



HM Inspectorate of Probation

AUDIT OF ACCREDITED PROGRAMMES

West of Midlands Region of the
National Probation Service for
England and Wales

*Level 3 Follow-up Report on:
West Midlands Probation Area –
Drink Impaired Drivers*

February 2004

Acknowledgements:

We are grateful for the cooperation of staff from the West Midlands Probation Area in completing this follow-up audit.

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Glossary

ACO	Assistant chief officer
CATO	Case Administration Tool
CO	Chief officer
DIDs	Drink Impaired Drivers
HMIP	HM Inspectorate of Probation
IAPS	Interim Accredited Programmes Software
IQR	Implementation Quality Rating
N/A	Criteria not assessed
NPD	National Probation Directorate
OASys	Offender Assessment System
PSR	Pre-sentence report
SPO	Senior probation officer

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Scoring Approach:

The criteria for the delivery of accredited programmes have been divided into four sections. These sections, and the overall weighting assigned for each section, are as follows:

Committed leadership and supportive management	20%
Programme management responsibilities	30%
Quality of programme delivery	30%
Case management responsibilities	20%

Each criterion is scored as **Fully Met** (2 marks), **Largely Met** (1 mark) or **Not Met** (0 marks).

The scoring summary sheet at the end of this follow-up report shows the marks awarded for each criterion – for those criteria designated as Mandatory (see Performance Standards Manual) the mark given is doubled. This denotes the critical impact these criteria have on the effective delivery of programmes.

The marks awarded for each section are shown and then expressed as a % by dividing the total number of marks scored by the maximum available, and multiplying by 100. Section B has been divided into seven sub-sections for ease of scoring.

To determine an area's IQR, the scores for each section are multiplied by the appropriate factor to take account of the relevant weightings given above. The % totals for each section are then added together to give the IQR.

For this follow-up audit, those criteria that were fully met on the original audit have not been re-assessed. The marks awarded then have therefore been carried over. The only exception to this relates to those criteria that are informed by video monitoring scores (see C1.1-C1.3). Revised scores have been awarded for these criteria based on up-to-date video monitoring scores.

Overview:

- DIDs was originally audited in October 2002. The area achieved an IQR of 39% which resulted in a level 3 follow-up audit undertaken in November 2003.
- The follow-up audit comprised the following elements: assessment of advanced information; video monitoring of 11 recorded DIDs sessions; examination of 30 case files; and interviews with senior and middle managers, programme tutors and case managers.
- Only those criteria not fully met at the original audit have been reassessed and new marks awarded. The bullet points under these criteria refer to the progress made since the original audit.

Findings:

Senior managers had taken positive action to address the recommendations of the audit and improve performance in the delivery of the DIDs programme. A great deal of effort had been made by the CO and ACOs to raise the profile of the programme resulting in greater staff knowledge and ownership.

A comprehensive document 'Programmes Portfolio' had been developed and was available to all staff on Lotus Notes. Although case managers were more confident in their knowledge and understanding of the programme, it was disappointing to note the relative lack of progress in case management practices. Supervision plans often lacked SMART objectives integrating the programme within the overall plan of work for the offenders and did not effectively address post-programme reviews. Case manager contact and support for offenders during the programme showed little improvement since the original audit.

The role of treatment manager was now well established and staff were clear as to their roles and responsibilities. Job descriptions reflected relevant competencies. Additional support had been provided to the programme by the appointment of an administrator and security staff. Together with the increase in the number of trained DIDs tutors and the routine allocation of three members of staff to each programme, disruption to sessions and lack of preparation and debrief time had been resolved.

Treatment managers displayed a high level of consistency in the assessment of tutor delivery skills with a close correlation between their scores and those of area assessors. There were significant improvements in the quality and frequency of tutor supervision, which was reflected in the improvement in practice skills. Supervision notes were comprehensively completed and there was a clear link to the appraisal process. The video monitoring results demonstrated that tutors were delivering sessions to a satisfactory standard.

