



*Effective
Supervision
Inspection*

*of the
National Probation Service for
England and Wales*

Report on:
Gwent Probation Area

2004

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FOREWORD

We found that Gwent is gradually improving its performance relative to other probation areas. There are positive signs that it has the capacity to manage change, one example of this being the successful implementation of the Offender Assessment System. However there are significant issues that the area needs to confront. The structure of the Gwent Probation Board should be reviewed so as to contribute more effectively to the strategic direction of the area. Also there are a number of human resource issues that need urgent attention.

Diversity is being well addressed, case managers motivate offenders, and attendance and compliance are generally good. However, the assessment and management of high risk of harm offenders must be improved and we intend to do a follow-up inspection later in the year relating to this. Offenders should also be more involved in setting objectives in their supervision plans.

There is scope for Gwent to capitalise on the successful implementation of the Offender Assessment System by using the data produced when offenders are reassessed. It would then be better able to identify the effectiveness of the various interventions it provides.

Andrew Bridges
HM Chief Inspector of Probation

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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
CRO	Community rehabilitation order
DTTO	Drug Treatment and Testing Order
DM	Divisional Manager
DV	Domestic violence
ECP	Enhanced community punishment
EEM	European Excellence Model
ESI	Effective Supervision Inspection
IDAP	Integrated Domestic Abuse Programme
IiP	Investors in People
ISP	Initial supervision plan
LSI-R	Level of Service Inventory-Revised
MAPPA	Multi-Agency Public Protection Arrangements
MAPPP	Multi-Agency Public Protection Panel
MARAG	Multi-Agency Risk Assessment Group
NPD	National Probation Directorate
NPS	National Probation Service
NSPCC	National Society for the Prevention of Cruelty to Children
OASys	Offender Assessment System
OGRS2	Offender Group Reconviction Scale
PLC	Probation Liaison Committee
PO	Probation officer
PPU	Public protection unit
PSR	Pre-sentence report
SDA	Service Delivery Agreement
SMART	Specific, Measurable, Achievable, Realistic and Time-bounded
SP	Senior Practitioner
SSR	Specific sentence report

SUMMARY

Key findings

- **Quality of Management:** There was a clear process of monitoring and reviewing performance, involving the Gwent Probation Board and staff at all levels. The CO ensured that communication with staff, about performance and other important issues, took place in a way that was open and encouraged participation. The area had made progress against a number of targets, such as enforcement, but high rates of sickness absence continued to need attention. The present Board structure was an impediment, reducing its ability to contribute to the strategic management of the area. The present structure also absorbed too much senior management time. The area had successfully implemented OASys and diversity issues were identified and addressed well throughout the organisation. The history of a lack of investment in HR knowledge and expertise had resulted in an organisational structure evolving without direction and had necessitated the direct involvement of the CO in HR issues. There was confusion about the roles and responsibilities of the SP and DM. This has led to a lack of clarity and accountability for staff particularly, in the management of high risk of harm cases.
- **Quality of Assessment:** There was a close fit between planned interventions and risk of harm. More work could be done to improve the completion rate of initial risk of harm assessments, reviews and risk of harm plans. Case managers also needed to reassess risk of harm after a significant incident had taken place. In case management, diversity issues were dealt with well and the induction process was comprehensive. ISPs needed to include SMART objectives and integrate risk management meeting plans. Planned or identified liaison with others was not always recorded and offenders needed to be more involved in the supervision process. Case records were well organised and clear. However, they did not contain risk management notes or have a third party section, nor were essential documents carried forward when an offender commenced a new order or licence.
- **Quality of Interventions:** Case managers were very good at managing attendance and enforcement, but breach action continued to need attention. There was an appropriate mix of interventions. Most supervision plan objectives were regularly reviewed and the timing and sequencing of interventions was appropriate, but there was still room for improvement. Motivational work with offenders was good and work on CPOs or CPROs occupied the offenders and was demanding. SMART objectives in reviews and the timely commencement of accredited programmes needed attention as well as victim work and the integration of MAPPA with case management processes. High risk of harm cases required more management oversight and the production, execution and review of risk management plans needed urgent attention. A large number of home visits were undertaken and this was to be encouraged, especially in high risk of harm cases.
- **Quality of Initial Outcomes:** Offenders generally attended appointments and complied with the requirements of the order or licence. Case managers were having some impact on criminogenic factors but more attention was required to offenders' attitudes, beliefs and behaviour, in particular their attitude towards victims and the application of their learning to future situations and problems. The area had scope to improve its use of data on the outcomes of interventions. There was evidence that resources were in the main efficiently deployed, the exceptions being the allocation of low or medium risk of harm cases to the PPU and reducing the number of case managers an offender experienced during a period of supervision.

Recommendations

The Probation Board should ensure that:

- 1. the recommendation of the Audit Commission report on the Board's structure results in it being able to contribute more effectively to the strategic direction of the area*
- 2. there is appropriate senior management involvement and clear lines of accountability in the assessment and management of high risk of harm cases*
- 3. the learning points from full reviews on serious further offences are collated and systematically shared with staff*
- 4. a workforce planning document is produced*
- 5. the roles of SP and DM are urgently reviewed*
- 6. the area continues to tackle sickness absence*
- 7. the area's public protection policy and procedures are clear about how cases are assessed, classified and managed using OASys and MAPPA, and that associated training is provided for staff*
- 8. all cases have their risk of harm assessed and that all assessments are reviewed at the interval prescribed by national standard requirements*
- 9. victim issues are sufficiently addressed in the assessment and supervision of all offenders*
- 10. better use is made of available outcome measures at all levels of the organisation.*

Next steps

- This report has been submitted to the Secretary of State and copies provided to the Commissioner for Correctional Services, the Director General of the NPS, the Probation Board and CO. Copies have also been made available to the press and are on the website of 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.
- We were particularly concerned in Gwent about the quality of offender risk assessments and the management of high risk of harm cases. We, therefore, intend to undertake a limited follow-up inspection with specific attention to risk. The timing and structure of the follow-up will be agreed following receipt of the area'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.

