



HM Inspectorate of Probation

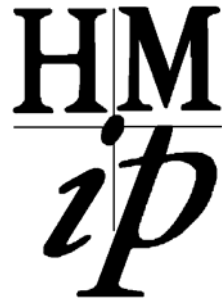
Effective Supervision Inspection

of the
National Probation Service for
England and Wales

Follow-up report on:
Hertfordshire Probation Area

2005


Home Office



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Home Office

FOREWORD

- In November 2003 our original Effective Supervision Inspection raised a number of concerns about standards of management and practice within Hertfordshire Probation Area. We advised that a follow-up inspection would take place in November 2004, involving a similar analysis of a comparable sample of offenders.
- However, we were conscious that some of the remedial actions undertaken by the area might not yet show through in our standard follow-up inspection case sample, i.e. cases starting in February 2004. Hence, for this inspection, we undertook in addition a second sample of cases starting in September 2004.
- We found that Hertfordshire's Board and senior managers had responded with considerable energy to our report of a year ago, despite hearing some difficult messages and realising that considerable work was needed to bring about improvement. A full action plan had been drawn up and the area had, by and large, held itself to task for this work. In addition, it had made good use of our offer to help disseminate understanding of the inspection criteria among their middle and case managers.
- Alongside this, the Board and senior managers have also assisted me in my exercise to produce a report on the costs and benefits of an inspection, which I am producing as a separate report.
- Broadly, we found in the February sample of cases similar problems to those of a year ago. It was perhaps not surprising that assessments carried out in February 2004 had not improved, but it was disappointing that interventions delivered between February and November 2004 were not noticeably better than before. However, in the September sample there were some significant signs of improvement, which we find encouraging. Nevertheless, we remain concerned about the management of risk of harm in particular, where even in the September sample the work scored less well.
- The challenge for the area now is two-fold:
 - to complete the improvement in management of risk of harm, and
 - to ensure that the quality of effective supervision of all cases in Hertfordshire is raised to the level starting to be evident in the September sample.

Andrew Bridges
HM Chief Inspector of Probation

January 2005

ACKNOWLEDGEMENTS

We would like to express our thanks to the Hertfordshire 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
ARP	Area Review Panel
CO	Chief officer
CP	Community punishment
CPO	Community punishment order
CRAMS	Case Record Administration and Management System
DTTO	Drug treatment and testing order
ECP	Enhanced community punishment
eOASys	electronic Offender Assessment System
ESF	European Social Fund
ESI	Effective Supervision Inspection
HACRO	Hertfordshire Association for the Care and Resettlement of Offenders
HMI Probation	HM Inspectorate of Probation
IDAP	Integrated Domestic Abuse Programme
ISP	Initial supervision plan
LRMP	Local Risk Management Panel
LSC	Learning and Skills Council
LSI-R	Level of Service Inventory-Revised
MAPPA	Multi-Agency Public Protection Arrangements
MAPPP	Multi-Agency Public Protection Panel
NOMS	National Offender Management Service
NPD	National Probation Directorate
NPS	National Probation Service
OASys	Offender Assessment System
OGRS2	Offender Group Reconviction Scale
PAGS	Probation Accommodation Grant Scheme
PSO	Probation service officer
PSR	Pre-sentence report
QAM	Quality assurance manager
SFO	Serious further offence
SMART	Specific, Measurable, Achievable, Realistic and Time-bounded
SMT	Senior Management Team
SPO	Senior probation officer
SPR	Supervision plan review
SRM	Senior resource manager
SSR	Specific sentence report

REASONS FOR UNDERTAKING THE FOLLOW-UP

- There were a number of concerns highlighted in the original ESI of 2003. These were summarised in seven recommendations from the main inspection, and one from the thematic element on domestic violence:

The Probation Board should ensure that:

- 1. middle and senior managers work more effectively together so that policies are fully implemented*
 - 2. a robust monitoring system be put in place to confirm that all staff and managers receive consistent supervision and appraisal*
 - 3. value-for-money reports are completed on a regular basis on all organisations working in partnership with Hertfordshire, and contracts properly enforced*
 - 4. an urgent review of risk assessment and management procedures be carried out, encompassing an audit of staff training needs, the delivery of training on risk, domestic violence and child protection, and a process review of ARPs and MAPPA*
 - 5. OASys is relaunched and a quality assurance system implemented*
 - 6. a higher profile be given to the management of high risk of harm cases, including middle and senior managers' roles in their oversight*
 - 7. case managers deliver offending behaviour and victim awareness inputs in a more structured and focused way, adhering to the requirements of national standards for supervision planning and review.*
 - 8. (the area) develops and implements effectively a domestic violence harm reduction strategy aimed at improving the quality of domestic violence work in Hertfordshire.*
- The final recommendation was not followed up as it did not form part of the core ESI. However, domestic violence issues did feature in some of the general work looked at relating to high risk of harm offenders.

