



HM Inspectorate of Probation

# AUDIT OF ACCREDITED PROGRAMMES

South-East Region of the  
National Probation Service for  
England and Wales

*Level 2 Follow-up Report on:  
Surrey Probation Area –  
Enhanced Thinking Skills*

July 2003

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## Acknowledgements:

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

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## Glossary

ACO	Assistant chief officer
CCTV	Closed circuit television
CO	Chief officer
CRAMS	Case Record Administration and Management System
ETS	Enhanced Thinking Skills
HMIP	HM Inspectorate of Probation
IQR	Implementation Quality Rating
IT	Information technology
N/A	Criteria not assessed
NPD	National Probation Directorate
OASys	Offender Assessment System
OGRS	Offender Group Reconviction Scale
PSR	Pre-sentence report
TPO	Trainee 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:

<b>Committed leadership and supportive management</b>	<b>20%</b>
<b>Programme management responsibilities</b>	<b>30%</b>
<b>Quality of programme delivery</b>	<b>30%</b>
<b>Case management responsibilities</b>	<b>20%</b>

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:

- The audit of Surrey's ETS programme took place in March 2002. The area achieved an IQR of 55% which resulted in a level 2 follow-up. This was undertaken in May 2003.
- The follow-up audit comprised: an assessment of advanced information; and a two day site visit during which 35 case files were read and interviews with staff conducted. Eleven videotapes of ETS sessions were scored by area assessors in order to rate the quality of delivery.
- 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:**

Following the original audit Surrey prepared strategic review papers in April and May 2002. A 'programmes project' was set up in May with a remit to improve the number of completions. In September 2002 an action plan was approved by the Board, which listed ten priorities based on the recommendations and areas for improvement identified in the audit report. As a result of work undertaken in pursuit of those priorities, most recommendations had been either fully or largely met, with improved scores being achieved in all four sections of the follow-up report.

Staff ownership, knowledge and understanding of ETS had progressed. Senior managers recognised that even though case management staff and PSR writers had benefited from practice fora workshops, delivered by programme staff, there was still a need to provide formal briefing events. There was also more work to be done in relation to increasing PSR proposals for ETS, supervision planning and review, setting SMART objectives, reinforcing learning and community reintegration.

Programme management scores had increased reflecting greater attention to staffing issues. Significant progress had been made in the quality of programme delivery due to the development and consolidation of the knowledge and skills demonstrated by programme staff generally and tutors in particular. As a result, the area had achieved considerable improvement. Further progress was still to be made with regard to timeliness and the area had yet to benefit from scheduling surgeries for psychometric tests.

## ***Next Steps***

Surrey Probation Area achieved a revised IQR of **81%**.

This audit follow-up report and the IQR will be received by the Correctional Services Accreditation Panel in Autumn 2003.

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**SECTION A: COMMITTED LEADERSHIP**


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

*The CO should ensure that the area:*

- *delivers additional briefing events to staff who have not yet attended (A1.3).*

▶▶ **Not met:** Although non-operational and support staff who played a role in ETS implementation had received What Works briefings, Surrey had yet to deliver similar events to all PSR writers and case management staff.

**A1.1 Committed leadership**

2

*Criterion fully met at original audit.*

**A1.2 Management structures**

2

*Criterion fully met at original audit.*

**A1.3 Staff ownership of the accredited programme**

1

- A presentation on accredited programmes was included in the induction of all new staff.
- Although one or two members of staff expressed reservations about the referral process, PSR writers and case managers expressed a greater sense of ownership of ETS, especially those who had seen for themselves the impact on programme completers.
- Proposals for ETS and the number of orders made continued at a relatively low level, although the area had exceeded its programmes completions target. Senior managers recognised there were problems with regard to referrals and ETS recommendations and had conducted a PSR sampling exercise. The resultant action plan agreed by the Board led to a range of measures being undertaken. These included automatic referral of offenders who fell within the target band, training on programme referral forms and the targeting matrix and scheduling practice fora for all grades of staff.
- Case files showed increased contact between case managers and offenders during the programme. Attendance at post-programme review meetings had also improved.