SCORING SUMMARY SHEET

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

Section B – Quality of Assessment	
B1: Assessment of risk of harm	48%
B2: Assessment of likelihood of reoffending	77%
B3: Case management	66%
B4: Documentation	79%
Score for section B	66%

Section C: Quality of Interventions	
C1: Managing attendance and enforcement	88%
C2: Delivering appropriate supervision	67%
C3: Diversity needs	65%
C4: Responsivity	72%
C5: Management of risk of harm	67%
Score for section C	72%

Section D: Quality of Initial Outcomes	
D1: Interventions are delivered with the desired outcomes	67%
D2: Improvements are sustainable	61%
D3: Outcomes of interventions are assessed and reviewed using available data	Not met
D4: Interventions demonstrate value for money	76%
Score for section D	70%

OVERALL SCORE FOR SECTIONS B-D (excluding D3)	69%
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INSPECTION ARRANGEMENTS

- The ESI programme started in June 2003. All 42 probation areas comprising the National Probation Service for England and Wales are being inspected over a three year cycle, with areas of similar characteristics (in terms of size and population density) visited in the same year to facilitate comparisons in performance. This enables us to identify and promote effective work with offenders and disseminate information about good practice.
- Probation areas are being assessed on how well they have met defined inspection criteria focusing on the:
 - overall management of the area
 - quality of the assessments carried out on offenders
 - quality of the interventions carried out with offenders
 - initial results of the interventions, both in relation to criminogenic factors such as employment, accommodation and substance misuse, and also whether there has been any reduction in the risk of harm and the risk of reoffending.
- The inspection takes account of the regular NPS performance data. These are produced by the NPD who are responsible for their collection and quality assurance.
- Each inspection takes place over two weeks, about three or four weeks apart. The area is asked to identify a random sample of 100 offenders (more in the largest areas) who have been under supervision for approximately nine/ten months, 20 of whom are registered as high risk of harm. The cases come from most categories of orders and licences.
- During the first week of the inspection we examine the file, carry out an in-depth interview with the case manager and, where possible, interview the offender and any other people significantly involved in the supervision (e.g. accredited programme tutors, hostel key-workers, police in high risk of harm cases, CP supervisors, and staff of other organisations involved in providing a service to offenders in relation to drugs, alcohol, employment, etc).
- Inspection of about a third of the cases in the sample is carried out by experienced staff of the probation area being inspected. We think this provides a positive experience both for the area and the staff directly involved and that it increases ownership of the findings.
- The second week of the inspection involves meetings with senior and middle managers and Probation Board members to cover issues around the management of the probation area concerned, and to provide some feedback from the first week of the inspection. We also talk with the police in relation to the area's supervision of high risk of harm cases and with representatives of other organisations that are assisting the area with the supervision of offenders.
- ESI also includes an additional thematic element which, in due course, leads to the publication of a separate report describing the work of several probation areas. In the probation areas being inspected in the latter half of 2003/2004 the thematic element is Domestic Violence. A summary of the provisional findings in relation to Gwent 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 SDAs and other Government targets. These are DTTO commencements, enforcement, accredited programme completions, sickness absence, victim contact, PSR timeliness, basic skill starts and basic skill awards.
- There is some discretion for lead inspectors for scores to be adjusted if this seems appropriate from other findings or contextual information.
- The same approach is adopted for the Quality of Initial Outcomes criterion D3 'Outcomes of interventions are assessed and reviewed using available data'.

Quality of Assessment, Interventions and Initial Outcomes criteria

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

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

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

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

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

OVERVIEW OF THE AREA

- In terms of its main revenue budget of £8.2 million in 2003/2004, Gwent is the 27th largest probation area in England and Wales. It has a total population of some 557,300 with a population density (persons per hectare) of 3.6, slightly higher than the England and Wales average of 3.1. As such, it comprises one of the 'medium size, high density' areas (outside the metropolitan areas and London) in the family grouping of areas which we and the NPD currently use for making comparisons.
- The latest available data show 3% of the population aged 18-54 are from minority ethnic groups, a somewhat lower proportion than the average of 9% for England and Wales as a whole.
- In 2002/2003 the number of all recorded crimes per 100,000 population was 11,100, slightly lower than the figure of 11,300 for England and Wales as a whole. The corresponding figure for violent crime in Gwent – 2,900 per 100,000 population – was substantially higher than the national figure of 1,900.
- In 2002 (the latest year for which data are available) 1,328 persons were found guilty or cautioned for indictable offences per 100,000 population, somewhat higher than the England and Wales figure of 1,050.
- Data collected by the NPD on Gwent's performance on the main Home Office SDAs and on certain other key NPS and national standards targets are shown in the table overleaf. Except where indicated, the figures relate to the period April 2003 to September 2003.
- The area had performed very well on DTTO, basic skills commencements and victim contact work, but poorly on basic skills awards. Breach action had been below the national target, although it was the same as the England and Wales average. Performance on PSR timeliness was beneath the target, although again similar to the national average. Sickness absence was significantly above the national target. The area had exceeded the national standard target for arranging appointments and work sessions in relation to CROs, CPOs and CPROs.
- The NPD produces a weighted scorecard comparing area performance against targets for some of the above results. On those produced in September and December 2003, and March 2004 Gwent had been ranked 34th, 31st, and 27th respectively, among probation areas. This showed a positive trend, although there was still some room for improvement in performance.
- The reconviction rate for community orders was a little more than 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	Gwent	England & Wales average
Proportion of magistrates' courts PSRs prepared in 15 working days (SDA 1a)	90%	75%	73%
Basic skills: % performance against starts target (SDA 2)	100%	98%	66%
Basic skills: % performance against awards target (SDA 2)	100%	0%	103%
Accredited programme completions: % performance in relation to target (SDA 3)	100%	84%	93%
Enforcement – breach taken where required within ten working days (all orders/licences) (SDA 4)	90%	73%	73%
DTTO starts: % performance in relation to target (SDA 6)	100%	132%	93%
Home Secretary's race equality employment target (SDA 7)	1.7% (target for Wales)	3.9% (figure achieved in Wales)	
Sickness absence: average days absence (SDA 8)	9 days	17.4 days	11.4 days
Proportion of victims of serious sexual/violent offences (where offender sentenced to custody of 12 months or more) offered contact within eight weeks (SPM 1) April to December 2002	85%	100%	90%
Proportion of CROs where 12 appointments arranged in first 12 weeks	90%	98%	93%
Proportion of CPROs where required appointments arranged in first 12 weeks	90%	93%	78%
Proportion of CPOs with at least five hours average work arranged per week	90%	95%	88%
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 60.3% Predicted 57.7%	Actual 50.2% Predicted 51.7%

SECTION A QUALITY OF MANAGEMENT

A1 Leadership and planning

Satisfactorily met

Description:

The Board and CO lead the area in the achievement of national targets and implementation of national policies through the production of local policies and procedures which are regularly monitored and reviewed. Areas are enabled to work efficiently and effectively by the NPD who develop national targets and policies in line with Ministerial priorities and provides guidance and resources. The SMT 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 2003/2004 appropriately identified the priorities for the area. The presentation of the plan was clear. Unit business plans and staff performance planning documents were linked with the improvement objectives of the business plan. Managers were held to account by monthly results and performance meetings.
- Gwent Probation Area had scored 465 for its 2003 EEM self-assessment.
- Due to the delay receiving any analysis from the NPD, the area produced its own figures from NSMART, the national standard monitoring system, which were then used by the Board.
- Enforcement was improving.
- Gwent Probation Area was mentioned in the NPD publication *Setting the pace – how the National Probation Service has delivered the New Choreography* (2004), for its achievement of increasing the percentage of victims that were contacted within eight weeks from the date of sentence. There were new operational procedures for victim contact work and a contact liaison pack for new staff.
- A quarterly statistical digest was presented to the Board and managers. The digest consisted of caseload information for each unit in terms of the type of order and offence with a short commentary. Information about PSR and SSR completion, and concordance data by gender, race and ethnicity was also included. It was good to see evidence that a concern about the high rate of imprisonment of minority ethnic offenders had been identified and referred to the diversity committee for further consideration.
- Staff were updated about performance via letters from the CO. The letters acknowledged the hard work of staff and were positive and encouraging. The CO's style of communication with staff was open and inclusive.
- There was a comprehensive race equality action plan and diversity action plan for 2003/2004, which were both reviewed by the diversity committee and had been ratified by the Board. Information from the Census 2001 had been used to see if it compared with the area's caseload profile.
- The implementation plan for ECP was thorough and a good example of how the area involved staff in a change process.