A research and information strategy had been implemented with the result that research, data collection and circulation of performance information to staff occurred in a timely and structured way. A number of local systems had been developed prior to the introduction of IAPS 3.3 and e-OASys.

Timeliness of commencements and the recording of reasons for delay merited further attention. Offender leaflets now complied with programme requirements and practice guidelines ensured that staff were clear about their responsibilities in terms of providing information to offenders.

Programme schedules and records reflected consistency in tutor continuity and confirmation that contingency arrangements to cover absences were working effectively.

The area had provided diversity training for all staff and issues were regularly discussed during supervision sessions and team meetings. However, video monitoring showed that tutors did not address inappropriate comments by offenders with the necessary confidence. The race and gender of offenders allocated to the programme was closely monitored and information recorded. A research project into the literacy and numeracy needs of offenders had been undertaken.

A number of improvements had been made to the group work accommodation at delivery sites; however, problems with the size of rooms and disabled access remained.

Next Steps

West Midlands Probation Area achieved a revised IQR of **70%**.

This audit follow-up report and the IQR will be received by the Correctional Services Accreditation Panel in March 2004.

SECTION A: COMMITTED LEADERSHIP

Recommendation(s) from the original audit which relate to this section.

The CO should ensure that the area:

- *promotes the full implementation of DID's through additional training for new and existing staff including context setting events for senior managers (A1.1);*
- *expedites the appointment of treatment managers so that individual tutor performance and objectives are regularly addressed and reviewed (A1.2);*
- *provides all staff with relevant feedback on programme performance and sets out how this information should be used to improve practice (A1.3).*

- ▶▶ ***Fully met:** The area had developed a communication strategy to raise the profile of the programme across all staff groups. A DID's case management training programme had been implemented which had resulted in improved programme knowledge.*
- ▶▶ ***Fully met:** Treatment managers were now in place and were clear about their roles and responsibilities. Supervision of tutors effectively addressed delivery skills and performance. Job descriptions were linked to relevant competencies.*
- ▶▶ ***Largely met:** A comprehensive research and information strategy had been implemented which resulted in the timely communication of relevant information to all staff groups. Case manager contact and support for offenders on the programme showed little sign of progress. Although closer scrutiny of the referral process was undertaken, the pattern of referrals remained inconsistent.*

A1.1 Committed leadership

2

- A comprehensive communication strategy, designed to support the strategic aims of the business plan and raise the profile of accredited programmes, had been developed. This was reflected in greater awareness and ownership of DID's amongst staff groups.
- Performance reports containing detailed programme information and analysis were submitted to senior managers for discussion and scrutiny. Senior and divisional management minutes evidenced close monitoring and operational oversight of DID's.
- The Programmes Division Business Plan for 2003/2004 set specific targets and priorities for accredited programmes, including training for newly appointed staff, allocations/referrals, timeliness of commencements, quality of programme delivery and end of programme reports. Senior managers monitored performance of individual members of staff.
- A total of 28 tutors were now trained to deliver DID's.

A1.2 Management structures

2

- The appointment of six treatment managers had resulted in a more consistent approach to tutor supervision, assessment of programme skills and communication of programme issues across the area.
 - The area had produced an organisational chart for the programmes division outlining lines of accountability and responsibility.
-

- Job descriptions for all programme staff and case managers, linked to competencies drawn from the national management manual, had been introduced. All postholders were clear about their roles and responsibilities.
- Senior managers had prepared plans to deal with increased capacity. This included recruitment of additional staff, more flexible working arrangements, use of peripatetic tutors and standardised administration procedures.
- The ACOs responsible for programmes and field operations worked closely together, including attendance at case management development group meetings, ensuring a coordinated and corporate approach to relevant issues and demonstrating a joint responsibility at senior management level. This was reinforced by steps to improve collaboration by locating the two groups of staff in close physical proximity. Pairing arrangements between SPOs programmes and case management existed and individual members of delivery staff acted as liaison officers with specific divisions.

