



*Effective  
Supervision  
Inspection*

*of the  
National Probation Service for  
England and Wales*

Follow-up report on:  
*Gwent Probation Area*

2005

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

Home Office

## **FOREWORD**

The follow-up inspection was undertaken due to our concerns about the assessment and management of high risk of harm cases in the Gwent Probation Area. It focused on the area's assessment and management of offenders' risk of harm one year on from the original inspection. The results are disappointing and actually show a substantial drop in performance across many areas of practice.

Although the Chief Officer, Chair and senior managers have addressed the recommendations of the original inspection, insufficient attention has clearly been given to the management and performance of the area's Public Protection Unit that is crucial to achieving any improvement in the supervision of these offenders. Work also still needs to be done to produce an up-to-date public protection policy and procedure. More importantly the area needs to address urgently the completion of OASys for all high risk and very high risk of harm cases.

Due to these poor results, HMI Probation will be expecting the National Probation Directorate to work with the area to produce evidence of substantial improvements when an internal inspection of high risk of harm cases takes place in nine months time.

*Andrew Bridges*  
*HM Chief Inspector of Probation*

*May 2005*

## **ACKNOWLEDGEMENTS**

We would like to express our thanks to the Gwent Probation Board, its managers and staff for the considerable assistance received in enabling the inspection to proceed smoothly. Without their help the work could not have been completed successfully.

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## **GLOSSARY**

ACE	Assessment, Case Recording and Evaluation System
ACO	Assistant chief officer
CO	Chief officer
CPO	Community punishment order
DM	Divisional Manager
ESI	Effective Supervision Inspection
HMI Probation	HM Inspectorate of Probation
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
OASys	Offender Assessment System
OGRS2	Offender Group Reconviction Scale
PPU	Public Protection Unit
PSR	Pre-sentence report
SMART	Specific, Measurable, Achievable, Realistic and Time-bounded
SP	Senior Practitioner
SSR	Specific sentence report

## REASONS FOR UNDERTAKING THE FOLLOW-UP

- The Gwent ESI report, published in May 2004, concluded that the area was gradually improving its performance relative to other probation areas with particularly positive findings on diversity issues and the management of attendance and enforcement. However, the assessment and management of high risk of harm offenders needed to be improved, as shown in the following:
  - management oversight of high risk of harm cases was inadequate, partly due to the confusion about the role and responsibilities of the SP and DM
  - the learning points from full reviews of serious further offences were not collated or disseminated throughout the organisation
  - staff were not familiar with the public protection policy and procedures
  - the public protection team was managing cases that were not a high risk of harm
  - initial risk of harm assessments and reviews were lacking
  - risk management meeting plans were not integrated within ISPs.
- These concerns were addressed in four of the report's recommendations:

*The Probation Board should ensure that:*

1. *there is appropriate senior management involvement and clear lines of accountability in the assessment and management of high risk of harm cases*
2. *the learning points from full reviews on serious further offences are collated and systematically shared with staff*
3. *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*
4. *all cases have their risk of harm assessed and that all assessments are reviewed at the interval prescribed by national standard requirements.*

## SUMMARY OF THE FINDINGS OF THE FOLLOW-UP

### Key findings

- **Quality of Management:** The area had responded positively to the recommendations of the original report by way of a detailed action plan. The CO and Board Chair were committed to improving practice in the assessment and management of high risk of harm offenders. Gwent had made significant progress by simplifying the structure, reducing the number of layers in the organisation, and making lines of accountability clearer which was essential for the effective management of high risk of harm offenders. An allocation matrix had been introduced to identify appropriate cases for the PPU and the caseload for individual staff working in the PPU reduced. The area had also undertaken an audit of the completion of OASys, and a skills audit to assess staff competence and training needs for managing specific types of high risk of harm offenders. Staff were briefed at team meetings and a process to disseminate the learning points of serious further offences was in place. Although practice directives had been issued on a number of subjects pertaining to public protection and MAPPA, there was still a need to encapsulate recent directives within a revised public protection policy and procedure as soon as possible.
- The results of the area's own audit of the completion of OASys indicated that overall completion rates at the commencement of an order or licence were good, although there was room for improvement with timeliness and reviews. These results were in contrast to the performance in the PPU where the non-completion of OASys was an issue that management needed to address urgently. Poor performance by the PPU was also confirmed in the inspection of high risk of harm case files where, despite all this activity and commitment, it was very disappointing that the results of the inspection were significantly worse than the area's performance a year ago. There had not been consistent middle management oversight of the PPU nor had the area audited its case files immediately after the initial inspection or on a regular basis since then. It was therefore too late to take any action when discovering in November 2004 that performance within the unit was poor.
- **Quality of Assessment:** OASys had not been completed in the majority of cases and, consequently, assessments of the risk of harm and likelihood of offending were absent, as were risk management plans and ISPs. Involvement of middle and senior managers in the assessment of high risk of harm cases was also insufficient. There was little evidence of attention to race and diversity issues and the integration of plans from other inter-agency risk management meetings. The recording of information was not sufficient and case files were often disorganised with key documents missing.
- **Quality of Interventions:** Enforcement required more attention and the ability of staff to deliver appropriate supervision was hampered by the lack of ISP reviews and less than SMART objectives. Planned interventions were not being carried out, work with offenders on victim issues was not taking place and there was insufficient attention to diversity issues. However, there had been an improvement in pre-release work and good quality inter-agency risk management plans were also produced in just over two-thirds of cases, although their actions were not always executed or reviewed. There was room for improvement in management oversight of high risk of harm cases, addressing child protection issues and increasing the number of home visits.