- The area had carried out an OASys quality assurance audit in September 2003. The overall results were generally positive. This inspection indicated that a regular check on the quality of OASys would be essential to ensure consistent quality improvement over time.

Areas for improvement:

- The area had already identified that internal communication was an issue and had produced a second draft of an internal communication strategy, which was based on feedback from a half-day workshop with a group of staff from every grade, and from most units and locations. The draft strategy was a positive step in the right direction, but how it would be implemented, monitored and reviewed needed to be clearer.
- There was acknowledgement that diversity monitoring information needed further development.
- The Board structure was complex with too many committees. It did not have a strategic overview of the area, instead dealing with issues discretely within each committee. The Board was also getting bogged down in operational detail, which was properly the remit of senior managers. These points and other areas for improvement concerned with the performance management framework were highlighted in recent Audit Commission reports to the area and required action.
- There was a lack of involvement of senior managers in the regular review and monitoring of public protection cases, something for which Gwent had been criticised by HMI Probation in the previous area inspection in March 2002. At the moment the relevant ACO was involved strategically and operationally with the recall of offenders to prison. However, the day-to-day management of high risk of harm cases was carried out by POs and SPs, who were not designated managers, and DMs, who were not designated senior managers.
- The learning points from full reviews of serious further offences, formally management reviews, were not collated and disseminated throughout the organisation.

A2 Resource allocation

Partly 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.

Strengths:

- Resources were allocated primarily by risk of harm considerations and a PPU had been established to supervise offenders deemed to be at higher risk of committing offences of serious harm. Case management units supervised those assessed as being at less risk of committing such offences. The area had allocated resources to ECP, DTTOs and accredited programmes in line with performance improvement priorities and national policy.
- The area was piloting the NPD workload measurement tool and an ACO was attending monthly user group meetings. An employee care scheme had also been adopted to assist the reasonable and fair allocation of work.
- The Board had been kept informed and was involved in budgetary decisions. For example, the request in December 2003 by the NPD for the area to achieve a 2% underspend in the remaining months of 2003/2004 which would be carried over to 2004/2005 had required a very quick response. The CO had kept staff fully informed to allay fears and provide

reassurance. The Board had also established a budget working group to plan how to manage the shortfall in resources.

- The area had allocated resources to a number of diversity issues including a diversity committee comprising Board members and staff to oversee diversity initiatives, various training events, impact assessment training to meet the demands of the Race Relations Amendment Act (2000) and the adoption of a Welsh Language Scheme.
- The 2002/2003 Annual Report of the internal audit service stated that the area had an effective and reliable framework of internal control. Where deficiencies in control had been identified they were being resolved in an appropriate manner by management.

Areas for improvement:

- The PPU was supervising a number of low risk of harm cases.
- The Audit Commission in Wales had produced a report on the Board structure and performance management framework, and had concluded that the committee structure adopted by the Board was inefficient, wasteful of resources and did not lead to effective performance management.
- The structure of DMs and SPs led to duplication and confusion and was not an efficient use of resources.

A3	Management and supervision of staff	Partly met
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Description:

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

Strengths:

- Completions of staff appraisals were monitored using a spreadsheet. If an appraisal was not done an explanation from the appraiser was sought and recorded.
- There was a staff development unit business plan for 2003/2004 in the EEM format. The key performance section was reviewed at the half-year point by the training committee of the Board. Comprehensive in-house training was provided, directly linked to the area business plan. The majority of staff had received training on racially motivated offenders which was commendable. Diversity training had been made available to all staff and Board members to effectively support their work.
- The report of a staff survey had been published in December 2002 and an action plan formulated in June 2003. This had been followed by an update written by the CO in September 2003. Although there was clearly a delay responding to the survey, the area had taken seriously the concerns raised by staff and was endeavouring to act on the points made.
- The area had experienced an IiP third review in July 2003. The review had concluded that it continued to meet the IiP standard.
- A PSO convention had been organised in October 2003. One of its purposes had been to explore the development of the role of PSO.

Areas for improvement:

- The area had made a number of decisions about the constitution of its workforce, for example the ratio of PSOs to POs, but there was no overarching workforce planning document. It was acknowledged that HR management had only recently been strengthened with the appointment of a HR Manager at DM level. HR needed a higher profile and prominence in strategic planning.
- The roles of SP and DM needed urgent attention. The role of SP had changed since its original creation in 1996 and the present lack of clarity for staff was having a negative impact on service delivery, particularly public protection, where accountability was muddled. Although it was acknowledged that SPs were making a positive contribution to staff development, the separation of the tasks of supervision and appraisal between two grades was complicated and resulted in DMs undertaking large numbers of appraisals, as many as 42 in one case. This issue had already been identified by the Audit Commission. The current structure also contributed to a sense that the SMT was too distant. Although the CO had made attempts to address in particular the role of the SP, the process had taken a long time and had drifted due to other competing demands on the organisation. The area had identified this issue as an improvement priority in its draft area Business Plan 2004/2005.
- The Board and SMT were actively addressing the high rate of sickness absence. Although this was in large part due to long-term sickness, short-term sickness figures were also high. The number of contacts with the counselling service had also increased significantly over recent months.
- The IiP third review feedback report had identified significant areas that should be improved such as internal communication, management effectiveness and a clear and integrated performance management culture. The issue of internal communication was now being addressed through the development of a relevant strategy.
- The staff supervision policy written in 1999 was now in need of revision.
- The Board had oversight of HR via the HR committee and the training committee. It was clear from the minutes of each committee that there was considerable overlap and duplication.
- The area had run a two-day internal training event on risk management and dangerousness, based on the *Management and Assessment of Risk in the Probation Service* pack produced in June 1997 by the Home Office Probation Unit, HMI Probation and the Association of Chief Officers of Probation. However, during the inspection it was apparent that some staff were not familiar with the area's public protection practice direction, or clear about the difference between high risk and very high risk of harm, and had failed to integrate OASys and MAPPA processes sufficiently.