OVERALL SUMMARY

Key findings

- **Quality of Management:** The SMT had been fully staffed for a year and had been working with considerable energy. There was a tangible refocus on performance issues, well established at Board and SMT level, and beginning to develop at middle manager and practitioner level. This had resulted in enhanced performance against NPD targets in 2004/2005, though some key aspects still required attention. The working relationship between senior and middle managers had improved somewhat, with clearer role boundaries and some promising work on common agendas. However, continuing work was needed if a shared management dynamic was to be fully bedded in. Work had not been progressed as rapidly as hoped to implement an effective model for offender supervision. We noted that PSOs were not currently case managers – a situation which could usefully be reviewed if the benefits of the PSO resource were to be maximised. There was evidence of a stronger commitment to prioritising high risk of harm work. Unfortunately, however, resources had not been reallocated fully or speedily enough to address serious deficits in the standard of work with such offenders. The area had successfully addressed problems with staff supervision and appraisal, with tangible benefits such as practitioners and managers being better supported. There had been encouraging progress in relation to contract enforcement as part of Hertfordshire's partnership arrangements, with useful steps taken towards scrutiny of the qualitative aspects of service delivery. There continued to be good liaison with sentencers, though PSR timeliness represented a challenge.
- **Quality of Assessment:** The quality of assessment of likelihood of reoffending had improved considerably, greatly aided by the reimplementing of OASys. This had also had a positive impact on the quality of documentation on case files. Morale and confidence were increasing in relation to risk of harm assessment, but there remained serious gaps in the knowledge and skills needed by practitioners and managers to do this work well. Although awareness in relation to domestic violence was improving, work with sex offenders and in relation to child protection cases was unsophisticated in some instances. Supervision planning fell short of the required standard and failed to integrate related assessments and information from other agencies.
- **Quality of Interventions:** CP offenders were being worked regularly and stood down only in exceptional circumstances. There remained a positive approach to diversity and responsiveness issues. Enforcement was generally good, with breach being actioned appropriately where relevant. However, there was less confidence about the recall of licencees, and about generally managing attendance with a view to reducing risk of harm. Other systems for good risk of harm management were not working as they should. The area's MAPPAs were not functioning well enough, with LRMPs overloaded with cases, MAPPAs not focusing sufficiently on action points, and staff still unclear as to the distinct levels and categories within MAPPAs. There was still not enough attention being given to offending behaviour and victim awareness issues, and the inspection results for supervision planning and review were disappointing. There was undoubtedly a link between this lack of a robust commitment to planning and review and the need for better supervision of high risk of harm cases.
- **Quality of Initial Outcomes:** There had been some increased use of outcome and exit data in the area. Performance data were being regularly disseminated at centre and team meetings, as well as being actively used by managers and Board members. Reconviction rates for this inspection were significantly better than in the original. There remained a need to work towards more sustainable community reintegration links and to evidence reduction in risk of harm much more broadly.

Next steps

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

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

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 Hertfordshire follow-up inspection took place in one week. It comprised inspection of 60 case files, interviews with the case managers of these offenders, and interviews with other workers significantly involved in the cases. Interviews were also undertaken with the CO, Directors, Board members, middle managers, partnership agencies, and those involved in MAPPA.
- The case sample was split as follows: 30 cases matched the usual ESI profile, i.e. were live cases at the point of selection and had commenced (been sentenced or released from custody) approximately nine months prior to the inspection (February 2004). Sections B, C and D of ESI were applied to these cases. The other 30 cases represented much more recent practice, having commenced in September 2004. Section B and most of Section C of the inspection were applied to these cases. Two workshops were held with the case managers of this latter sub-sample, in order to clarify and reinforce the ESI requirements.

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 offenders in the case sample. A numerical score is calculated for each of these criteria.
- CPOs were not included in the sample for the follow-up inspection, and neither were interviews undertaken with offenders. In order to promote comparability between the two inspections, the original scores have been revised allowing for the removal of these two elements. These adjusted scores for each criterion are shown in brackets immediately after the original ESI score. A score is then given for the sub-sample of cases which commenced in February 2004, followed by the score for the sub-sample which began in September 2004. Inevitably, because of the lack of outcome data (Section D) in the September sample, it was not possible to compile an overall score for the September cases which could be directly compared to that of the original inspection or that of the February 2004 cases.