A1.3 Staff ownership of the accredited programme

1

- Senior managers had taken positive steps to ensure relevant information was circulated amongst all staff groups and staff confirmed this in interview.
- Programme and treatment managers had liaison responsibilities with individual divisions in order to communicate information and improve knowledge of DIDs amongst their colleagues. Delivery staff were also involved in team meetings across the area.
- A newsletter *A Guide to Programmes* outlining information on allocation, suitability and attrition had been circulated to all members of staff.
- Comprehensive information relating to DIDs and other accredited programmes, including targeting, suitability, roles and responsibilities of staff and wording of conditions, was available in a 'Programmes Portfolio' file on Lotus Notes. Case managers and PSR authors stated that they made regular use of the document, which was user-friendly and informative.
- Case manager attendance at review meetings and general levels of contact with offenders whilst on the programme remained inconsistent.
- A total of 65 members of staff had attended DIDs case management training during 2002/2003. Half-day events had also been held for PSR authors.
- Case management team events included discussions on achieving programme objectives, training and other related issues.
- A sampling exercise to examine various aspects of the programme revealed that suitable offenders were not always allocated, inconsistent allocation amongst case management teams, delays in commencement and gaps in pre-programme work. The findings had informed strategic planning decisions, changes to policy and procedures, performance monitoring of individual staff members and raising the profile of the programme.

A1.4 Effective communication with sentencers

2

Criterion fully met at original audit.

SECTION B: PROGRAMME MANAGEMENT RESPONSIBILITIES

Recommendation(s) from the original audit which relate to this section.

The CO should ensure that the area:

- *improves the quality of group work delivery facilities particularly the physical environment and the provision of 'break out' rooms (B1.1);*
- *implements systems in all case management teams so that missed programme appointments are promptly and consistently dealt with (B2.1);*
- *puts in place external support during programme delivery so that tutors do not have to leave the group work room and ensures that back-up arrangements are such as to enable sufficient preparation time (B2.2, B3.3);*
- *commences offenders on the programme within the required time limits (B2.4);*
- *provides all prospective tutors with sufficient information prior to the assessment centre and operates the DID's selection process correctly (B3.1);*
- *improves staff knowledge of the theoretical and evidential basis of both programmes (B4.5).*

- ▶▶ *Partly met: Although improvements had been made to several sites, problems in relation to room sizes and disabled access remained.*
- ▶▶ *Fully met: The area had developed practice guidelines covering attendance and enforcement supported by an electronic system. Senior managers closely monitored enforcement information.*
- ▶▶ *Fully met: The production of a programme timetable, the routine allocation of three tutors to each group and the appointment of support staff had resolved issues identified in the original audit.*
- ▶▶ *Not met: Offenders still faced significant delays to programme commencement, with reasons for delays not consistently recorded in case files.*
- ▶▶ *Partly met: Selection and deselection policies had been developed and were available to all staff. However, information received by potential tutors remained variable.*
- ▶▶ *Partly met: Case managers and PSR authors had been provided with training and comprehensive guidance to aid their understanding and knowledge of DID's. Staff were more confident about their roles and responsibilities. However, tutors did not display the same level of confidence.*

B1.1 Resources and facilities

1

- The area property strategy, approved by the Board in July 2003, recognised the need for further improvements to group work facilities. Progress was dependent on availability of funding.
- Problems were still evident at certain delivery sites in terms of access for disabled offenders and availability of 'break out' rooms.
- Video storage and security arrangements were satisfactory.

B1.2 Provision of information leaflets about the programme

2

- DID's leaflets for offenders had been revised and contained a general outline of the programme, duration and attendance requirements. Reference was made to diversity issues and a complaints procedure.
- Leaflets containing all relevant programme information had been circulated to sentencers.

- Programme information was not always provided to offenders if a short format report was prepared by court staff prior to sentence. However, case managers described how relevant information and leaflets were provided to offenders at initial interviews. This was confirmed by offenders interviewed during the course of the audit.

