but no consideration given to updating OASys. The case assessment was still therefore incomplete as new information or plans were not incorporated into the management plan. It was possible therefore for anyone reading the record to be unclear about what the current level of harm was.
- It was not surprising therefore to find that appropriate interventions reflecting the offender's risk of harm and likelihood of reoffending were not present in 33% of all cases and in 50% of the high risk of harm sample. Where appropriate interventions were being delivered in the cases without a satisfactory assessment or plan, case managers were often unable to articulate what their decision making was based on.
- Where an accredited programme was a condition of an order, this was commenced within the required timescale in 55% of cases. At the time of the inspection 28 offenders with such a condition had not commenced either a programme or the pre-programme work. In 20 of these we felt that the reasons given were not acceptable. They included the lack of sufficient sex offender programmes to accommodate need and in two cases of delay over several months in deciding which programme the offender should be referred to. Gloucestershire did not routinely monitor the length of time it took to start programmes, but did monitor attrition rates from start to completion and had increased completions to meet targets.
- From the information available in the quality placement matrices it was sometimes difficult to see how CP placements fulfilled the requirements of ECP. Whilst the induction sessions were usually within the required timescales, delays of up to three weeks were found between the pre-placement work session and the offender being instructed to perform hours of unpaid work. No reasons for this were recorded.
- Victim awareness was a feature of case management in only 52% of cases and the impact of offending on the offender's identified victim (where relevant) a feature in 56%. Although it was slightly higher for high risk of harm cases at 60% and 70% respectively, this was not satisfactory given the nature of these cases (serious sexual or violent offending with identified victim(s)).

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.

Strength:

- Although often not present at the planning stage case managers were positive about identifying and addressing (87% and 86%) the diverse needs of offenders in order to support satisfactory completion of their order or licence.

Area for improvement:

- Attention to literacy and dyslexia was less positive, with these issues being sufficiently addressed in 74% of relevant cases. This was despite excellent in-house basic skills provision and links to community-based resources.

Description:

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

Strength:

- In 81% of cases inspectors found that sufficient consideration had been given to the methods most likely to motivate and sustain the offender to satisfactory completion of the order or licence.

Area for improvement:

- There were ten prison licence cases in the sample. Pre-release work was found to be unsatisfactory in nine of these, including one high risk of harm offender. The area workload priorities had included instructions that low-risk prisoners should not be visited and that other cases should be assessed using OASys at least six months prior to release.

GOOD PRACTICE EXAMPLE

'B' was sentenced to 200 hours CP for a serious offence which was a direct result of the physical abuse suffered at the hands of her partner. She had not been in employment for some time and was generally at a low ebb, though her partner was now no longer a threat to her. 'B' thrived on CP. She was not only able to use her catering skills in her placement for the benefit of the elderly but gradually grew in confidence again. Towards the end of the placement she also took a much less confident and younger woman 'D' under her wing; 'D's' case manager is convinced that without 'B's' on-the-spot encouragement 'D' would not have felt sufficiently motivated to complete her order successfully. Both did complete their orders and 'B' had the added satisfaction of staff at the placement buying her a gift when she left.

Description:

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

Strength:

- The type and level of intervention was appropriate to the assessment of risk of harm in most cases across the main sample (82%).

Areas for improvement:

- A worrying aspect of performance was the area's lack of ability to respond appropriately to potential changes in the identified risk of harm. Case managers acknowledged that they had not responded to changes, e.g. further charges or reports of a further incident of domestic violence, by reassessing the level of risk and often gave workload as a reason. Of most concern was an apparent lack of understanding of the need to reassess. In 49% of cases in the main sample and 33% of the high risk of harm sample where there was a change, which could have had an impact on the level of risk of harm posed, no review was undertaken.
- The type and level of intervention was appropriate to the assessment of risk of harm in only 50% of the high risk of harm sample.
- The high risk of harm sample did not include any cases which were being managed at MAPPA level 3, i.e. by the panel itself. Where there was a risk management plan produced under MAPPA at level 2, in only 56% of cases was the plan felt to be sufficient. The plans were executed satisfactorily in 56% of cases and reviewed satisfactorily in 67%.
- In two of the four child protection cases there was insufficient probation area involvement in child protection arrangements. In two domestic violence cases the Social Services Department had declined to assess or further assess concerns about risk to children which had been properly raised by case managers on the receipt of new information about potentially higher levels of risk. Case managers had accepted these decisions without challenge and without bringing them to the attention of their line manager.
- There was a high level of domestic violence offenders in the sample which was said to reflect the area's caseload. This was due to an inter-agency partnership which involved all agencies across the criminal justice and social welfare systems. However, given the high level of resources invested in this aspect of work, it was of concern that the management of changes in risk of harm in domestic violence cases was often found to be no better than for other cases.