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:

- Partnership liaison arrangements were strong. The area had developed a strategic approach to partnerships, supported by the integrated partnerships strategy 2003-2005. This provided the framework for managing the relationships with both the voluntary and statutory sectors, including outlining areas where future partnerships might be developed.
- A standard partnership contract had been drawn up incorporating targets, quality standards, equal opportunities, and monitoring and evaluation arrangements.
- A robust review system was in place, underpinned by set criteria which were undertaken via the partnership forum. Individual partnership reviews were led by the ACO. The area had demonstrated its capacity to make difficult decisions, such as terminating partnership arrangements where there had been issues regarding performance. The Board had oversight of all partnerships reviews, thereby ensuring existing arrangements met legislative obligations, provided value for money and improved the lives of offenders.
- The partnership forum met quarterly, and had encouraged a multi-agency working approach. Providers were enthusiastic about its existence, as it provided an opportunity for new staff to meet other agencies and for new partnership arrangements to be developed.
- The area had engaged the services of a specialist housing advice provider, Tai Trothwy, to work with offenders on issues regarding accessing appropriate accommodation and support, and operated the bond guarantee scheme throughout the area. Some effective work had been undertaken with regard to this particular partnership, such as supporting sex offenders in the community and offering support to offenders with learning disabilities.
- Provision for DV was delivered to perpetrators via a non-accredited group work programme managed by the NSPCC. This was an interim arrangement prior to the rollout of the nationally accredited DV programme.
- Some excellent examples of joint working, sometimes across the area's boundaries, with other statutory agencies such as the police and Social Services Department were evident. Joint protocols were in place with the police to effectively support this work, along with information-sharing guidelines.

GOOD PRACTICE EXAMPLE

The area had entered into partnership with Tai Trothwy who provided an accommodation and risk management scheme, as well as floating support for offenders who were a high risk of harm and had a high level of accommodation related needs that were a contributory factor to their offending. This innovative project offered support, as well as surveillance for a group of offenders who were difficult to accommodate in the community. It was a particularly useful project for staff in the PPU and had good links with other agencies such as the police.

Area for improvement:

- A lack of resources existed for offenders with substance misuse issues, resulting in strain upon the one main provider. This has been acknowledged and the area was working towards the availability of additional resources coming on-stream in the new financial year to alleviate the problem.

A5 Effective communication with sentencers

Satisfactorily met

Description:

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

Strengths:

- A service level agreement with Gwent magistrates' court and a protocol with the Crown Court were in place. A member of staff was seconded to the CPS to alleviate the delays that had occurred producing CPS documents for PSR writers.
- There was a court-users committee at Newport Crown Court that probation staff attended. Newport Crown Court had also held an open day in October 2003, which the area was involved in, along with partners. Two PLCs had recently amalgamated to form one Gwent-wide PLC with effect from 1st January 2004. This was seen by the Board to be a better structure and it had also received a contribution from the justices' annual training budget.
- One ACO had specific responsibility for relationships with the courts and had developed an area communications strategy for sentencers. The operational work was devolved to the DM for the court services unit and the area Sentencer Liaison Officer. A centralised breach unit was seen to work well, and had assisted with liaison arrangements between the area and court personnel.
- A sentencer satisfaction survey had been undertaken in 2003. Trend data for sentencer satisfaction for the work of the area overall, indicated that the target of 90% was consistently exceeded annually from 1999 with a near miss in 2002/2003 of 89%.
- The area had developed a Gwent community sentencing handbook, which was issued in September 2002. The handbook was clear and comprehensive, and gave specific details about probation partnerships and accredited programmes within the area.
- The accredited programmes unit had, with South Wales Probation Area, undertaken a joint programme of presentations to Crown Court judges on the range of programmes available within both areas. A separate presentation by the unit has been made to the PLC.
- Regular meetings took place between the Clerk of the Justices and senior and middle managers within the area.
- Training for over 100 new magistrates in 2003 had involved an observational placement and visits to some CP projects within the area as a familiarisation exercise.

Areas for improvement:

- ▣ It was not clear what contribution the area made at the Crown Court user committee meetings.
- ▣ Although a sentencer satisfaction survey had been undertaken, an issue remained concerning magistrates not feeling informed about a number of aspects of the work.
- ▣ The area communications strategy for sentencers needed to have information included regarding how it would be implemented and monitored.

SECTION B QUALITY OF ASSESSMENT

B1 Assessment of risk of harm

48%

Description:

Risk of harm is satisfactorily assessed using an approved instrument (OASys where available), specialist assessment tools, where relevant, and draws on MAPPA, other agencies' and previous probation service assessments.

Strengths:

- There was a close fit between planned interventions and risk of harm in the majority of cases.
- Where an OASys had been done it was generally an appropriate assessment of risk of harm in 80% of cases.
- In some cases OASys was used by probation and the police to improve risk assessments produced by the static assessment tool, Matrix 2000, for sex offenders and violent offenders.

GOOD PRACTICE EXAMPLE

To assess the risk of harm of a sex offender, the case manager needed to understand complex family relationships. The case manager constructed a genogram, which is a diagram that shows how people in multiple families are related and the nature of the relationship. It enabled the case manager and any staff using the file to quickly ascertain at a glance who was who in the offender's family network, as well as using the genogram in sessions with the offender.

Areas for improvement:

- In 40% of cases the initial risk of harm assessment was not satisfactory and in 62% of cases the reviews of the assessment were not satisfactory. In many cases this was simply because the assessments and reviews had not been done.
- In the majority of high/very high risk of harm cases and child protection cases, there was insufficient senior and middle management involvement. This result was mainly caused by the less than clear status of SPs and DMs in the management structure of the area. Also although the sample of 19 high risk of harm cases had been selected on the basis that they were cases supervised by the PPU, it became apparent during the first week of the inspection that about half of the 19 were not actually high risk of harm.
- In over two thirds of the high/very high risk of harm cases a satisfactory risk management plan had not been completed within five working days.
- In 34 cases there had been a significant incident which, in the opinion of the assessors, should have led to a review of the risk of harm posed by the offender. There was insufficient evidence in over half these cases that a reassessment of risk of harm had taken place.

B2	Assessment of likelihood of reoffending	77%
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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).

Strengths:

- The area had introduced a paper-based version of OASys and was in the final stages of implementing the electronic version.
- In 72% of cases the likelihood of reoffending and criminogenic factors had been satisfactorily assessed using an approved assessment tool.
- In the majority of cases there was a clearly identified score relating to the risk of reoffending.

Areas for improvement:

- In 28% of cases the likelihood of reoffending and criminogenic factors had not been satisfactorily assessed using OASys or another approved tool.
- A number of OASys assessments were incomplete and lacked supporting evidence.
- Several case managers had failed to make a clear distinction in their assessments between risk of harm and likelihood of reoffending.