B2.1 Managing attendance

2

- The area had increased the number of trained tutors and delivered sessions during the evening and at weekends in order to achieve programme targets. However, considerable delays existed between the start of the order and commencement of the programme.
- A total of 105 offenders completed the programme during 2002/2003 (83% of area target). During the period April-September 2003, 63 offenders completed the programme (42% of area target for 2003/2004). Although 139 offenders were allocated to the programme during the latter period, monthly allocation rates varied in number (16-34) and between divisions.
- Comprehensive practice guidance notes on enforcement and case manager responsibilities to reduce attrition were contained in the 'Programmes Portfolio' document. Offender attendance and absence were well managed by case managers and programme staff.
- The area had developed an electronic enforcement system (CATO). This took the form of a computerised diary system which facilitated automatic tracking and enforcement of appointments. The system also provided management information at officer and team level to enable performance to be monitored and timely action to be taken to address problems.

B2.2 Avoidance of cancellation or disruption to sessions

2

- A DID's timetable and calendar had been circulated across the area showing group start times and delivery sites resulting in more consistent programme scheduling.
- Three tutors were routinely allocated to each programme and sessions were delivered at the required frequency. There was no evidence of disruption or cancellation of groups.
- The area had appointed a group work assistant and receptionist/security guards to prevent disruption to tutor preparation and delivery of sessions.
- The 'Programmes Portfolio' contained practice guidelines on catch-ups, lateness and the role of the third tutor.
- Programme registers and discussions with staff demonstrated that sessions were rarely cancelled.

B2.3 Catch-up sessions/Attendance

2

Criterion fully met at original audit.

B2.4 Timeliness

0

- In only three of 30 cases (10%) had offenders commenced the programme within a month of the order. In 22 of the remaining cases no reason for delay was recorded.
- A number of offenders interviewed during the audit had waited up to six months to commence the programme.

- Examination of waiting lists at the time of the audit showed that of 41 offenders waiting to start the programme, 40 had waited over a month for a psychometric test. The period of time since commencement of the order averaged 3.25 months.
- Records showed that there was often a time delay between orders made at court and information reaching the programme unit.

B3.1 Staff selection

1

- The 'Programmes Portfolio' document contained deselection procedures and information for prospective tutors regarding selection, training and supervision. However, some tutors had received more information than others prior to application. A number stated that they had not been fully aware of the requirements of the assessment centre and initial training.
- There was no structured induction programme following initial training, with tutors tending to rely on the support of more experienced colleagues to provide information and advice.

B3.2 Staff roles and competencies

2

- A job description for treatment managers had been produced and incorporated the competency requirements of the national management manual. Postholders were clear as to their roles and responsibilities.
- Training and comprehensive practice information contained in the 'Programmes Portfolio' provided case managers with clear guidance as to the tasks and functions associated with offender attendance on the programme. Staff demonstrated a greater confidence and understanding of their role, which had not been apparent at the original audit.
- A DID's practitioner group was held every two months to address all aspects affecting the management and delivery of the programme.

B3.3 Preparation and debriefing time for tutors

2

- Tutors were allocated the required time for preparation and debriefing.
- Delivery staff confirmed during interview that they had sufficient time both pre- and post-session to complete programme related tasks.

B3.4 Staff continuity

2

- The policy on tutor continuity was contained in the 'Programmes Portfolio' document and complied with the requirements of the Performance Standards Manual.
- Three tutors were routinely allocated to each group and continuity was maintained throughout the duration of a programme.
- Programme schedules clearly showed which tutors had delivered each session.

B4.1 Training arrangements for new staff

2

- DID's staff were now in possession of all the required material to enable them to deliver the programme effectively.
- Tutors were given the required core training prior to delivering their first programme. Training records were maintained for all staff.
- Treatment managers had accessed national training and HMIP area assessor training.