SECTION D QUALITY OF INITIAL OUTCOMES

D1 Interventions are delivered with the desired outcomes

69%

Description:

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

Strengths:

- Discussion with case managers and evidence from the file reading suggested that in 64% of cases (and a similar proportion of high risk of harm cases) there had been progress in the most significant factor linked to offending, e.g, alcohol, illegal drug use or thinking skills.
- In 68% of cases offenders had attended all or nearly all appointments or CP work sessions, and a similar proportion had complied with all the conditions of the order or licence.

Areas for improvement:

- In 28% of cases there had been a further conviction during the life of the order or licence; the average in other areas was 22%, although none of the high risk of harm cases was re-convicted.
- OASys had been rescored in only 28% of cases; it had improved in 36% of these.
- Improvements in attitudes, beliefs and behaviour relating to offending were present in 47% of cases. A similar proportion of offenders demonstrated that they had successfully applied what they had learned during supervision.
- There was evidence of a reduction in risk of harm in only one high risk of harm case, although the risk had been successfully contained in a further four.

GOOD PRACTICE EXAMPLE

'T' had a substantial history of alcohol misuse and mental illness and had been made the subject of a community order for shoplifting alcohol. The case manager had inherited the case about five months into the order and had been successful in developing a positive supportive relationship with this very vulnerable woman who had also been abused by several male partners. 'T' was now drinking far less and was living in supportive accommodation. She greatly appreciated the help given to her by probation in making the changes in her lifestyle.

D2 Improvements are sustainable

63%

Description:

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

Areas for improvement:

- Sufficient attention was paid by the case manager to long-term community reintegration issues in only 59% of relevant cases. The proportion was lower for high risk of harm cases.

- Attention had been given to the offender maintaining contact with mainstream organisations to address criminogenic need in only 62% of relevant cases. The proportion for high risk of harm cases was again slightly lower.

GOOD PRACTICE EXAMPLE

'X' was an offender who was classified as a high risk of harm case. He could be extremely angry and aggressive in the office as well as in the community. Despite this, but taking proper precautions about her own safety, the case manager had been able to engage well with him and had put considerable effort into his supervision. She could see that without suitable and stable accommodation 'X' would not feel able to address his offending. To minimise the risk that he would behave in such a way as to alienate others, she attended a meeting with him and the Homeless Officer; he felt supported by this and responded positively. As a consequence, his level of risk appeared to have stabilised.

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

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

Strengths:

- Research into the effectiveness of case management had been used in establishing the new case manager strategy.
- What Works research about reducing programmes attrition had been used to reorganise practice and implement new methods of work.

Area for improvement:

- Whilst there was good use of NSmart data there was insufficient use of team and area-based information to address actual practice. Plans to make the data accurate and useable were under consideration.

D4	Interventions demonstrate value for money	75%
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Description:

Interventions are delivered with efficient and appropriate use of resources.

Strengths:

- Resources allocated were found to be consistent with the level of harm in 82%.
- In 76% of cases resources were also found to match the likelihood of reoffending – 100% in high risk of harm cases.

Areas for improvement:

- In only 40% of the high risk of harm cases were resources found to be consistent with the level of harm.
- Overall, resources were found to be used efficiently in 67% of cases.

THEMATIC ELEMENT: OFFENDER ACCOMMODATION

SUMMARY OF THE PROVISIONAL FINDINGS FOR GLOUCESTERSHIRE

Introduction

Every inspection in the ESI programme includes a thematic element. In the second eight probation areas being inspected in 2004/2005 the thematic element is on Offender Accommodation. A full report on the whole thematic inspection will be published after the visit to the last of these areas.

Pending publication of the thematic report, each of the area ESI reports includes a summary of the provisional offender accommodation findings for the area. The summary for Gloucestershire is given below.

Quality ratings

Quality of Offender Accommodation Management: Of the six Management criteria (A1-A5 and D2), in Gloucestershire all were partly met.

The other criteria were scored by analysing the offender accommodation work done by the area in the nine cases inspected. The scores for the individual questions were weighted and aggregated to produce the following three quality ratings.

<i>Quality of Offender Accommodation Assessment</i>	44%
<i>Quality of Offender Accommodation Interventions</i>	62%
<i>Quality of Offender Accommodation Initial Outcomes</i>	76%

Overall assessment:

The PIP follow-up inspection in November 2002 had been critical of Gloucestershire's accommodation strategy, as the area had not identified clear signposts for improving provision. It was also unclear from the 2004 strategy how in practice service was to be improved. The area had acknowledged gaps in service delivery in relation to offender accommodation and work had commenced on a review.