### Next steps

- This report has been submitted to the Secretary of State and copies provided to the Chief Executive of NOMS, the National Offender Manager, the Director of the NPS, the Probation Board and CO. It is also available on the website of HMI Probation at:

<http://www.homeoffice.gov.uk/justice/probation/inspprob/index.html>

- Due to the poor results of the follow-up inspection, HMI Probation will require Gwent Probation Area to undertake a further internal inspection of high risk of harm cases in nine months time and let us and the NPD know the findings. Details of the internal inspection will be discussed with the area in due course.

## INSPECTION ARRANGEMENTS

- The ESI programme started in June 2003. All 42 probation areas comprising the National Probation Service for England and Wales are being inspected over a three year cycle, with areas of similar characteristics (in terms of size and population density) visited in the same year to facilitate comparisons in performance. This enables us to identify and promote effective work with offenders and disseminate information about good practice.
- Probation areas are being assessed on how well they have met defined inspection criteria focusing on the:
  - overall management of the area
  - quality of the assessments carried out on offenders
  - quality of the interventions carried out with offenders
  - initial results of the interventions, both in relation to criminogenic factors such as employment, accommodation and substance misuse, and also whether there has been any reduction in the risk of harm and the risk of reoffending.
- The inspection takes account of the regular NPS performance data. These are produced by the NPD who are responsible for their collection and quality assurance.
- The Gwent follow-up inspection was a limited exercise that further examined the area's assessment and management of offenders' risk of harm, one year on from the original inspection. It involved an inspection of all high risk of harm cases, comparing results with high risk of harm cases inspected in the original ESI. There was also examination of the area's action plan, how this had been implemented, and of the findings of internal audits. Meetings were held with the Board Chair, CO, senior managers, practitioners, and police and prison representatives involved in MAPPA.
- This report uses a similar framework to the ESI report in assessing the area's performance against the criteria that are relevant to the issues addressed in the follow-up. We have rescored those assessment and interventions criteria where it has been possible to make a direct comparison. However, the management section has not been rescored because of the follow-up's narrower focus to the original inspection.

## SECTION A QUALITY OF MANAGEMENT

### A1 Leadership and planning

#### 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.*

- The area had responded to the recommendations of the original report by producing an action plan that listed specific tasks to be done, who was responsible for achieving the task, a target date for completion and whether the task had been completed or not.
- The PPU Business Plan for 2004/2005 linked the need to improve standards with the recommendations and findings of the initial ESI report.
- Lines of accountability were much clearer since SPs and DMs had been replaced by a single middle manager grade. Public protection arrangements and the responsibilities and roles of the Board and staff were depicted in an organisational chart.
- There was some evidence of senior management involvement on case files. The ACO (Public Protection) would occasionally request sight of a file if there were concerns or issues. Middle managers had been instructed to refer MAPPA Level 3 and appropriate Level 2 cases to the appropriate ACO, and these cases were also to be discussed in supervision with individual staff. Although the senior management team believed there were now systems in place to ensure senior management oversight of high risk of harm cases, that belief was not adequately evidenced in the results of this inspection.
- The CO had developed a process to ensure that the learning points from serious further offences were collated and systematically shared with all staff. There was evidence that recent examples had been dealt with in this way, with eight reported serious further offences in the period April to September 2004. However, some staff interviewed during the inspection could not remember being given this information.
- It was acknowledged that the public protection policy and procedures needed to be revised. This was particularly urgent to ensure that recent numerous changes to processes and procedures, communicated by practice directives, were coherent and easy for front line staff to assimilate. This task was being addressed at the time of the follow-up inspection.
- There was evidence of positive working relationships under MAPPA between police and probation and, more recently, with the prison service. However, staff understanding of MAPPA was mixed. There was confusion amongst some of them about the correct procedure for referring a case to a MAPPA Level 2 or 3 meeting, although there was clarity about the difference between the two levels.
- Since March 2004 the area had had a system in place which enabled managers to identify individual staff who had not completed OASys on time. This information was passed to middle managers to action. Despite this process the results from the follow-up inspection of 15 high risk of harm files, managed by the PPU, were disappointing. Risk of harm