- Development needs were identified in supervision and appraisal documentation.
 - Newly appointed staff were paired with experienced colleagues and received additional supervision sessions with treatment managers.
- B4.2 New staff paired with an experienced colleague when running their first programme** N/A
- Criterion not assessed at original audit.*
- B4.3 Training arrangements for experienced staff** N/A
- Criterion not assessed at original audit.*
- B4.4 Staff knowledge of the concepts and methods used in the programme** 2
- The 'Programmes Portfolio' document contained comprehensive programme information and outlined the responsibilities of case managers and PSR authors. This information reinforced training events provided for these staff groups.
 - Programme staff made presentations to staff groups and attended team meetings in all divisions to discuss referral policy, case management and the principles underpinning the programme.
 - Case managers had a broad knowledge of DIDs and the theoretical basis underpinning the programme and felt competent to carry out their responsibilities.
 - Tutors were confident in their knowledge of the objectives and methods used in the programme.
 - DID's practitioner meetings were held on a regular basis to share best practice and improve knowledge and understanding of the programme.
- B4.5 Staff knowledge of the theoretical and evidential basis of the programme** 1
- Case managers and PSR authors demonstrated a thorough understanding of the theoretical and evidential basis underpinning the programme. Tutors were less confident and stated that further information would help their understanding and improve delivery skills.
 - The evidence base for using cognitive-behavioural approaches with offenders was accepted and understood by case managers.
 - Information gained from offender feedback surveys was seen by case managers as positive reinforcement of the benefits of the programme for offenders.
- B4.6 Supporting skills necessary to run programmes** 2
- A series of motivational interviewing training events were being provided for tutors and case managers. Training in presentation and group work skills was also available to staff.
 - The Programmes Division Business Plan for 2003/2004 incorporated accredited programmes training and the development needs of tutors.
 - DID's tutors reported that they had access to a range of supplementary training provision, including counselling skills and diversity.
-

- Video monitoring forms reflected development needs of programme staff. There was some evidence of improvement in delivery skills.
- Programme and treatment managers and tutors were clear as to the links between staff development, appraisal and how these were integrated into the area training planning process.

B5.1 Staff supervision and quality of practice

2

- Two regional events had been held for treatment managers to examine their roles and responsibilities and develop a regional treatment management strategy in response to HMIP audits.
- The quality, reliability and consistency of supervision were evident. Treatment managers had established a framework for supervision in accordance with national requirements.
- Supervision notes were detailed and helpfully identified strengths and areas for improvement, demonstrating that treatment managers were practice focused.
- Tutors agreed that supervision sessions assisted their development with a clear focus on practice skills.
- Scores in the three sections of the video monitoring forms showed increasing congruence between area assessors and treatment managers suggesting more accurate assessment of tutor performance locally.

B5.2 Staff appraisal

2

- All staff received annual appraisals in line with area policy. Sample appraisal reports confirmed that appropriate attention was given to the relevant competency framework.
- Tutor deselection procedures were outlined in the 'Programmes Portfolio' document.
- Treatment managers fed back information verbally about tutor performance and supervision notes were routinely passed to line managers. Tutors were clear as to the link between supervision and the appraisal process.

B6.1 Offender selection and assessment

2

Criterion fully met at original audit.

B6.2 Offender knowledge and understanding of the programme requirements

2

- In 25 of 30 cases (83%) programme requirements had been communicated to offenders both verbally and in writing. In the remaining five cases (17%) one explanation had been provided.
- A sample contract was present in the majority of files.
- Offenders confirmed that they had adequate knowledge prior to starting the programme and spoke positively about DID's during interview.

B6.3 Group size

2

Criterion fully met at original audit.

B6.4 Accessibility of group work programmes

2

- The Area Business Plan for 2003/2004 contained an objective to create strategies to meet the diversity needs of staff and offenders in relation to women offenders, age, disability and sexual orientation.
- In groups of mixed race or gender consideration was given to appropriate staffing and to individual support for offenders. Coventry was the only site to deliver the programme to women offenders.
- The 'Programmes Portfolio' document contained practice guidelines covering diversity issues in relation to programme delivery. These included policy on singleton placements and the need for treatment managers to focus on responsiveness and diversity in supervision sessions and whilst monitoring tutor delivery.
- Information on the gender, race and ethnicity of offenders attending the programme was recorded and monitored. During the period April-September 2003, 23% of offenders were black or Asian.
- In the file reading exercise diversity issues had been promptly identified, effectively managed and appropriate support provided in three of six relevant cases (50%). In two of the remaining cases some consideration and support had been given.
- The area delivered programmes in the evening and at weekends to meet the needs of employed offenders.
- Diversity issues were actively discussed in team meetings and supervision sessions.