The newly appointed SPO at the approved premises was tasked with the delivery and implementation of the accommodation strategy. His time was split between managing the approved premises and improving delivery of accommodation services. In order for this to be achieved, it was recognised that he needed support both operationally and strategically. This was a view that was fully supported by Board members.

The approved premises had gained the National Institute for Mental Health Positive Practice Award for 2004. This was given as a result of an innovative project with a drugs support partnership.

In response to the recently launched NPD strategy for approved premises, the area was reviewing the role of the approved premises. An action plan had been devised for this but milestones for achievement had not yet been identified. The plan included a thorough review of approved premises policies and procedures, training for staff and team development, which we saw as positive. The key challenge for Gloucestershire in the next six months was to review the policies and procedures, including admissions at its approved premises, within the context of the national approved premises strategy.

Recommendations

The Probation Board should ensure that the area:

- *establishes a database so that information collected on the accommodation needs of offenders and provision is easily accessible and used to inform policy and practice*
- *has a clearer system in place for the assessment of offender accommodation needs which takes into account risk and diversity issues*
- *implements a training programme for all relevant staff working with offenders who have accommodation needs, which embraces the area's accommodation strategy and future national changes*
- *fully implements the offender accommodation strategy which should include clear milestones for progress*
- *reviews the policies and procedures, including admissions at its approved premises, within the context of the national approved premises strategy.*

SECTION A QUALITY OF OFFENDER ACCOMMODATION MANAGEMENT

A1: Leadership and planning:	Assessment
<p><i>There is an area strategy for working with offenders with accommodation needs. Effective management structures and processes exist for delivering the offender accommodation strategy and managers are held accountable for its effective operation.</i></p>	PARTLY MET

Strengths:

- At the time of the inspection the area had developed an updated draft accommodation strategy with a review date set for 2005. This document cross-referenced with the MAPPA policy and the Supporting People Partnership Board.
- The area had provided data on offender accommodation and support needs to inform the Supporting People strategy review, which identified unmet offender housing related support needs. This information had also contributed to the review of the accommodation policy, which had been reported to the Board.
- The newly appointed SPO for approved premises, tasked with implementing the accommodation strategy, had a forward vision and a clear understanding of effective practice principles.
- An action plan had been developed to review the approved premises within the context of the NPD Strategy for Approved Premises. This included a review of policy and procedures and staff/team development activities.

Areas for improvement:

- No milestones had yet been set about how the draft offender accommodation strategy would be implemented in practice.
- Although an ACO had lead responsibility for developing and implementing the accommodation strategy, it appeared he was tasked with this, along with a large number of other key areas, which affected progress.
- Key areas from the strategy had yet to be designated to individuals with an action plan to ensure accountability.
- One of the key priorities was the collection of information on the accommodation needs of offenders. Whilst this had been achieved for Supporting People purposes, there was no consistent approach to continued data collection.
- From interviews with case managers, it was apparent that not all staff were aware of the offender accommodation strategy and policy and it therefore did not appear to be embedded within teams.

A2: Resource allocation:	Assessment
<i>Effective resource allocation for offenders with accommodation needs is demonstrated.</i>	PARTLY MET

Strengths:

- ▣ A specialist accommodation placement officer was in post.
- ▣ The area was reviewing the resources allocated to offender accommodation to support delivery of the draft policy and strategy.
- ▣ Data had been collected on needs and outcomes drawn from eOASys and the accommodation placement officer monitoring to inform the Supporting People review and the area's strategy.

Areas for improvement:

- ▣ The area had not prioritised the implementation of a database for offender accommodation need.
- ▣ As a result of NPD savings, the area was left with only one of the two accommodation placement officer posts. This meant that this officer was prioritising the placement of high-risk offenders which left gaps in providing accommodation services to others in need.

A3: Management and supervision of staff:	Assessment
<i>The area's human resources policies, strategies and personnel management practice ensures the effective delivery of offender accommodation and services.</i>	PARTLY MET

Strengths:

- ▣ Appraisals had been completed for all personnel, which included the hostel staff and the accommodation placement officer.
- ▣ Staff were receiving regular supervision each month.

Areas for improvement:

- ▣ The area acknowledged that although accommodation policies and strategies were in place, priority had not been given to implementation and review.
- ▣ In some cases there was no clear practice of keeping a record of supervision notes.
- ▣ The action plan highlighted that resident feedback forms (approved premises) had been actioned, but this appeared to contradict views of residents who informed us of a lack of communication once the forms had been submitted.