**A1.4 Effective communication with sentencers**

2

*Criterion fully met at original audit.*

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## SECTION B: PROGRAMME MANAGEMENT RESPONSIBILITIES

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

*The CO should ensure that the area:*

- *improves targeting practice and the timeliness of commencements of offenders on ETS (B2.4, B6.1);*
- *provides access to ETS for women offenders and raises staff awareness of its revised policy for minority ethnic offenders (B6.4);*
- *takes forward its review of data collection and monitoring arrangements to inform performance and the development of a project plan (B7.1).*

- ▶▶ **Largely Met:** Surrey's PSR/Case Management Manual was updated to include a revised referral form, clearer guidance on offender eligibility and suitability and information on sequencing. Programme coordinators were appointed and specifically trained to administer psychometric tests. A pilot of fortnightly evening surgeries for testing was carried out in January 2003 from one centre and subsequently rolled out from all the delivery sites in April 2003. A schedule of tests was in place for each centre until December 2003.
- ▶▶ **Fully met:** Area policy had been revised which now stated that women and minority ethnic offenders could be offered places on the programme, provided they made an informed choice to do so.
- ▶▶ **Largely met:** A programmes project set up in May 2002 incorporated improvements needed with regard to monitoring and evaluation arrangements. Subsequently, meetings were convened specifically to review progress and changes. Contact had been made with two probation areas outside the region to look at their systems. An IT information systems manager had been appointed who was playing a key role in liaising between programme staff and the quality and performance unit for further developments.

### B1.1 Resources and facilities

2

- In early October 2002 microphones had been repositioned at each delivery centre and in two sites new CCTV observation systems had been installed.
- The sound quality of three sessions observed by area assessors was poor but they predated the relocation of recording equipment.

### B1.2 Provision of information leaflets about the programme

1

- There were two types of offender leaflet, neither of which addressed cultural or wider diversity issues.
- A separate customised leaflet for use by sentencers had yet to be produced.

### B2.1 Managing attendance

2

*Criterion fully met at original audit.*

<b>B2.2</b>	<b>Avoidance of cancellation or disruption to sessions</b>	<b>1</b>
	<ul style="list-style-type: none"> <li>Staff said sessions had been occasionally cancelled, citing as one example a particular daytime group when offender numbers had been low. Short notice tutor sickness had resulted in an evening session cancellation when a back-up colleague was already committed to delivering another group at the same time. Overall, there was a commitment on the part of programme staff to avoid cancellations as far as possible.</li> </ul>	
<b>B2.3</b>	<b>Catch-up sessions/Attendance</b>	<b>2</b>
	<ul style="list-style-type: none"> <li>The case file read demonstrated that attendance on catch-up sessions was being clearly and routinely recorded.</li> <li>Tutors involved in session delivery provided catch-ups if they were available, otherwise a third tutor did this.</li> </ul>	
<b>B2.4</b>	<b>Timeliness</b>	<b>0</b>
	<ul style="list-style-type: none"> <li>Of the 35 cases reviewed, 14 (40%) had commenced the programme within one month of the order being made. This was not an improvement on the original audit, when half of the cases reviewed had started within the month.</li> <li>In three cases reasons for delay were recorded, but in the remaining 18 files (51%) there was no explanation.</li> </ul>	
<b>B3.1</b>	<b>Staff selection</b>	<b>2</b>
	<i>Criterion fully met at original audit.</i>	
<b>B3.2</b>	<b>Staff roles and competencies</b>	<b>1</b>
	<ul style="list-style-type: none"> <li>Competencies for tutors did not reflect those outlined in the national management manual, particularly in relation to demonstrating knowledge of ETS and the ability to adhere to programme manual and treatment style.</li> </ul>	
<b>B3.3</b>	<b>Preparation and debriefing time for tutors</b>	<b>2</b>
	<i>Criterion fully met at original audit.</i>	
<b>B3.4</b>	<b>Staff continuity</b>	<b>2</b>
	<ul style="list-style-type: none"> <li>Timetables showed that three tutors were assigned to each programme. Where possible, all were introduced to participants at the beginning of groups.</li> <li>Programme records confirmed that a good level of staff continuity had been achieved.</li> </ul>	
<b>B4.1</b>	<b>Training arrangements for new staff</b>	<b>2</b>
	<i>Criterion fully met at original audit.</i>	