B3	Case management	66%
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Description:

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

Strengths:

- The ISP was sensitive to race and other diversity issues in 79% of cases. This strength was particularly relevant when 17% of the offenders in the sample had a disability.
- In nearly all cases, steps had been taken to ensure that the offender fully understood the requirements of the order or licence. This was an excellent result which indicated the presence of an effective induction system.

GOOD PRACTICE EXAMPLE
<p><i>An ISP contained four SMART objectives relevant to the offender's pattern of offending. After the second interview it became apparent that the offender's bereavement was relevant to his drinking and likelihood of reoffending. The case manager amended the ISP by adding a further objective about emotional regulation involving a referral to counselling if required. This was an example of the case manager making full and proper use of the ISP and using the plan as a dynamic and professional tool contributing to the management of the case and the reduction of reoffending.</i></p>

Areas for improvement:

- In 39% of cases the ISP or CP assessment was scored as insufficient either through it not being completed on time, the content not meeting national standards or its lack of consistency with previous assessments.
- SMART objectives were not being evidenced in 36% of supervision plans, the most usual failing being the absence of a measure and time for achieving the objective.
- Of the supervision plans in 17 high risk of harm or child protection cases, ten were assessed as not having integrated the MAPPP action plan, or the action plan of another risk management meeting or child protection conference.
- Liaison responsibilities with others involved in the supervision of the offender were not clearly defined in 45% of cases.
- In 30% of cases the ISP was not communicated to the offender sufficiently so they could participate in the process.
- There was insufficient evidence of appropriate interventions having been identified to address offending behaviour and community integration in nearly a third of cases.

B4	Documentation	79%
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Description:

All relevant documentation is available and has been satisfactorily completed.

Strengths:

- 75% of case files were assessed as well organised and containing all relevant information.
- The recording on files was clear and sufficient in 82% of cases. This was a good result in the context of staff shortages and sickness absence.

Areas for improvement:

- The previous area inspection had identified that there was no record of MAPPP meetings on the relevant case files. During this inspection it was clear that notes from MARAG and MAPPP meetings continued to be kept separate from the file. This practice hindered the effective integration of the process of risk assessment and management operated by probation staff and the process under MAPPA. There was a need to have a third party section on the file in which MARAG and MAPPA information could be included.
- Case files for new orders or licences did not contain relevant documents from previous files on the same offender. This was particularly important for high risk of harm cases where crucial information might remain hidden in old files that were not easily accessible.

SECTION C QUALITY OF INTERVENTIONS

C1 Managing attendance and enforcement

88%

Description:

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

Strengths:

- In 89% of cases assessed the frequency of arranged contact conformed to, or exceeded, the minimum national standards, the requirements of the order or licence, the achievement of planned objectives and risk of harm considerations.
- Offender attendance was very well monitored across all interventions with appropriate action taken to secure compliance; 94% of cases assessed were satisfactory in this respect.
- Judgements about the acceptability of absences were seen as appropriate in 88% of relevant cases.

Area for improvement:

- Breach or recall action was required in 36 cases, but in only 29 of these did this action take place within the national standard timescale.

C2 Delivering appropriate supervision

67%

Description:

Interventions are delivered to achieve the objectives identified in the ISP and recorded according to the requirements of national standards. Supervision is prioritised according to an ongoing assessment of risk and need and takes account of previous reviews and work already undertaken by the area and other agencies. 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:

- Specialised interventions from external agencies mainly covered services such as drugs, accommodation and psychiatric treatment or counselling. The majority of criminogenic work was carried out by the area's staff. This was an appropriate mix.
- Work and resources directed at community reintegration issues were evidenced at a sufficient level in 82% of cases within the sample.
- There was some good evidence that case managers were motivating offenders by reinforcing the work undertaken by others and by engaging with the offender to prevent reoffending; this was evident in 81% of the case sample. Active liaison by case managers with others providing interventions was demonstrated in 78% of cases inspected.
- In 83% of CPO and CPRO cases, CP activity was deemed to occupy the offender fully and be demanding.

- A number of offenders were ‘in range’ for an accredited programme, but this had not been implemented. A number of reasons were given for these, for example, mental health problems or severe drug dependency. In the majority of cases, assessors deemed that the reasons given were appropriate.

Areas for improvement:

- In 43% of applicable cases, SMART objectives were not detailed in the supervision plan review documents.
- Timely commencement of an appropriate accredited programme was not sufficiently evidenced in 58% of cases examined.
- Addressing victim issues within supervision had not been satisfactorily undertaken in 60% of the case sample and the offender had not been sufficiently challenged to accept responsibility for the offence and its consequences in 40%.
- Furthermore, appropriate work to raise offender awareness of the impact of the offence on victims was not evidenced in 55% of cases. A third of the offenders interviewed indicated that they were not made more aware of victim issues through their contact with probation staff.
- In 35% of relevant cases, progress made against objectives had not been satisfactorily reviewed in line with national standards.
- In 39% of cases the appropriateness, timing and sequencing of interventions did not reflect the offender’s risk of harm and likelihood of reoffending.
- Additional requirements in an order or licence were not sufficiently implemented in 22% of relevant cases.
- A small number of offenders were at high or very high risk of committing offences of serious harm. The majority of reviews completed on these offenders failed to integrate the MAPPA action plan or action plan from another risk management meeting or child protection conference.

C3	Diversity needs	65%
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Description:

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

Strengths:

- Issues of literacy and dyslexia had been appropriately addressed in 73% of relevant cases.
- Consideration of relevant diversity issues with regard to interventions was satisfactorily demonstrated in 85% of the case sample.
- 88% of relevant cases showed that the delivery of interventions had been sensitive to race equality and wider diversity issues. There was evidence of attention being given to effectively supporting offenders with a range of diversity needs, including mental health issues, learning disabilities and childcare concerns. 83% of offenders who had been interviewed confirmed that their diversity or special needs had been addressed.
- Some partnership arrangements had responded to the needs of specific groups of offenders. With their agreement a small number of Asian offenders had been placed together on the

NSPCC DV programme with input from interpreters, an arrangement which offender feedback had highlighted as supportive.

GOOD PRACTICE EXAMPLE

An offender had had difficulty maintaining regular attendance at appointments due to being the sole carer of two young daughters. When the daughters were unable to attend school through illness the case manager made home visits to ensure that work on offending behaviour was completed as planned. Any missed appointments that were genuinely due to the offender's daughters' ill health were confirmed by the offender bringing in the labels of the medication, which were placed on file as evidence.

C4	Responsivity	72%
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Description:

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

Strengths:

- In the majority of cases it was clear that the case manager had given sufficient attention to the methods most likely to work with a particular offender. In the main, this included an assessment of motivation and capacity to change, and was informed by the initial OASys.
- The quality and degree of pre-release work undertaken by the area was consistent with the assessment of risk and need, and the offender's motivation and capacity to change in 70% of prison licence cases.