assessments and reviews were not being prepared either at all or in a timely fashion. The results of a self-assessment of 52 public protection cases conducted by the area, which were available in November 2004, reflected similar findings. Of the 52 cases, in 30 risk assessments had not been completed within five working days, in 14 ISPs had not been prepared in 15 working days and in 26 the plans had not reviewed within 16 weeks. The ACO had requested an explanation from the middle manager about why such poor practice had not been identified earlier and an action plan created to ensure it was not repeated.

- In December 2004 the area had also undertaken an audit of cases supervised by other teams to determine whether they included risk assessments and timely risk reviews. The results indicated that performance could have been better, although completion rates of OASys at the commencement of an order or licence were positive. Overall timeliness could be improved as well as the number of completed reviews. It was clear to us that performance issues in relation to the completion of OASys resided mainly within the PPU, which was extremely worrying given the dangerousness of the offenders they supervised.
- The PPU had a recent unsettled period. At the time of the original inspection its manager had been suspended from work. Since then it had had two managers, with a third about to start in March 2005. The results and implications for them of the inspection were not considered by the team until four months after the report was published. It was clear from team meeting notes and interviews in the follow-up inspection that PPU staff considered the electronic version of OASys to be time-consuming and not a good enough tool for recording all information. All of this had contributed to the poor results achieved. However, it was also clear that senior managers had failed to give sufficient prompt attention to the team's work and performance.

## A2 Resource allocation

Description:

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

- In April 2004 a business process improvement project plan had been produced to identify appropriate cases to be supervised by the PPU. From October 2004 the area had introduced an allocation matrix, with associated practice guidelines, which helped to ensure that appropriate high risk of harm cases were allocated to the PPU. Practitioners had generally welcomed this. Only sex offenders assessed as a high or very high risk of harm would be supervised by the PPU and, consequently, lower risk sex offenders would be managed by other staff. This had required the area to undertake a survey of staff concerning current knowledge and willingness to work with sex offenders, as well as plan for training needs.
- The workload for the PPU had been reduced from about 45 cases to 25 per officer with the expectation that 15 would be managed in the community and 10 in custody. In addition, all PSRs on sex offenders were completed by the PPU.

### GOOD PRACTICE EXAMPLE

*In May 2004 the area had conducted a skills audit to ascertain the nature and extent of staff knowledge about working with sex offenders, violent offenders, perpetrators of domestic violence and racially motivated offenders. The survey also ascertained what relevant training staff had received and what training they felt they required. From the information gained concerning working with sex offenders, a training and development plan for staff was created.*

#### A3 Management and supervision of staff

Description:

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

- Teams had been briefed and practice directions issued on a number of topics which came under the umbrella of public protection and MAPPA. A useful summary of the MAPPA guidance had been produced, with a list of strategic questions for the area to consider in relation to the implementation of the guidance.
- All staff had received training, cascaded down by middle managers, on the area's allocation matrix and MAPPA.

## SECTION B QUALITY OF ASSESSMENT

B1	Assessment of risk of harm	Original inspection	55%
		Follow-up inspection	18%

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.*

- Only 20% of the follow-up cases had a satisfactory risk of harm assessment. In the remaining 80% there was either no evidence of an assessment being done at all or, if they were completed the quality was insufficient. This was a decline from the original ESI when 58% of cases had had risk of harm assessments of a sufficient standard.
- None of the cases in the follow-up sample could demonstrate that a review of risk of harm had been undertaken at the required 16 week period as required by the national standard, compared to the original ESI when a review had been done in 42% of cases. Again, the issue was either that they were not done at all or their quality was inadequate.
- In six cases there was evidence that significant incidents had occurred that should have required the risk of harm to be reassessed. In all six cases a review of the level of risk of harm had not been done.
- Less than half of the cases showed a close fit between the assessed level of risk of harm and the interventions planned, as opposed to a figure of 91% in the original ESI.
- A satisfactory risk management plan had been produced within five working days as required by the national standard in only one of the relevant high risk of harm cases.
- Only 22% of relevant cases had evidence of appropriate middle and senior management involvement in the assessment process. Although this was a better figure than in the original ESI, where none of the cases had shown this, it was still unacceptably low.