SCORING SUMMARY SHEET

Section A: Quality of management	Original Inspection	Follow-up Inspection
A1: Leadership and planning	Poor	Partly met
A2: Resource allocation	Partly met	Partly met
A3: Management and supervision of staff	Not met	Partly met
A4: Partnership/contracting out	Not met	Partly met
A5: Effective communication with sentencers	Partly met	Partly met

Section B: Quality of assessment	Original inspection score	(Adjusted score)	Feb	Sept
B1: Assessment of risk of harm	33%	(30%)	33%	79%
B2: Assessment of likelihood of reoffending	56%	(56%)	85%	99%
B3: Case management	50%	(46%)	42%	79%
B4: Documentation	66%	(60%)	70%	100%
Score for section B	49%	(46%)	56%	87%

Section C: Quality of interventions	Original inspection score	(Adjusted score)	Feb	Sept
C1: Managing attendance and enforcement	86%	(84%)	54%	89%
C2: Delivering appropriate supervision	64%	(63%)	62%	81%
C3: Diversity needs	77%	(75%)	84%	92%
C4: Responsivity	66%	(66%)	60%	100%
C5: Management of risk of harm	38%	(38%)	39%	73%
Score for section C	66%	(65%)	60%	86%

Section D: Quality of initial outcomes	Original inspection score	(Adjusted score)	February only
D1: Interventions are delivered with the desired outcomes	52%	(49%)	60%
D2: Improvements are sustainable	58%	(60%)	58%
D3: Outcomes of interventions are assessed and reviewed using available data	Not met		Satisfactorily met
D4: Interventions demonstrate value for money	73%	(69%)	69%
Score for section D	62%	(59%)	63%

OVERALL SCORE FOR SECTIONS B-D (excluding D3)	60%	(58%)	60%
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Quality of Management criteria

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

Quality of Assessment, Interventions and Initial Outcomes criteria

- A score is calculated for each criterion based on the reading of case files, interviews with case managers and contact with others significantly involved in the supervision.
- 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.

SECTION A QUALITY OF MANAGEMENT

A1	Leadership and planning	Original inspection	Poor
		Follow-up inspection	Partly met

Description:

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

- Data collected by the NPD for the period April to September 2004 on Hertfordshire's performance against the main Home Office targets are shown in the table below.

	Target	Hertfordshire	England & Wales average
Proportion of magistrates' courts PSRs prepared in 15 working days	90%	71%	78%
Basic skills: % performance against starts target	100%	101%	123%
Basic skills: % performance against awards target	100%	46%	114%
Accredited programme completions: % performance in relation to target	100%	153%	91%
Enforcement – breach taken where required within ten working days (all orders/licences)	90%	87%	81%
DTTO starts: % performance in relation to target	100%	87%	80%
DTTO completions: % performance in relation to target	35%	28%	33%
Sickness absence: average days absence	9 days	10.7 days	11.5 days
ECP: % performance against completions target	100%	216%	150%
Proportion of victims of serious sexual/violent offences (where offender sentenced to custody of 12 months or more) offered contact within eight weeks	85%	93%	93%
Proportion of appointments arranged in line with national standards	90%	80%	86%
Proportion of appointments attended in line with national standards	65%	65%	62%

- The area had performed well on accredited programme and ECP completions, and on victim contact. Basic skills starts also exceeded the national target and performance on enforcement

was now close to it. Improvements were still needed in PSR timeliness, basic skills awards and DTTO starts and completions. However, there had been a significant increase in the national targets in respect of the latter. Although performance in relation to arranging contact with offenders was below the target, it had been met for the appointments actually attended. Hertfordshire had also significantly improved its position on the NPD's weighted scorecard, moving from 39th at the time of the original ESI to its current position of 17th among the 42 probation areas.

- ESF funding and the implementation of the *Skills for Life* strategy were helping to enhance the area's basic skills performance. Managers were engaging positively with the LSC, providers, Job Centre Plus and the voluntary sector, e.g. through quarterly meetings of the Offender Employment and Skills Forum. Awareness training had been given to approximately 80 staff and Board members, and there was some evidence of increased staff ownership of this work.
- The CO, Directors and Board members had undertaken a programme of visits to the centres, increasing their visibility to staff. Directors routinely spent time in the centres, focusing on giving support to SPOs and had also, on occasion, delivered staff training.
- Hertfordshire had worked to improve its management of high risk of harm cases via a number of initiatives:
 - an analysis of staff and management training needs had taken place and a programme of training developed in response. It was regrettable that the take-up for some of this input had not been greater
 - a public protection database had been incorporated into CRAMS, removing the need for dual-entry case recording. Clear guidance had also been issued for MAPPA process recording within CRAMS
 - training on new MAPPA had been completed in September 2004 and improved procedures with the police put in place from June 2004
 - an independent audit of the MAPPA processes had been resourced, with the report due in November 2004
 - the MAPPA Strategic Management Board had also commissioned a case audit
 - under consideration was the creation of a victim awareness officer post by growth funding from 2005/2006 in order to enhance practitioners' work with perpetrators and promote victim safety
 - plans were in hand to bring the management of sex offender work broadly in line with the overall management of high risk of harm cases
 - a central register of SFOs was in operation.

Despite the above, high risk of harm practice remained unsatisfactory and some practitioners and managers still lacked the necessary skills and knowledge to manage dangerous offenders safely. This remained a concern, public protection being a core responsibility of every probation area.