C5	Management of risk of harm	67%
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Description:

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

Strengths:

- There were 16 cases that involved child protection issues. In 13 of these there was evidence that the case manager had recognised the child protection matter and ensured liaison, appropriate to the case, to reduce the risk to the identified child. One case was scored as excellent.
- There were four high or very high risk of harm cases where a potential public protection issue had arisen, including the possible failure to meet additional licence conditions. In all four cases there had been an appropriate response.
- In 87% of cases the level of intervention was commensurate with the assessment of the risk of harm.
- There was evidence of generally high levels of contact with high risk of harm cases.

GOOD PRACTICE EXAMPLE

In the case of a 23 year old offender with escalating patterns of DV and child protection concerns, the initial assessment of risk of harm was low but the case manager then discovered issues that raised the level of risk. The intervention involved family members and a DV programme, coupled with social services parenting skills classes. There was evidence that the case manager had encouraged the offender to apply the learning acquired on the programme to everyday situations.

Areas for improvement:

- In nine high risk or very high risk of harm cases the risk management plan, produced under MAPPA or other inter-agency arrangements, was assessed as insufficient. Either the plan was not produced on time or the assessment of risk of harm did not explain or confirm the main 'risky behaviours', indicate what triggered them, state what restrictive interventions were being planned, and who was going to implement them and when. This was a poor result and the issue needed urgent attention.
- Child protection issues needed to be sufficiently addressed in all relevant cases.
- In 16 out of 38 cases where there had been a change in the risk of harm, this had not been sufficiently identified and managed, taking into account victim issues were relevant.
- In the majority of high risk or very high risk of harm cases there was insufficient evidence of the risk management plan being executed or reviewed.
- There was insufficient management oversight in line with national and area policy in 12 out of 17 high risk of harm cases.

SECTION D QUALITY OF INITIAL OUTCOMES

D1 Interventions are delivered with the desired outcomes

67%

Description:

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

Strengths:

- In 77% of the cases inspected it was clear that there had been no reoffending to date.
- The introduction of OASys meant that the area had improved its capacity to plan and measure objectives, even though so far OASys had been re-scored in only a small number of the cases inspected.
- The current offence for a third of offenders was violence against the person followed by theft and handling, and sexual offences. Case managers identified a number of criminogenic factors associated with offenders subject to supervision. The factors in broad order of frequency were: deficits in thinking skills, relationship problems, gambling, alcohol, peer influences, employment, accommodation, health problems, drug misuse, anger management and financial problems. An analysis of progress on these factors showed an improvement in 64% and no deterioration in 29% of them. Feedback from offenders that were interviewed indicated that they generally thought probation supervision was having a positive impact on their lives. 86% thought they were less likely to offend again due to probation intervention.
- In about half the cases in the sample there was evidence of improvement in the offender's community ties and social circumstances.
- Offenders attended all or nearly all planned appointments or work sessions in over three-quarters of the cases assessed.
- In 71% of the cases the offender was deemed to have complied with the conditions of the order or licence.

GOOD PRACTICE EXAMPLE

A case manager sustained an offender's attendance over and above the minimum national standard in order to address behaviour that related to their offending. This was done by attendance at an accredited programme, CP sessions and a basic skills course. As a result of these interventions over a four month period there was reduction of the OASys score from 92 to 82.

Areas for improvement:

- In the majority of cases where OASys had been re-scored, the results indicated an increased likelihood of reoffending or no change.
- In only 37% of relevant cases was there evidence of a positive change in attitudes, beliefs and behaviour in relation to offending, and an increased awareness of the effect of the offence on the victim(s).

- Of cases assessed as being at high risk of harm at the commencement of supervision, only about a third demonstrated a reduction in risk to date.
- In 58% of cases there was insufficient evidence that the offender had applied learning outcomes and skills acquired during the period of supervision.

D2	Improvements are sustainable	61%
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Description:

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

Strengths:

- In 66% of relevant cases there was evidence that case managers had given attention to long-term community reintegration issues and had made appropriate links with community and family resources.
- Attention had been given to ensuring that offenders maintained contact with mainstream organisations in 61% of the relevant cases.

GOOD PRACTICE EXAMPLE
<p><i>An offender in prison requested a transfer to a resettlement prison to enable him to work and continue to pay his mortgage. The case manager contacted the Governor and other prison service staff and completed a report to facilitate the transfer. The offender was transferred relatively quickly and was able to secure permanent work through the prison resettlement scheme and earn money to support his family. On release from custody the offender continued in the same employment.</i></p>

Area for improvement:

- There was scope for more work to be done in facilitating and sustaining offenders' contact with community resources and mainstream organisations. However, this was difficult in some parts of the area because of the inadequacy of public transport.

D3	Outcomes of interventions are assessed and reviewed using available data	Not met
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Description:

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

Strength:

- The introduction of OASys would enable the area to measure changes in the impact of criminogenic factors on offenders at the start and end of supervision.

Areas for improvement:

- There was little evidence of case managers reviewing cases in terms of the quality of outcomes.
- The Board and senior managers did not routinely consider outcome measures.
- Research findings were not regularly provided to staff to inform policy and practice.

Description:

Interventions are delivered with efficient and appropriate use of resources.

Strengths:

- The area was generally efficient in matching resources to risk of harm and the likelihood of reoffending.
- In 75% of cases, resources were being used efficiently in achieving planned results.
- The grade of the current case manager for the offenders in the sample was nearly equally split between PSOs and POs. This indicated a good use of both grades and was in line with the area's intention to achieve such a profile for its workforce in anticipation of future likely work demands.

Areas for improvement:

- There was evidence that the PPU were managing cases that were not high risk of harm cases. The level of contact with these offenders was generally high, but with medium and low risk cases such high levels of contact were not commensurate with the risk of harm and thus there was a lack of targeting of resources.
- 56% of offenders had experienced more than one case manager. Of these over a third had been supervised by two case managers and nearly a half by three case managers. The impact on the offender and the resources used every time an internal transfer had taken place needed to be addressed.

THEMATIC ELEMENT: DOMESTIC VIOLENCE

SUMMARY OF THE PROVISIONAL FINDINGS FOR GWENT

Introduction

Every inspection in the ESI programme includes a thematic element. For the second group of seven areas visited this element was DV. A full report on the whole thematic inspection will be published as soon as possible after the visit to the last of these areas.

A set of standards has been developed for the thematic element that represents best practice in the field of probation DV work. This inevitably means results that fall short of a perfect score and applies particularly in the case of DV where the work is carried out in a complex multi-agency setting. Nationally there is considerable scope for improvement because of the lack until recently of a clear strategic direction. The area's results should be seen in this light.

It should also be taken into account that the cases scrutinised as part of this inspection pre-dated recent national developments such as the implementation of accredited programmes and the introduction of a standard DV assessment tool.

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

Quality ratings

Quality of DV Management: Of the six relevant Management criteria (A1-A5 and D3), one was well met, three were partly met and two were not met.