<b>B4.2</b>	<b>New staff paired with an experienced colleague when running their first programme</b>	<b>2</b>
	<ul style="list-style-type: none"><li>• Due to the stability of the tutor group, newer colleagues and TPOs were paired with experienced staff.</li></ul>	
<b>B4.3</b>	<b>Training arrangements for experienced staff</b>	<b>2</b>
	<i>Criterion fully met at original audit.</i>	
<b>B4.4</b>	<b>Staff knowledge of the concepts and methods used in the programme</b>	<b>2</b>
	<ul style="list-style-type: none"><li>• PSR writers and case management staff demonstrated a sound knowledge and awareness of ETS concepts and methods and gave examples of how they used this in work they undertook with offenders.</li></ul>	
<b>B4.5</b>	<b>Staff knowledge of the theoretical and evidential basis of the programme</b>	<b>2</b>
	<i>Criterion fully met at original audit.</i>	
<b>B4.6</b>	<b>Supporting skills necessary to run programmes</b>	<b>2</b>
	<i>Criterion fully met at original audit.</i>	
<b>B5.1</b>	<b>Staff supervision and quality of practice</b>	<b>2</b>
	<i>Criterion fully met at original audit.</i>	
<b>B5.2</b>	<b>Staff appraisal</b>	<b>2</b>
	<i>Criterion fully met at original audit.</i>	
<b>B6.1</b>	<b>Offender selection and assessment</b>	<b>1</b>
	<ul style="list-style-type: none"><li>• Offender selection was based on OGRS 2 scores. Twenty-two cases reviewed were within the correct target band (63%). Eleven cases fell outside the band (31%) with ten of those attracting scores higher than 74 but with no additional structured work identified.</li><li>• Two files did not contain any OGRS 2 score.</li></ul>	
<b>B6.2</b>	<b>Offender knowledge and understanding of the programme requirements</b>	<b>0</b>
	<ul style="list-style-type: none"><li>• In 23 cases examined (66%), the requirements of the programme had been communicated to the offender either in writing and/or verbally. Copies of contracts in files were more evident compared to the original audit.</li><li>• There were 14 files (40%) where there was no record of a verbal or written explanation given to offenders.</li><li>• Only ten files (29%) showed that requirements of the programme had been explained both verbally and in writing on two separate occasions after sentence.</li></ul>	

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<b>B6.3</b>	<b>Group size</b>	<b>2</b>
	<i>Criterion fully met at original audit.</i>	
<b>B6.4</b>	<b>Accessibility of group work programmes</b>	<b>2</b>
	<ul style="list-style-type: none"><li>• Staff showed awareness of the revised policy on singleton placements and were clear that women and minority ethnic offenders participated on the basis of informed choice and after signing a consent form.</li><li>• An announcement about the changed policy was included in the August 2002 area newsletter.</li></ul>	
<b>B7.1</b>	<b>Implementation of monitoring and evaluation design</b>	<b>1</b>
	<ul style="list-style-type: none"><li>• After three unsuccessful attempts to fill a vacancy created in 2000 a suitable candidate had been appointed as an IT information systems manager, taking up the post in January 2003. Although programme staff continued to collect and analyse performance information, senior managers planned to use the expertise of the new IT colleague to provide a strategic overview.</li><li>• It was also recognised that the quality and performance unit had a contribution to make with regard to converting collected data into information that could be used for performance monitoring and planning. To that end, the new manager was involved in discussion groups with the programmes team.</li></ul>	
<b>B7.2</b>	<b>Practice is informed by monitoring and evaluation evidence</b>	<b>2</b>
	<i>Criterion fully met at original audit.</i>	