- A domestic violence harm reduction strategy had been formally endorsed by the Board in July 2004 and an implementation plan for a domestic violence accredited programme approved at the same time. Practitioners championing this work had been appointed at three out of the four Hertfordshire centres.
- There was evidence that the need to improve the dynamic between middle and senior managers had been addressed directly in a number of ways, including at managers' meetings. Common agendas had been worked upon, including the management of underperformance. Middle managers now felt better supported and appreciated the increased visibility of senior

managers within the centres. There was also greater clarity from senior managers as to which issues were for report to middle managers and which were for consultation. Individual Directors were able to give good examples of changes they had made to their practices, which had led to improvements, but there was a need to share this good practice and ensure greater consistency. Despite some encouraging progress, there was not yet a feeling of shared management between senior and middle managers. Some of the latter were still not confident about expressing their opinions at management meetings, fearing they would not be heard. There was also a need to integrate fully the role of SRMs within the management tier.

- Role boundaries between senior and middle managers had been revisited and there were some very tangible instances where a clearer understanding was being worked out well. For example, the area’s workload agreement had resulted in a number of unallocated PSRs. As it was senior managers who managed the agreement, it was now they rather than colleague SPOs who liaised with sentencers if this caused problems in the court setting.
- Hertfordshire had undertaken joint work with Essex Probation Area in relation to improving policy implementation. One of the products of this had been a tracking document to be used for ensuring follow-through of action from the point a policy document or circular was received to its point of ultimate implementation. Whilst the efficacy of this tool had yet to be fully tested, it was evidently assisting the CO in particular to ensure reliable action on key policies. The Board also demonstrated a good understanding of the ‘building-block’ approach to policy implementation.
- Senior managers and the Board had progressed the development of a much more comprehensive business risk register, based on a new national template, and a more refined system of risk prioritisation. This had contributed to a more identifiably strategic approach to the management of the area.
- The area had relaunched OASys, using the advent of eOASys as a springboard for further training. Systems for close monitoring of the quality of work had also been put in place. From the point of full eOASys implementation in September 2004, every practitioner had to have assessments countersigned by their SPO for a period of three months. Whilst this had put a heavy burden on middle managers, it had served to prioritise OASys and staff commitment to it was growing.

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

- The Yardstick workload management tool was being proactively used by senior managers who received a monthly report and were able to adjust resources to reflect trends. Additionally, the Yardstick had proved useful in scrutinising individual workloads in cases of underperformance so as to gain an accurate view of workplace pressures.
- The area was actively considering middle manager capacity and workloads, a concern which had been reflected in responses to the Staff Satisfaction Survey 2004/2005.
- In the light of the findings of the original inspection about the need for improvement to high risk of harm work, the importance of linking resources more explicitly to risk had been acknowledged. The area was moving to a semi-specialist case management model, grouping

staff in clusters and prioritising high risk of harm cases. It had also been hoped to use the model to address deficits in the quality of supervision planning and review and in interventions with offenders. However, despite very comprehensive guidelines for good case management having been drawn up in July 2004, there had been considerable delays to the model's full implementation and, at the time of the follow-up inspection, the final stages of implementation were further postponed until January 2005. Whilst the delay partly reflected changes to the national agenda, it left a number of concerns unaddressed within Hertfordshire in the interim. Some of the follow-up results reflected this and the area's own data also showed minimal improvement to ISPs and SPRs.

- Furthermore, the area had carried a MAPPP coordinator vacancy since July 2004 at a time when serious deficiencies had been identified in this aspect of its work. Latterly, a new post of MAPPP manager at a higher level had been agreed, to be jointly and equally funded by probation and police from 2005/2006. Whilst this post was to be welcomed, the delay in appointing to it meant that a valuable potential source of information and support – especially to middle managers – remained unavailable.
- Two programme manager posts, which had been newly-appointed at the time of the original inspection, had proved vital in enhancing the area's professionalism in relation to partnership arrangements. As well as beginning to hold partners to account, the managers were respected as responsive sources of support to the agencies concerned.
- The area was progressing in making better use of the PSO resource. Job descriptions and expectations had been tightened, and terms and conditions adapted to reflect the need for mobility and working unsocial hours. However, PSOs were still being underused as case managers. 92% of staff interviewed for the follow-up inspection were main-grade POs and only 2% PSOs.