B7.1 Implementation of monitoring and evaluation design

2

- A comprehensive research and information strategy had been developed for the programmes division. The purpose of the strategy was to ensure that a clear and defined structure was in place for all types of research, evaluation and information produced within the division.
- The ACO programmes was responsible for the project board overseeing the implementation of IAPS and e-OASys. In the interim period the area had developed local systems to record and monitor issues relating to programmes. The CATO system was an effective tool for staff to manage attendance and enforcement.
- There was greater use of research and sampling exercises to examine particular areas, e.g. attrition and referrals. The area had undertaken research into the extent of the literacy and numeracy needs of offenders, which resulted in the simplification of programme material.
- Data in respect of the number of offenders starting the programme, drop-outs and completions were collected on a monthly basis and circulated to all staff groups.
- The area business plan focused on the requirements to complete NPD monitoring returns.

B7.2 Practice is informed by monitoring and evaluation evidence

2

- There was evidence of evaluation and analysis of data to inform policy and practice, e.g. programme allocation, attrition and meeting the literacy and numeracy needs of offenders. A policy document addressing attrition rates on programmes had been circulated and incorporated into the 'Programmes Portfolio'.
- Managers and staff regularly discussed programme monitoring information and performance reports.

- Treatment managers had made significant progress in monitoring the quality of programme delivery and using this information to improve standards.
- Use was made of the NPD project 'Performance Improvement Action Teams' to promote best practice.
- Offender feedback surveys were collated and information discussed by programme staff to improve delivery skills and address problems.
- Staff felt well informed about area performance and demonstrated their knowledge in interview.

SECTION C: QUALITY OF PROGRAMME DELIVERY

Recommendation(s) from the original audit which relate to this section.

The CO should ensure that the area:

- *raises the standard of tutor delivery of the programme (C1.1, C1.2, C1.3);*
- *fully implements area guidance on diversity in the delivery of the programme to provide informed choice for offenders (C1.4).*

▶▶ *Partly met: There was some improvement in the standard of delivery. The inter-rater reliability between treatment managers and area assessors was excellent.*

▶▶ *Partly met: Tutors had received diversity training and regularly discussed issues in supervision and team meetings. Information from offender feedback enhanced these discussions. However, evidence from video monitoring showed that inappropriate comments by offenders were not challenged on a consistent basis.*

C1.1 Adherence to programme manual

1

- Programme material was covered in the correct order and no inappropriate extras were added.
- Although exercises were explained properly, problems with timing remained with some elements taking too long whilst others were shortened.
- Insufficient attention was given to the checking out of offenders' learning.

C1.2 Adherence to treatment style

1

- Awareness of responsivity issues was demonstrated by the appropriate use of language and examples.
- Learning points were effectively summarised and reflected back to the groups.
- Tutors listened carefully to offenders and allowed time for them to answer the questions posed.
- Opportunities to elicit self-motivating statements were overlooked and the use of open questions was inconsistent.
- More work was needed by tutors in challenging anti-social and offence supporting views effectively.

C1.3 Group work skills

1

- Delivery staff were clearly spoken and used appropriate language.
- Tutors involved all group members in programme sessions. There was good use of non-verbal encouragement for offenders to participate.
- Co-working skills and handovers required further development. Greater effort was needed to make timely interventions where appropriate and give mutual support when dealing with disruptive or difficult offenders.

C1.4 Programme delivered addressing race equality and diversity issues

1

- Diversity training had been provided to all programme staff.
- Diversity issues were a standard agenda item in the supervision of tutors and at team meetings.
- The case file reading exercise demonstrated that appropriate and effective responses to diversity issues had been made in three of the six relevant cases (50%). In a further two cases some attention had been given to these issues.
- Tutors did not effectively challenge inappropriate offender comments on a consistent basis.