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## SECTION C: QUALITY OF PROGRAMME DELIVERY

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

*The CO should ensure that the area:*

- *gives greater attention to the quality of programme delivery (C1.2, C1.3);*
- *enables staff to develop their skills in delivering ETS to women offenders and minority ethnic offenders (C1.4).*

*The NPD should ensure that:*

- *a post-programme report format, which explicitly addresses the areas of risk assessment and likely scenarios for relapse, is provided (C1.6).*

- ▶▶ **Fully met:** Evidence from video monitoring showed improvements in adherence to the programme manual, treatment style and group work skills. The inter-rater reliability between treatment managers and area assessors scores was good, although there was evidence that treatment managers' scores were less generous than those of HMIP assessors.
- ▶▶ **Fully met:** All tutors had attended diversity training and the inclusion of women and minority ethnic offenders in groups had provided a broader experience of delivering programmes to those offenders. The increased level of tutor confidence in dealing with race equality and wider diversity issues was reflected in video monitoring scores and their interview responses.
- ▶▶ **Not met:** Although the NPD had yet to revise the format, Surrey had sought to meet this criteria by including risk assessment and likely relapse scenarios in the 'application of skills' sections of post-programme reports. In the examples read, however, it was not evident that this was being done.

### C1.1 Adherence to programme manual

2

- Material was covered in the right order with no additions of inappropriate extras.
- Exercises were set up and run correctly, with tutors providing clear explanations. Sessions and exercises generally ran to time.
- Aims and objectives were met but on occasions tutors did not sufficiently check out offender learning so that, although the overall assessment of this aspect of delivery was satisfactory, it attracted the lowest scores.

### C1.2 Adherence to treatment style

2

- Use of open questions continued to be a tutor strength, as did listening to and allowing for answers.
- Points made by offenders were summarised and reflected back and there was evidence of tutors encouraging participants to make links between exercises and sessions.
- There were good examples of attention being paid to responsiveness issues. Furthermore, tutors were more proactive in challenging discriminatory or anti-social views.
- Self-motivating statements were not consistently elicited from group members.
- In some sessions tutors still demonstrated a tendency to tell and explain instead of encouraging offenders to validate their own ideas.

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**C1.3 Group work skills**

2

- Tutors demonstrated appropriate verbal style and language.
- Groups were well managed.
- There was an improvement in the way exercises were introduced and explained and greater clarity with regard to learning objectives.
- Good use was made of praise.
- Tutors worked well together and this was modelled in positive and supportive behaviour within sessions. More attention was needed concerning handover issues.

**C1.4 Programme delivered addressing race equality and diversity issues**

2

- ETS managers and delivery staff were alert to issues of race equality and wider diversity and gave examples of the range of support provided to offenders. These included adapting material within accepted limits, assisting offenders with literacy difficulties and checking out in advance group members who might present racist or sexist views when there were plans to offer a place to a female or minority ethnic offender.

**C1.5 Programme integrity checklist**

1

- Records showed that after most sessions tutors were completing self-evaluation forms and staff confirmed this. Due to the nature of the administrative system for storing programme paperwork, it was not possible to establish whether every session was evaluated. Both the programme and a newly appointed treatment manager recognised this was a difficulty and consideration was being given to changing the system.

**C1.6 End of programme summary reports**

1

- The timescale for producing reports was between four to six weeks. Copies were made available to case managers one or two weeks prior to review meetings, although in some cases there were delays due to tutor illness.
- Most case managers spoke positively about the reports and confirmed receiving them in advance of reviews. Where there had been late completions copies were still available on the day of a meeting. Whilst some case managers described parts of sections as being ‘jargonistic’, they nonetheless regarded the reports as being useful.
- Risk assessment and likely scenarios for relapse were not routinely addressed in summary reports.