A3	Management and supervision of staff	Original inspection	Not met
		Follow-up inspection	Partly met

Description:

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

- A helpful guide entitled *Managing Poor Performance* had been introduced and training in its use given to middle managers. The SMT had dealt diligently with some serious poor performance issues highlighted during the original inspection, putting performance improvement plans in place to lift standards, where possible, and pursuing disciplinary/capability routes if necessary. These factors had placed a clear renewed emphasis on the importance of quality performance.
- Encouraging progress had been made on staff supervision and appraisal. Clear instructions had been given that these should be routinely monitored, and their profile and priority had undoubtedly been raised within the area, including their regular appearance as agenda items at managers' meetings. Staff and managers reported significant benefits as a result of a renewed focus on supervision. Area figures as of August 2004 showed 59% of staff receiving monthly supervision, and 88% being supervised within the area guidelines of a projected pattern of eight sessions per annum. Disappointingly, only 59% of staff had received appraisals, although this was an improvement on the 33% at the time of the last inspection. Of staff interviewed for this inspection, 89% received monthly supervision, 11% bi-monthly supervision and in 64% of applicable cases appraisals had been received. Care

was being taken to provide supervision for staff who were working under an SPO vacancy, and Directors were now looking at the quality of supervision notes. Although further progress was needed, there was clear evidence that Hertfordshire had demonstrated considerable commitment to these issues.

- Performance appraisal reports included sections evaluating training received and highlighting future developmental needs for each individual. However, this information was not consistently being communicated to the training unit and therefore was not always adequately informing the area's staff development and training plan.
- The training unit had worked hard to plug the identified knowledge and skills gap evident in the original ESI in relation to high risk of harm work. However, the take-up for training had been neither sufficiently rapid nor full, and was done on an 'opt-in' basis rather than as a mandatory requirement. Some staff identified in the original inspection as underperforming in this area of work had not yet received the training they needed. It was to be rolled out again during the period December 2004-February 2005.
- Middle managers were clearly seen as lynchpins in bringing about improved performance. The SMT acknowledged that there was a need to make careful recruitment decisions, opting to cover vacant posts rather than feel forced into unwise appointments. There was encouraging evidence of Directors being proactive in setting down very clear lines of accountability with newly-appointed SPOs, explaining what was required of them and why, as well as how their performance would be monitored and supported. The format of management meetings had been adapted on some occasions to incorporate a workshop element given over to a training or developmental issue. A system of action learning sets had been relaunched, most meeting every two months and each set comprising both middle and senior managers.
- Hertfordshire had developed a system of health and safety assessments as an integral part of the process of policy implementation, e.g. eOASys. The results of the Staff Satisfaction Survey 2004/2005 showed improvement across a number of measures by comparison with the results of the survey conducted in December 2002. There remained concerns however about communication, workloads and stress levels.
- A written instruction format entitled *Management Requirement* had been launched by the CO in October 2004. This was with a view to clarifying the status of communications to staff from the SMT. It had been generally welcomed by middle managers who felt this format was helpful to them in relaying information to their teams.

A4	Partnership/contracting out	Original inspection	Not met
		Follow-up inspection	Partly met

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.

- The basic terms and conditions of partnership contracts had been regularly reviewed by the relevant Director and programme managers, and issues of concern raised, such as poor compliance by offenders in failing to keep appointments with drug or alcohol counsellors. There had also been consideration given to standardising contracts across the area. The reviews carried out were not yet comprehensive and focused primarily on target monitoring, e.g. seeking assurances that contracted hours were being worked, throughput rates met, and

accurate statistics supplied on time. Further to this, the area had approved a set of Best Value criteria, including diversity measures, and an improved system for monitoring contracts had been put in place in August 2004. This required monthly rather than quarterly reporting. A review of the new arrangements had been held in November 2004. It showed that it had not been possible to produce a complete set of data as some partnership agencies had not completed their Best Value returns as required. Whilst partnership agencies appreciated the clear framework, feeling it had helped them to refine their procedures and services, there was an ongoing need to hold them to task in providing the basic statistical returns being asked of them. The area had yet to develop clear processes for termination of contracts in case of underperformance issues.

- As a refinement to the contract review system, the area had identified a need to develop a tool which could evaluate the actual ‘quality’ of the interventions being delivered to offenders by partnership organisations. Area staff and partners were being asked to give written feedback on the efficacy of partnership arrangements via a questionnaire, although at the time of the inspection this had yet to be reported upon.
- There remained very limited provision for offender accommodation. High risk of harm offenders requiring residential supervision had to be placed outside the area. The local Criminal Justice Board had this issue on its agenda and it was hoped to progress it by holding a conference in conjunction with HACRO. In the meantime, the area continued to hold meetings twice a year with the former PAGES-funded bodies for informal liaison.
- There had been no change to the partnership provision specifically targeted at minority ethnic offenders, although volunteer mentoring arrangements were still available if needed. All agencies were also now being asked to submit race and ethnicity data relating to their workers.
- The Board had exercised keen and helpful oversight of value-for-money issues. Its partnership committee had evolved into a partnership contract advisory committee in May 2004, working on behalf of the Board. Members demonstrated a high level of awareness and knowledge about partnership issues and partners had valued this input.