The other criteria were scored by analysing the DV work done by the area with 22 cases where DV was, or should have been, a significant feature of supervision. The scores for the individual questions (listed further below) were weighted and aggregated to produce the following three quality ratings.

<i>Quality of DV Assessment</i>	44%
<i>Quality of DV Interventions</i>	71%
<i>Quality of DV Initial Outcomes</i>	35%

Overall assessment

Gwent Probation Area had maintained a strategic focus on DV issues in collaboration with other agencies and was actively participating in some innovative inter-agency developments. It was a source of frustration to practitioners and managers that an accredited programme had not been available. The area had reasonably decided to continue a partnership with NSPCC to deliver a perpetrator programme. Some good practice was identified during the inspection but there were many aspects of individual practice that needed improvement, particularly risk of harm assessment and management.

Recommendation

The Probation Board should ensure that the area:

- ▣ *improves the quality of assessment and management of risk of harm in DV cases*
- ▣ *monitors, reviews and evaluates the effectiveness of both restrictive and constructive DV related interventions*
- ▣ *improves liaison between case managers and NSPCC programme tutors.*

SECTION A QUALITY OF DV MANAGEMENT

A1: Leadership and planning:	Assessment
<p><i>In conjunction with partner agencies, the area operates a comprehensive DV harm reduction policy consistent with national guidance and supported by a strategic implementation plan. Effective management structures and processes exist for delivering DV policy, and managers are held accountable for its effective operation.</i></p>	<p>PARTLY MET</p>

Strengths:

- Gwent Probation Area had implemented a DV policy, strategy and practice guidelines in March 2002. It was a helpful framework for practitioners. In order to be fully comprehensive and fit with the latest developments with the rollout of an accredited programme, the area recognised that it would need to be updated.
- Probation were active members of the Pan-Gwent DV Forum, which was described as not having been fully effective, although there had been recent improvements.
- Under the auspices of the Gwent Criminal Justice Board the probation area was also an active member of the Gwent DV Project which aimed to bring more DV offences to justice, improve victim/witness satisfaction and safety, address equality, diversity and discrimination issues and integrate the needs of children as victims/witnesses. A comprehensive set of protocols had been developed. The probation area had seconded a member of staff to be a lay advocate for DV victims/witnesses. The pilot was to run in Caerphilly and was funded and supported by the Home Office. Probation representatives had updated the Pan-Gwent DV Forum on the development of IDAP.
- Police and social services representatives reported that there had been good liaison with probation although this had been reduced when there had been a vacancy for the manager of the probation PPU.
- In collaboration with other probation areas in Wales the area had put in a successful bid for joint early implementation of the accredited programme IDAP.
- Senior managers had demonstrated a commitment to improving DV services by responding to local and national initiatives, for example, as members of the Gwent DV Project steering group. They also supported the attendance of middle managers at local DV forums.

Areas for improvement:

- The DV policy and HR policies did not cover staff as perpetrators/victims.
- The area did not have any specific targets or performance indicators for DV.
- There were no monitoring reports available on performance in relation to DV with the exception of the small number of cases on the NSPCC programme.

A2: Resource allocation:	Assessment
<i>The area demonstrates a strategic approach to effective resource allocation for DV work.</i>	PARTLY MET

Strength:

- ▣ Unlike many other probation areas, Gwent had continued to provide resources in the form of a partnership contract with NSPCC for the provision of 16 places per year on a perpetrator programme. This also included victim safety work where relevant. Resources had been directed towards training, local DV coordinators and the Gwent DV Project.

Areas for improvement:

- ▣ The area lacked clarity about the DV related results they were trying to achieve although as part of their work with local DV forums the area was contributing to the development of local strategies.
- ▣ DV cases were allocated according to risk of harm category with high/very high going to POs and low/medium to PSOs. There was also provision for reallocation where risk levels changed. Evidence from the fieldwork showed that this did not always happen appropriately. Managers reported that the area was moving to a view that all DV cases should be held by POs.

A3: Management and supervision of staff:	Assessment
<i>The area's HR policies, strategies and personnel management practice ensure the effective delivery of DV harm reduction work.</i>	NOT MET

Strengths:

- ▣ Supervision and appraisal was provided routinely for case managers.
- ▣ Counselling services were available for all staff.

Areas for improvement:

- ▣ The area's HR policies did not address DV related issues, for example, staff as victims and perpetrators.
- ▣ Although some practitioners had attended multi-agency awareness training, the area had not ensured that all practitioners and managers undertaking DV related work had sufficient knowledge, skills and understanding for the task. Victim contact staff had not been offered the opportunity to attend DV related training.
- ▣ The area was not able to provide an expert resource for consultation on DV related practice issues.

A4: Partnership/contracting out:	Assessment
<i>Area partnership management ensures effective DV harm reduction.</i>	WELL MET

Strength:

- ▣ Gwent had a well-established partnership with NSPCC for an advice and assessment service and the delivery of a perpetrator programme and associated victim safety work. There was an agreement that this would continue until the accredited programme was rolled out. The contract included targets, and monitoring information was provided quarterly.

A5: Effective communication with sentencers:	Assessment
<i>Area communication with sentencers and justices' clerks supports DV harm reduction.</i>	PARTLY MET

Strength:

- ▣ With the implementation of the contract with NSPCC all benches had been briefed about the programme and written information was made available with each PSR proposal.

Area for improvement:

- ▣ The area did not feedback information about DV related outcomes to sentencers.

SECTION B QUALITY OF DV ASSESSMENT

B1: Assessment of risk of harm:	Score
<i>Risk of harm is satisfactorily identified and assessed using approved tools, drawing on relevant assessments, available victim information, previous convictions and knowledge of DV risk factor.</i>	35%

Areas for improvement:

- ▣ In a third of cases it was considered that the risk of harm category was not accurately assessed.
- ▣ Only ten out of 22 risk of harm assessments at the start of supervision were sufficient in relation to DV issues. In six out of 19 cases risk if harm was reviewed every four months and in less than half of cases where there had been a significant incident that might give cause for concern.
- ▣ In 15 out of 22 cases information had not been sought from police DV units. In only 11 out of 21 relevant cases social services had been contacted for information to contribute to the risk of harm assessment.
- ▣ Where victim contact staff were involved they were approached for information for assessment purposes in neither of the relevant cases.
- ▣ Only two out of five of relevant cases had a satisfactory risk of harm plan within five days of commencement/release.
- ▣ In risk management plans for high and very high risk cases DV was satisfactorily addressed and a victim safety plan included in only one of the seven relevant cases.
- ▣ In four out of 14 relevant cases appropriate additional orders, conditions and/or requirements were not recommended and incorporated into the orders or licences.