A4: Partnership/contracting out:	Assessment
<i>Area partnership management ensures effective delivery of the offender accommodation strategy and shows effective collaboration with other agencies.</i>	PARTLY MET

Strengths:

- ▣ No contracts had been arranged with offender accommodation providers. Following the implementation of Supporting People, protocols had been developed with local authority housing authorities and providers.
- ▣ The ACO had effective links with outside bodies and displayed good negotiation skills that assisted in placing offenders outside the area.

- Information was being exchanged at the Gloucestershire Probation Area and Housing Providers' Meeting, with good representation by providers, chaired by the ACO.

Area for improvement:

- The area had recognised the need to review the policies and procedures at its approved premises, including admissions, within the context of the national approved premises strategy.

A5: Effective communication with sentencers:	Assessment
<i>Area communication with sentencers and justices' clerks supports delivery of the offender accommodation strategy.</i>	PARTLY MET

Strengths:

- A number of forums for discussing offender accommodation were in place – Magistrates' Liaison Meeting, Probation Liaison Meeting and the Community Liaison Committee – all with Board representation.
- Board members were committed and aware of the offender accommodation strategy and had been creative in meeting with magistrates to raise occupancy rates at the hostel, which had proved to be effective.

Areas for improvement:

- Although offender accommodation issues were discussed at the Approved Premises Community Liaison Committee, it was not clear that these were discussed at sentencers meetings.
- It was not yet clear how the draft updated offender accommodation strategy was to be launched to sentencers and other key agencies.

SECTION B QUALITY OF OFFENDER ACCOMMODATION ASSESSMENT

B1: Assessment of accommodation needs:	Score
<i>Appropriate accommodation is satisfactorily identified and offenders are assessed using approved tools, drawing on relevant assessments, available victim information, previous convictions and knowledge of risk factors.</i>	28%

Strength:

- The accommodation placement officer was committed to assessing and addressing accommodation needs of offenders and prioritised high-risk cases.

Areas for improvement:

- In only one of the nine cases was there an appropriate assessment of offender accommodation needs, which was informed by the area strategy. From discussions with case managers it was apparent that there was limited knowledge of the area offender accommodation policy.
- There was an absence of clear assessment processes which encompassed risk and diversity issues.

- In only two of the nine cases identified had race equality or wider diversity issues been taken into account as part of the offender accommodation assessment. A basic housing assessment form had been adopted by the area, but this did not clearly link to OASys risk of harm, MAPPA considerations or diversity issues.
- In only half of the relevant cases had a referral been made to specialist accommodation staff (accommodation placement officer).
- There was insufficient evidence in case files of the offender's accommodation history. Information contained within the accommodation placement officers' records were not integrated into the main case file.

B2: Assessment of risk of harm:	Score
<i>In those cases where an accommodation need has been identified, risk of harm is satisfactorily identified and assessed using approved tools and drawing on relevant assessments, available victim information, previous convictions and knowledge of accommodation-related risk factors.</i>	55%

Areas for improvement:

- In four cases a risk of harm assessment was not completed of a sufficient standard; in two of these cases we found no risk of harm completion.
- Risk had not been reviewed in line with national standards in seven out of the nine cases.
- In three of the cases the risk of harm classification was not appropriate to the case.
- Risk assessment was not consistently corroborated with CPS information, as this was missing in some files.
- Files lacked clear SMART offender accommodation objectives in risk management plans.
- There was no clear indication of offender accommodation-related risk factors in supervision plans.
- The area had issued guidance in relation to MAPPA and OASys and an updated draft had been prepared but had not yet been issued. The MAPPA protocol document was not dated or signed by all agencies.

B3: Assessment of likelihood of reoffending:	Score
<i>Criminogenic factors and likelihood of reoffending are identified and assessed using approved tools, drawing on all available information and previous assessments.</i>	67%

Strengths:

- In seven of the nine cases identified, the likelihood of reoffending was assessed using OASys.
- The content of the assessment was appropriate to the need of the case in six of the nine cases.

Area for improvement:

- In only four out of the seven relevant cases had offender accommodation been identified as a criminogenic factor.

B4: Case management:	Score
<i>Supervision plans/CPO assessments incorporate appropriate accommodation services designed to minimise assessed risk, address associated criminogenic needs and take account of relevant victim/diversity issues.</i>	33%

Strengths:

- In five of the nine cases appropriate interventions had been identified to address offending behaviour and community reintegration.
- There was evidence that case managers had taken steps to ensure that offenders fully understood the requirements of supervision in seven of the nine cases.