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

- The area had conducted a sentencer satisfaction survey, in respect of PSRs written, during a four-week period in April/May 2004. Generally the results of this were very positive, with no reports being judged as poor. However, some need for improvement was identified in sharpening the conclusions of reports and making clearer proposals. 23% of proposals were felt to be unrealistic, and in 51% of cases the PSR proposal was taken up by the court. There were also some anomalies in concordance rates for minority ethnic and female offenders, although sample sizes were small.
- A comprehensive and detailed handbook had been produced in September 2004, outlining court procedures to be followed in Hertfordshire courts.

- Despite coming very close to the 25% target for use of SSRs, the area had problems with allocating reports and, as a consequence, had recorded poor PSR timeliness figures. At the time of the follow-up inspection there was about to be a three-month pilot in the Mid-Herts Centre focusing on the rapid issuing of PSR appointments to offenders and involving the review and improvement of court staffing arrangements.

SECTION B QUALITY OF ASSESSMENT

B1	Assessment of risk of harm	Original inspection	33% (30%)
		Follow-up inspection	Feb 33%; Sep 79%

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 30% of the cases commencing in February 2004 had had satisfactory risk of harm assessments at the start of supervision, with a further 27% being deemed poor. Of these cases just 10% had adequate risk of harm reviews every 16 weeks, and only 20% of cases were reviewed satisfactorily after a significant incident that might give rise to concern. Of the high risk of harm cases in the February sample, just 20% were assessed adequately at point of commencement, 10% were adequately reviewed every 16 weeks and none were properly reviewed following a significant incident. Of the September 2004 sample, 80% had had satisfactory assessments at the beginning, and 71% of applicable cases were properly reviewed after a significant incident. Encouragingly, all the high risk of harm cases in the September sample were assessed to a sufficient standard at the beginning, and had had adequate risk of harm reviews following significant incidents.
- Across the whole sample, 80% of cases were assessed as demonstrating a close match between the interventions planned and the assessed risk of harm. This ranged from 63% on the February sample to 97% on that for September.
- In just 20% of the February high risk of harm cases had a satisfactory risk management plan been completed within five working days. This improved to 67% in the September sample.
- Appropriate management involvement at the assessment stage was seen in none of the February start cases deemed to be at high risk of harm. In the September sample this rose to 67%.

B2	Assessment of likelihood of reoffending	Original inspection	56% (56%)
		Follow-up inspection	Feb 85%; Sep 99%

Description:

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

- Following its relaunch, OASys was being widely used and generally being seen as a helpful tool by practitioners. This had helped to improve performance considerably in this aspect of assessment work. Criminogenic factors were being more comprehensively considered.
- The content of the assessment of likelihood of reoffending was appropriate to the needs of the case in 70% of the February and in 96% of the September start samples.

B3	Case management	Original inspection	50% (46%)
		Follow-up inspection	Feb 42%; Sep 79%

Description:

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

- Whilst in 83% of the September cases initial plans conformed to national standards requirements, this was true of only 27% of the February ones, with a third of them being deemed poor. In relation to high risk of harm cases, 75% of the ISPs in the September sample met national standards, contrasted with only 20% of those in the February one.
- Some Hertfordshire staff had been given access to a booklet entitled *OASys SMART Objectives*, produced elsewhere in the region, and promoting the use of these objectives in supervision plans and reviews. Whilst fully SMART objectives were seen in ISPs in just 27% of the February start cases, this had increased to 50% of the September starts.
- Appropriate interventions had been identified for offenders in 57% of the February and 100% of the September cases. The figures for high risk of harm cases were 20% and 100% respectively, indicating a growing match between what was being planned for offenders and their risk of harm levels.
- The ISP was sensitive to diversity issues in 63% of the February and in 96% of the September cases.
- Steps had been taken to make sure the offender understood the requirements of their supervision in 63% of the February and 97% of the September cases. Plans were communicated to the offender so that they could participate in the planning process in 67% of the February and 97% of the September cases.
- Risk management plans had been integrated into ISPs in only 10% of applicable February cases and in 33% of September ones. This indicated a worrying continuing separation of high risk and MAPPA work from the overall supervision of cases.
- There was a need to define more clearly liaison responsibilities with other workers in 76% of the February and 24% of the September cases.

B4	Documentation	Original inspection	66% (60%)
		Follow-up inspection	Feb 70%; Sep 100%

Description:

All relevant documentation is available and has been satisfactorily completed.

- 73% of the February starts had case records which were well organised and complete; this applied to all of the September starts. Recording was clear and sufficient in all of the September cases and in two-thirds of the February ones. This spoke of a more professional approach to casework.
- Directors and SPOs were making more entries onto case records. However, there was insufficient detail in some of these as to action points arising from discussions with case managers.

GOOD PRACTICE EXAMPLE

The area had encouraged its managers to improve their entries onto case records by creating a specific CRAMS code indicating case discussion or management input had taken place.