**Conclusion:** *Further work was needed to ensure that all cases had a timely and completed risk of harm assessment and review, planned interventions fitted the assessed risk level and there was a risk management plan in relevant cases. There was inadequate involvement of middle and senior managers in high or very high risk of harm assessments.*

B2	Assessment of likelihood of reoffending	Original inspection	46%
		Follow-up inspection	70%

Description:

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

- At the time of the ESI the area had been using the paper version of OASys and was in the final stages of rolling out the electronic version. In 92% of the relevant cases the likelihood of reoffending and criminogenic factors had been satisfactorily assessed. It was disappointing, therefore, to see that in the follow-up file sample those factors had been satisfactorily assessed in only 53% of cases, the issues being the incomplete use of OASys as an assessment tool and/or a lack of supporting evidence.
- In 87% of cases there was a clearly identified score relating to the likelihood of reoffending.

**Conclusion:** *We assessed the area as demonstrating insufficient improved performance, despite the better overall score for this section. Further work was needed to ensure consistent use was made of OASys to assess the likelihood of reoffending and criminogenic factors.*

B3	Case management	Original inspection	55%
		Follow-up inspection	21%

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.*

- Whilst in the ESI ISPs were assessed as sufficiently meeting content and timeliness requirements in 33% of cases, this figure had decreased in the follow-up with only 13% of cases sufficiently demonstrating those requirements. We found that a small number did not have an ISP at all and, where there was one, the content did not sufficiently reflect the complex nature of the cases and/or previous relevant assessments.
- SMART objectives were used in only 13% of ISPs in the follow-up sample, compared with 42% in the original ESI. Objectives were generalised, not time set and insufficiently reflected case complexity.
- Risk management plans from MAPPAs and MARAGs were integrated into ISPs in only 11% of relevant cases. This compared unfavourably with the original ESI where integration took place in 33% of relevant cases, in itself not a particularly satisfactory figure.
- Offender participation in supervision planning was evident in only 14% of cases, as opposed to the original inspection when 83% of files showed that the ISP had been communicated to offenders in such a way as to facilitate their involvement.
- Appropriate interventions were identified in only 13% of the follow-up cases compared with 67% in the ESI. ISPs also clearly defined liaison responsibilities in only 7% of cases, even

though other parts of the files referred to various people being involved in the delivery of interventions.

- In the original ESI in 90% of cases ISPs were sufficiently sensitive to race and diversity issues, compared to only 15% in the follow-up sample. Even though offenders in the follow-up presented issues related to, for example, mental health or basic skills, these were not always acknowledged in the ISPs.
- 80% of files showed that offenders were clear about the requirements of their order or licence. Whilst this was a decrease from the original ESI figure of 92%, it nonetheless showed that case managers were active in ensuring offenders understood what was expected of them.

**Conclusion:** *Required improvements had not taken place and previous strengths had declined. More work was needed on the various deficits of supervision planning identified above, including incorporating risk management plans from MAPPPs and MARAGs.*

B4	Documentation	Original inspection	87%
		Follow-up inspection	30%

Description:

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

- The recording of information was clear and sufficient in only 53% of cases, whereas in the original ESI it had been 91%.
- Only 7% of files were considered to be well organised and complete, compared with a figure of 83% in the ESI. The figures arose from the absence of documentation we would have expected to see had risk of harm and likelihood of reoffending assessment taken place. It was also found that in certain cases there was no information about MAPPP or MARAG meetings or whether action points from those meetings were taken up.

**Conclusion:** *We assessed the area as showing a decline in its performance related to case records.*

## SECTION C QUALITY OF INTERVENTIONS

C1	Managing attendance and enforcement	Original inspection	93%
		Follow-up inspection	64%

### Description:

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

- ▣ Frequency of arranged contact conformed to or exceeded national standards in 92% of cases in the original ESI, but this was not sustained in the follow-up when it occurred in only 60%. There were examples of offenders now being offered fewer appointments in the initial stages of supervision.
- ▣ In 73% of the follow-up cases there was evidence of case managers monitoring attendance related to other interventions, taking action where necessary to ensure compliance. However, in the original ESI this had been done in all cases.
- ▣ Judgements about the acceptability of absences were considered to be appropriate in 64% of follow-up cases, compared with 80% in the original inspection.
- ▣ Although breach was required in a third of the follow-up cases, in only 60% of these was the action taken within the ten days national standard requirement. It was not always clear in records why there had been a delay. In the original inspection all breaches had been undertaken within the national standard timescale.