Areas for improvement:

- Supervision planning was inconsistent. In only one of the nine cases was there a sufficient supervision plan which met the content and timing requirements of national standards and was of appropriate quality.
- In six cases offender accommodation interventions were not planned and did not feature as an objective in the supervision plan. It was not evident from interviews with case managers or case records that particular attention was placed to offenders moving on successfully to other accommodation based on their need and level of support. Records showed that an offender just moved without communication with case managers. The timing and sequencing of events was not apparent.
- There was an absence of information flow between the offender accommodation provider and the case manager, e.g. feedback from three-way meetings, integrating support plans with the supervision plan and reviews.
- SMART objectives were not set in six of the nine cases.
- The supervision plan was not sensitive to race and diversity issues in all cases.

B5: Documentation:	Score
<i>All relevant documentation is available, satisfactorily completed and appropriately stored.</i>	33%

Strength:

- Files were well organised.

Areas for improvement:

- In half of the cases looked at recording of information was not clear or sufficient and documents were missing such as CPS information and REM monitoring forms.
- In only four of the nine cases was there a clear record of the offender accommodation plans/interventions undertaken by staff or other providers. In five of the cases there was not a sufficient supervision review of the offender accommodation objectives.

SECTION C QUALITY OF OFFENDER ACCOMMODATION INTERVENTIONS

C1: Delivering appropriate supervision:	Score
<i>Accommodation services are delivered and coordinated to ensure supervision and risk reduction objectives are met.</i>	63%

Strengths:

- In all cases appropriate action was taken to implement additional requirements.
- In eight of the nine cases the case manager liaised with others providing interventions to the offender. Work and resources were directed at community reintegration issues.

Areas for improvement:

- In all cases there had not been a review of the supervision plan in line with content and timing of national standards.
- Appropriate offender accommodation interventions were not carried out in all cases and the review of progress of such interventions had not been completed.
- Victim issues were ignored in five cases or inadequately addressed, and a similar picture emerged with regard to the absence of work being done to raise offender awareness of the impact of the offences on identifiable victims.

C2: Meeting diversity needs:	Score
<i>Accommodation-related service delivery meets diversity needs and appropriate support arrangements are in place.</i>	82%

Strengths:

- In all five cases, where literacy and dyslexia issues had been identified, these had been addressed in terms of service delivery.
- In eight of the nine cases offender accommodation interventions had taken into account race equality and wider diversity issues, in that accommodation placements were judged to be appropriate.

Area for improvement:

- On some occasions the delivery of interventions was insufficiently sensitive to race and diversity issues.

C3: Management of risk of harm:	Score
<i>Risk of harm is actively managed in collaboration with others.</i>	41%

Strengths:

- In eight out of the nine cases interventions, and the level of, were appropriate to the assessed risk of harm.
- Home visits had taken place in the five identified relevant cases.

Areas for improvement:

- In the one relevant case changes in risk of harm had not been properly identified or managed. In addition, the risk management plan was not executed appropriately, with ineffective liaison between agencies on accommodation issues.
- There was a lack of management oversight in the case cited above.

SECTION D QUALITY OF OFFENDER ACCOMMODATION INITIAL OUTCOMES

D1: Interventions are delivered with the desired outcomes:	Score
<i>Accommodation-related objectives are achieved and risk of harm/reoffending is demonstrably reduced.</i>	76%

Strengths:

- In seven of the nine cases there were no reconvictions.
- Case managers identified a number of criminogenic factors associated with offenders subject to supervision. The three key ones were accommodation, deficits in thinking skills and employment. The analysis showed progress on the first two factors and limited progress to the latter.
- In seven of the cases there was evidence of an improvement in community ties and social circumstances and six cases showed that learning skills had been applied.
- All nine cases showed evidence that the offender had complied with the conditions of the order.
- In seven of the nine cases it was evident that case managers had paid attention to long-term accommodation and community reintegration issues. In addition, in all but one case appropriate links had been made with the community/family to sustain the offender in the community.

Area for improvement:

- There was only limited 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 victim(s) in only four out of the nine relevant cases.

D2: Outcomes of interventions are assessed and reviewed using available data:	Assessment
<i>Outcome data are used to evaluate area effectiveness and inform future policy and practice.</i>	PARTLY MET

Strength:

- Data from eOASys and the SWING project informed the Supporting People strategy review, identifying unmet offender housing/support needs, which contributed to the accommodation policy and strategy.

Area for improvement:

- There was insufficient evaluation of the effectiveness of offender accommodation related interventions and therefore data could not be consistently used to develop policy and practice.

THE ROLE OF HMI PROBATION

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

Home Office Aims

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

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

Role

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

Code of Practice

HMI Probation aims to achieve its purpose by:

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

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

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