C1.5 Programme integrity checklist

2

- Programme integrity checklists were completed by tutors following each session.
- Tutor self-assessment of performance was used in treatment manager reviews and contributed to their practice and skills development.
- A standardised session feedback form, which recorded offender attendance and engagement, was forwarded to case managers following each session.

C1.6 End of programme summary reports

1

- Reports now contained sections covering assessment of risk and relapse prevention information.
- Identification of remaining treatment needs and targets was clear and relevant.
- Post-programme reports were not generally received or read prior to the three-way meeting.
- The application of reports to subsequent planning of offender supervision was inconsistent.

SECTION D: CASE MANAGEMENT RESPONSIBILITIES

Recommendation(s) from the original audit which relate to this section.

The CO should ensure that the area:

- *schedules and conducts three-way review meetings for offenders completing the DIDs programme (D1.2) ;*
- *strengthens the role of case managers during the programme to achieve appropriate contact with offenders and reinforce their learning (D1.3).*

▶▶ *Not met: Case managers did not attend three-way meetings on a consistent basis.*

▶▶ *Not met: Although practice guidelines had been implemented, the role of case managers in making proactive contact with offenders and reinforcing learning was not established.*

D1.1 Initial supervision plan sets relevant objectives for the offender

1

- The programme was either fully or partially integrated into the overall plan of supervision in 21 of 30 cases (70%).
- SMART objectives were evident in 16 of 30 cases examined (53%).
- Information from assessment tools had been incorporated into the supervision plan in 26 of 30 cases (87%).
- Supervision objectives were reviewed on a regular basis in 20 of 30 cases (67%).

D1.2 Effective liaison arrangements between the case manager and programme staff

1

- During the course of the programme there was limited contact by case managers with offenders unless specific problems arose.
- Case managers attended three-way meetings in 19 of the 30 cases examined (63%).
- Case records showed that tutors regularly updated case managers as to offenders' progress on the programme.

D1.3 Supporting the offender through all phases of the programme

0

- Guidance for case managers clearly described their roles and responsibilities before, during and after the programme.
- Pre-programme work was recorded in 20 of 30 cases (67%).
- There was evidence of ongoing work to address offender problems in 13 of 18 relevant cases (72%). However, in only eight of 18 cases (44%) did case managers take all reasonable proactive steps to promote the attendance, engagement and compliance of offenders on the programme.
- In only three of 30 cases (10%) were there examples of reinforcement of learning by case managers.
- There was an increased level of ownership of the programme by case managers who were more familiar with session content.

D1.4 Understanding and knowledge of programme methods

2

- A training needs survey of case managers involved in the programme had been undertaken to establish development requirements.
- Knowledge and understanding of programme methods amongst case management staff showed considerable improvement.
- The 'Programmes Portfolio', which outlined the programme and case manager responsibilities, was familiar to staff interviewed who recognised the value of the information contained in the document.
- In 2002 a total of 29 staff had received DIDs case manager training; this had increased to 36 in 2003. Further training was planned.

D1.5 Monitoring of attendance and enforcement

2

- Programme attendance was monitored consistently in 26 of 30 cases (87%).
- Timely enforcement action was taken in eight of 11 relevant cases (73%).
- Offenders understood the consequences of failing to attend.
- Area policy on enforcement was clearly understood by programme staff and case managers.

D1.6 Documentation

1

- Only eight of 30 files examined (27%) contained all the required information. A further 20 files (67%) had most of the relevant documentation.

D1.7 End of programme review

0

- The case file reading results showed that in only 11 of 25 cases (44%) had the post-programme report influenced the supervision plan review.
- In only one of 24 relevant cases (4%) did the supervision plan review contain SMART objectives.
- There was evidence of attention to community reintegration issues in 13 of 21 relevant cases (62%).

D1.8 Reinforcement and relapse prevention work

N/A

Criterion not assessed at original audit.