**Conclusion:** *There had been a slippage in performance compared with the ESI and there was a need for greater attention to be paid to arranging contact, monitoring attendance, judging the appropriateness of absences and timely breach.*

C2	Delivering appropriate supervision	Original inspection	54%
		Follow-up inspection	32%

### 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.*

- ▣ Progress against objectives in ISPs was satisfactorily reviewed in line with national standards in only 13% of the follow-up cases, a figure that reflected both the absence of reviews altogether or their lateness. In the original inspection the figure had been 40%. SMART objectives featured in only 20% of cases, a similarly low figure to that of 27% in the ESI.
- ▣ Evidence that appropriate interventions were being carried out was evident in only 13% of the files reviewed, compared with 64% in the original ESI.

- Concerns regarding accredited programmes raised in the original ESI continued to be apparent in the follow-up. Out of the relevant follow-up cases, 84% had not begun a programme within national standard timescales, one reason being the area’s insufficient capacity to run programmes. In other cases the reason for a delay in starting a programme was not clearly recorded.
- Additional requirements in orders or licences were being implemented in 75% of the follow-up cases compared with all cases in the original inspection.
- In the ESI only 33% of the cases demonstrated that victim issues were properly addressed. Similarly, work with offenders on increasing their awareness of the impact of their offending on victims was evident in only 50% of cases. In the follow-up inspection we found that victim issues featured in only 27% of cases and increasing offender awareness of their impact on victims in 33%.
- During the ESI there was evidence in 91% of cases that work and resources had focused on community reintegration issues. In the follow-up this was assessed as sufficient in only 47% of cases.
- In 42% of the follow-up cases supervisors were motivating offenders and reinforcing the work undertaken by others. This was again a reduction from the original figure of 80% reached in the ESI. Interventions challenging offenders to accept responsibility for their offending was demonstrated in 46% of cases although in the original ESI that took place in 58%. Liaison with others providing interventions was apparent in 90% of the ESI cases reviewed whereas in the follow-up we found that liaison was sufficiently carried out in only 41%.
- There was still very little evidence of MAPPA action plans or action plans from other risk management meetings or child protection conferences being integrated into supervision plan reviews.

**Conclusion:** *We assessed the area as having undergone a significant decline in performance against all aspects of the criterion.*

C3	Diversity needs	Original inspection	92%
		Follow-up inspection	49%

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.*

- Literacy and dyslexia had been appropriately addressed in only 33% of relevant follow-up cases compared with 75% in the ESI. We also found only limited evidence of basic skills assessments being done.
- Arrangements for interventions satisfactorily took race and diversity issues into account in only 40% of cases, and the delivery of interventions was sensitive to them in 73%. Both had been achieved in all cases in the original ESI.

**Conclusion:** *Further improvement was needed to ensure that basic skills assessments were completed on all relevant offenders and that race and diversity issues were taken into consideration when making arrangements for and delivering interventions.*

C4	Responsivity	Original inspection	63%
		Follow-up inspection	64%

Description:

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

- In the follow-up sample there was evidence in 53% of cases that consideration had been given to the methods likely to be most effective, as opposed to the original ESI score of 75%.
- There had been an improvement in the quality of pre-release work and whether it took into account the assessment of risk and need, the offender's motivation and their capacity for change. This was assessed as satisfactory in 75% of cases, against 50% in the ESI.

**Conclusion:** *We assessed the area as demonstrating improved performance in relation to the quality of pre-release work. More attention needed to be focused on the methods most likely to be effective with offenders.*

C5	Management of risk of harm	Original inspection	58%
		Follow-up inspection	39%

Description:

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

- In only 40% of cases was the level of intervention commensurate with the assessed risk of harm, compared with 91% in the ESI.
- There had been a change in the risk of harm in six of the follow-up cases. This had been satisfactorily identified and managed in only a third of them.
- Where an inter-agency risk management plan had been produced, these were assessed as satisfactory in 67% of the follow-up cases. This was an improvement on the ESI when the score had been only 13%. However, plans were executed satisfactorily in only 17% of cases, against an ESI score of 38%. None of the follow-up plans had been satisfactorily reviewed.
- Case managers were appropriately involved in child protection arrangements in only 40% of relevant cases.
- Management oversight of the case was evident in 25% of the follow-up sample. Although a small improvement from the original ESI, this was still far from satisfactory.
- Home visits had taken place in 75% of relevant follow-up cases, whereas in the ESI home visits had occurred in 92% of cases.

**Conclusion:** *We assessed the area as still needing to make substantial improvements against most aspects of the criterion.*

## THE ROLE OF HMI PROBATION

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

### Home Office Objectives

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

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

### Role

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

### Code of Practice

HMI Probation aims to achieve its purpose by:

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

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

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