B2: Assessment of likelihood of reoffending:	Score
<i>DV-related criminogenic factors and reoffending probability are identified and assessed using approved tools, drawing on all available information and previous assessments.</i>	47%

Areas for improvement:

- In only 11 out of 21 cases were the likelihood of reoffending and DV related criminogenic factors sufficiently addressed which was disappointing given the strong links between, for example, alcohol misuse and DV.
- In only nine out of 22 cases was a sufficient DV perpetrator history ascertained and in only nine out of 19 cases was it taken into account sufficiently in supervision.

B3: Case management:	Score
<i>The case is managed effectively. Supervision plans/CPO assessments incorporate appropriate coordinated and sequenced interventions designed to minimise assessed DV-related risk, address associated criminogenic needs and accommodate relevant victim/diversity issues.</i>	51%

Areas for improvement:

- Appropriate interventions commensurate with risk management plans had only been put in place in 11 out of 21 cases. The lack of an accredited programme made it difficult for the area to achieve high scores in relation to planned interventions, although the NSPCC programme was a reasonable interim arrangement. The perpetrator programme was based on the Duluth model and ran for 13 weeks. The group work took place in Cardiff which meant this facility was restricted to those offenders with access to good public transport links or who had their own transport. This was a particular problem for offenders from north-east Gwent. The contract also included pre-programme sessions, a maintenance programme and victim and children's work. The inspection found some shortcomings in the liaison arrangements between case managers and the programme staff.
- Liaison arrangements were specified in supervision plans in only eight out of 19 cases. There was too little information included about contact details and frequency.
- Victim safety issues were taken into account when planning interventions in only six out of 15 cases, although diversity issues were better addressed in ten out of 14 relevant cases.

B4: Documentation:	Score
<i>All relevant documentation is available, satisfactorily completed and appropriately stored.</i>	41%

Areas for improvement:

- Case recording was not clear and sufficient in five out of 22 cases.
- There was a sufficient record of DV related plans and interventions delivered by other staff or providers in nine out of 16 cases.
- The storage of confidential information depended in part upon the extent to which the file format enabled this. The 12 out of 16 cases where this was insufficient demonstrated that the file did not enable confidential and third party information to be kept safely.

SECTION C QUALITY OF DV INTERVENTIONS

C1: Managing attendance and enforcement:	Score
<i>Contact with the offender and enforcement of the order/licence is planned and implemented to meet DV risk management requirements.</i>	88%

Strengths:

- In 15 out of 17 cases the nature and frequency of contact took into account DV related concerns.
- Victim protection was considered in achieving compliance in nearly all relevant cases.
- Where there were restraining orders or injunctions in place information about breach of these by the offender was passed promptly to the relevant authority.
- Appropriate judgements about acceptability of failures were made in 15 out of 17 relevant cases.
- Seven out of eight offenders where breach/recall was required were dealt with within national standards timescales.

Areas for improvement:

- Three DV offenders at some point in their supervision just 'signed in' rather than being seen by their supervising officer or a substitute.
- In eight out of 11 cases compliance and enforcement took into account DV related concerns.

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

Areas for improvement:

- The timeliness and content of reviews was disappointing with over a third of cases failing to meet the standard.
- Supervision plan reviews integrated issues from multi-agency risk management plans in only a fifth of cases dealt with under MAPPA.
- In ten out of 19 cases appropriate DV interventions had not been carried out sufficiently. There was often a considerable time lapse between the commencement of the order or release on licence and the start of programme work.
- Practitioners motivated the offender and reinforced the work of others in relation to DV interventions in ten out of 14 cases.
- There was scope for practitioners to motivate the offender and reinforce the work of others in relation to DV interventions in a greater number of cases. There were also examples of insufficient liaison with those providing interventions for perpetrators e.g. case managers did not routinely share their risk of harm assessment with the leaders of the NSPCC programme.
- In nine out of 20 cases victim issues were not properly addressed during the delivery of interventions and in six out of 20 cases insufficient work was done to raise the offenders awareness of the impact of their offending on the victim.

- When new information or an increase in risk of harm gave cause for concern, additional restrictive or constructive interventions were only incorporated into supervision in seven out of 11 cases.
- In five out of 21 cases the delivery of interventions did not take into account DV harm reduction objectives.
- Use of specialist resources was only sufficient in ten out of 18 cases and was monitored and reviewed in five out of 12 cases.

C3: Meeting diversity needs:	Score
<i>DV-related service delivery meets diversity needs and appropriate support arrangements are in place.</i>	89%

Strength:

- Interventions in eight out of nine relevant cases were sensitive to diversity issues.

C4: Responsivity:	Score
<i>Offender characteristics, learning style, motivation and capacity to change are taken into account in the intervention plan.</i>	48%

Areas for improvement:

- In 12 out of 19 cases appropriate consideration was given to the most effective methods to be used with offenders.
- It was disappointing that the quality of pre-release work was up to standard in only one out of three DV prison licence cases.

C5: Management of risk of harm:	Score
<i>Risk of harm is actively managed in collaboration with others.</i>	54%

Strengths:

- It was of credit to the area that home visits had been done in nearly all high/very high risk of harm cases.
- 12 out of the 13 cases that involved risk to children showed that interventions had sufficiently addressed the risks to them, although it was a matter of concern that there was even one case where this was not done.

Areas for improvement:

- Interventions appropriate to the assessment of risk of harm were delivered in 12 out of 19 cases and in six out of 11 cases changes to the level of risk were not appropriately identified and managed.
- In only two out of five cases where MAPPA were in place was there a good risk management plan. For these high and very high risk cases only 100% is acceptable.
- It was particularly disappointing that victim protection was paramount in only 12 out of 22 of cases.

SECTION D QUALITY OF DV INITIAL OUTCOMES

D1: Interventions are delivered with the desired outcomes:	Score
<i>DV harm reduction objectives are achieved and risk of harm/reoffending is demonstrably reduced.</i>	35%

Areas for improvement:

- ❑ Five out of 22 offenders had made court appearances since commencement although there were others where there had been DV related behaviour short of a criminal offence.
- ❑ Offenders had attended all or nearly all DV related appointments in just nine out of 16 cases.
- ❑ Only just over half of offenders had made improvements in top priority criminogenic factors and seven out of 21 had improved attitudes, beliefs or behaviour linked to their offending.
- ❑ Six out of 13 offenders who had additional DV related conditions did not keep them.
- ❑ There had been confirmation by victims of no further DV related behaviour in only four cases although this increased to seven cases where there had been no further police call-outs.

D3: Outcomes of interventions are assessed and reviewed using available data:	Assessment
<i>Outcome data are used to evaluate effectiveness and inform future policy and practice.</i>	NOT MET

Strength:

- ❑ The programme leaders reported a 10% reassault rate using police call out information for those perpetrators who had completed the programme.

Area for improvement:

- ❑ The area did not collect outcome data on DV cases in general. However the NSPCC project was able to provide detailed information about offenders progress as well as outcome data for those who had completed the programme.

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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