SECTION C QUALITY OF INTERVENTIONS

C1	Managing attendance and enforcement	Original inspection	86% (84%)
		Follow-up inspection	Feb 54%; Sep 89%

Description:

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

- In February 2004 the area had issued new comprehensive guidance in relation to enforcement procedures and staff roles within them. Administrative staff had been charged to produce a variety of exception reports highlighting, for example, failures to send timely warning letters or record acceptability decisions. Managers were able to use these to hold staff to account and identify repeated underperformance. The area's performance as measured by NPD had been improving significantly. Weaknesses which were identified in the follow-up inspection appeared to relate largely to lack of a home visit in some cases, and to the timeliness of some stages of breach rather than its appropriate actioning. Also, frequency of reporting did not always match risk of harm levels, e.g. in 60% of the February high risk of harm cases. This had improved to 25% of the September high-risk starts. Attendance was monitored adequately by the case manager in 70% of the February and 90% of the September cases, and appropriate decisions were made about absences in 68% of the former and 91% of the latter.
- The rate of CP stand downs had improved, with some offenders being worked fortnightly rather than instructed to attend weekly only to risk being sent home. Young offenders or those considered vulnerable in any way were prioritised for 'weekly' instructions. Generally offenders were no longer being sent home because of overbooking onto work parties, but occasional supervisor non-availability led to cancellation of work sessions. Recruiting sufficient supervisors remained a challenge for the area although CP managers continued to be creative in their efforts to attract suitable staff.
- Appointment frequency met national standards, supervision objectives and risk of harm considerations in only 30% of the February cases, but rose to 83% for the September ones. In breaking down these data, one of the reasons for national standards not being met was the lack of a home visit within the required timescale in 73% of the February and 29% of the September cases.
- It was pleasing that only 3% of the February cases showed any evidence of the offender having ever 'signed in' when reporting rather than seeing a probation member of staff. There were no instances of this in the September sample.

C2	Delivering appropriate supervision	Original inspection	64% (63%)
		Follow-up inspection	Feb 62%; Sep 81%

Description:

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

- Appropriate interventions were felt to have been delivered to offenders in 57% of the February and 83% of the September cases. This reduced to 10% and 75% respectively for high risk of harm cases.
- Additional requirements on orders/licences were adequately implemented in 79% of all cases.
- The case manager was considered to have motivated the offender and reinforced the work undertaken by others in 59% of the February and 91% of the September cases. There was good liaison with others delivering interventions in 56% of the February and in 95% of the September samples.
- In only 13% of the February cases were the supervision plan objectives satisfactorily reviewed at least every 16 weeks, and in just 27% of these were SMART objectives set at review points. Only 10% of applicable cases showed sufficient evidence of MAPPA plans being incorporated at the review stage.
- There was evidence of offenders being challenged to accept responsibility for their offending in 60% of the February and 72% of the September cases. Pre-programme work was delivered reliably and made for helpful preparation for offenders going on to Think First. However, there were delays in accredited programme starts in 59% of cases across the sample. This was marked in high risk of harm cases in the September sample, none of whom had begun a programme within the required timescale.
- Community reintegration issues were satisfactorily tackled in 72% of the February and 92% of the September samples.
- Victim issues were properly addressed in 47% of the February cases and work to raise offender awareness of the impact of the offence on the victim was evident in 46% of these. In the September cases the figures were only slightly better at 55% and 52%. In relation to high risk of harm cases, victim issues were properly covered in just 20% of the February sample – a particularly disappointing result - and in 75% of the September one.

C3	Diversity needs	Original inspection	77% (75%)
		Follow-up inspection	Feb 84%; Sep 92%

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 needs were adequately addressed in 75% of the February and 81% of the September cases.

- In all the September cases and 80% of the February ones sufficient attention had been paid to diversity issues.

C4	Responsivity	Original inspection	66% (66%)
		Follow-up inspection	Feb 60%; Sep 100%

Description:

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

- 63% of the February sample showed that appropriate attention had been paid to offender responsivity issues; this was so in relation to all the September cases.
- In only 30% of the February licences was the pre-release work consistent with the offender's needs, risk and motivation. This increased to 100% for the September cases which was an encouraging result.

C5	Management of risk of harm	Original inspection	38% (38%)
		Follow-up inspection	Feb 39%; Sep 73%

Description:

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

- Whilst case managers had generally begun to attend MAPPPs, the arrangements were still not working as intended, with a lack of clarity as to the levels and categories and too many cases being dealt with particularly at Level 2 (LRMP). This had led to a lack of specific focus on those 'critical few' cases representing the highest risk of serious harm to the public.
- There was insufficient evidence that the learning from panel meetings at both Level 2 and Level 3 was being captured and shared. Action points were not being recorded clearly enough in every case or followed up thoroughly.
- The area had worked extremely hard to raise the profile of domestic violence casework and the police were more typically linked in to these cases than had previously been apparent. Staff were benefiting from the training accompanying the roll-out of IDAP.
- There was a lack of sex offender practitioners sufficiently equipped to manage these demanding cases. Additionally, not all SPOs were confident that they had the knowledge and skills required to oversee sex offender work and felt they would benefit from training in this area.
- Interventions delivered matched the risk of harm assessment in 63% of the February and 97% of the September cases. Home visits had been carried out in a third of the February high risk of harm cases and two-thirds of the September ones.
- Changes in risk of harm had been identified and managed satisfactorily in just 29% of applicable February cases and in 56% of applicable September cases.
- Probation staff were appropriately involved in child protection arrangements in only 25% of the February cases. Although this rose to 75% for the September sample, it remained a concern that practitioners did not prioritise child protection issues sufficiently.
- In only 10% of applicable February cases was an inter-agency risk management plan produced to a satisfactory standard. This applied to 50% of applicable September cases.

- Management oversight was adequate in none of the February high risk of harm cases and in two-thirds of the September ones.
- Appropriate action had not been taken swiftly enough (e.g. recall of a licencee) in response to public protection concerns in 60% of the applicable high risk of harm February cases. There were no cases requiring such action in the September sample.

GOOD PRACTICE EXAMPLES

In the Mid-Herts Centre a specialist high risk of harm cluster of staff were receiving weekly visits from a local police officer for case discussion, sharing of information, and support in managing dangerous offenders.

A monthly Sex Offender Forum was being run by the Regional Sex Offender Manager, offering staff opportunities to discuss cases and seek advice. Although this was a relatively new initiative, there were signs that it was beginning to be used well.

SECTION D
QUALITY OF INITIAL OUTCOMES
only)

(NB *February* start cases only)

D1	Interventions are delivered with the desired outcomes	Original inspection	52% (49%)
		Follow-up inspection	60%

Description:

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

- Although OASys was being utilised more reliably, rescoring was not yet being done at an interim stage.
- Only 7% of offenders in the sample had been convicted of a new offence since the start of their supervision. This rose to 10% of high risk of harm cases.
- The criminogenic factors identified most commonly across the sample were thinking skills, relationships and employment. Progress against the principal criminogenic need in each case was demonstrated in 57% of the sample. There was evidence of positive change in attitude, beliefs and behaviour in 43% of cases and of a reduction in risk of harm in 20%. Risk of harm was felt to have been successfully contained in 50% of the high risk of harm cases.
- There had been an improvement in community ties and social circumstances in half the cases scrutinised, and evidence that learning outcomes had been applied in 46%.

D2	Improvements are sustainable	Original inspection	58% (60%)
		Follow-up inspection	58%

Description:

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

- Attention had been paid to long-term community reintegration issues in 54% of cases inspected.
- In half of cases involvement with mainstream organisations had been satisfactorily established with a view to offender needs being addressed beyond the end of supervision.

D3	Outcomes of interventions are assessed and reviewed using available data	Original inspection	Not met
		Follow-up inspection	Satisfactorily met

Description:

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

- The area had begun to elicit written feedback from its own staff and from partnership workers on the quality of partnership arrangements and the interventions delivered to offenders by these means.
- SPOs described making good use of the quarterly performance reports they received. They found these user-friendly and accessible and regularly communicated their contents through the medium of team meetings.

- Results from offender questionnaires delivered at point of exit from ECP were being used well. Text comments were being collated and statistical trends actively monitored by QAMs and used with CP staff in quality assurance meetings. Scenario work was used to explore the exit data, learning points were clearly recorded and improvements made to practice as a consequence. Diversity issues featured regularly on the agenda of these meetings.
- There was still negligible use made of other outcome and reconviction data, although the Board had begun to consider how it could make use of emerging OASys data such as information about criminogenic needs.

D4	Interventions demonstrate value for money	Original inspection	73% (69%)
		Follow-up inspection	69%

Description:

Interventions are delivered with efficient and appropriate use of resources.

- Resources were matched to the offender’s risk of harm in 66% of cases, and to likelihood of reoffending in 75% of cases. This fell to 20% and 50% respectively for high risk of harm cases.
- Resources had been used efficiently in 66% of cases and in 50% of high risk of harm cases. There was some evidence of the under use of PSOs in the case management role.

GOOD PRACTICE EXAMPLE
<p><i>John was a domestic violence perpetrator whose case manager, Pauline, correctly identified his high level of motivation to change. In the absence of a domestic violence programme, she worked with him on an individual basis, keeping him on weekly reporting, and using material focusing on power and control issues to challenge his offending. She used incidents experienced by John as a child to communicate how his partner and children might feel as victims of his offences. Pauline also persisted in accessing for John mental health and drug treatment in the community. This was successful and was to continue beyond the end of supervision. There had been no reports of domestic abuse during the order and there was evidence of a positive change in attitudes and behaviour.</i></p>

THE ROLE OF HMIP

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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