## SECTION D: CASE MANAGEMENT RESPONSIBILITIES

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

*The CO should ensure that the area:*

- *integrates the programme into supervision planning and review, and develops staff skills in writing SMART programme related objectives (D1.1, D1.7);*
- *improves liaison arrangements between programme and case management staff (D1.2);*
- *implements its procedures to support offenders through all phases of the programme including motivational work and reinforcement of learning (D1.3);*
- *equips all staff responsible for case management with sufficient information and knowledge to enable them to fulfil their responsibilities satisfactorily (D1.4).*

- ▶▶ **Largely met:** The area had made some progress in integrating the programme into supervision planning. Managers acknowledged that there was outstanding work with regard to supervision plan reviews, but envisaged that once OASys was established there would be a discernible improvement. Practice fora had been introduced and scheduled to run throughout the remainder of the year which were intended to develop staff skills in writing SMART objectives. An ETS information sheet was circulated to all staff and included guidance on what constituted SMART objectives.
- ▶▶ **Fully met:** There was a significant improvement in liaison arrangements between programme and case management staff. Specific CRAMS codes had been designed to facilitate clearer recording of communications. The area had also devised a system of mid-programme reviews which required the attendance of the offender, case manager and tutor.
- ▶▶ **Largely met:** Procedures to support the offender through all phases of the programme had been implemented and a mock audit had demonstrated a measure of improvement. This was reflected in the follow-up case file review where progress was identified with regard to preparatory and ongoing work. Reinforcement of learning was still an area that needed to be addressed.
- ▶▶ **Largely met:** Formal briefings for all case management staff had still to be provided. However, practice fora and workshops had been run and programme managers and tutors were active in attending team meetings and making themselves available for consultation.

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

1

- In 35 files, 27 (77%) demonstrated that ETS was either fully or partly integrated into the overall plan of supervision. The same number of files evidenced that links had been made between the aims of supervision and risk assessments.
- SMART objectives were either fully or partly set in 23 cases (66%). Out of 30 applicable cases, 23 (77%) showed that objectives had been reviewed fully or partly.

- 
- D1.2 Effective liaison arrangements between the case manager and programme staff** 2
- In 31 of the 35 files (89%) there was evidence of liaison between case management and programme staff by way of e-mails, telephone contact and face-to-face meetings. In interviews both groups gave various examples of the ways in which they communicated with each other. There was a particularly positive reaction to the mid-programme reviews which were seen as a useful indicator of offender progress and an opportunity to encourage motivation.
  - In 19 applicable cases, 17 (89%) clearly recorded case manager attendance at the three-way post-programme review.
- D1.3 Supporting the offender through all phases of the programme** 1
- In interview staff referred to using the area's Case Management Manual and checklists for guidance when undertaking work with ETS offenders, although some said they would welcome more training on delivering pre- and post-group tasks. Having already identified this, programme staff had arranged workshops on post-programme reviews and future supervision planning in January, March and April 2003.
  - Just under half of the case files read showed that some preparatory work was carried out with offenders prior to the programme. Ongoing work during the programme was evidenced in 20 out of 25 applicable cases (80%) – a significant improvement on the original audit.
  - There was no evidence of reinforcement of learning in the majority of files.
- D1.4 Understanding and knowledge of programme methods** 1
- Knowledge and understanding of programme methods amongst case management staff were satisfactory. There was still a gap in the provision of formal briefings, however, evidenced by one officer who had been in post for several months and had not attended an event.
  - Other staff had supplemented their knowledge by consulting with programme staff who had either delivered workshops or provided inputs to team meetings.
- D1.5 Monitoring of attendance and enforcement** 2
- Criterion fully met at original audit.*
- D1.6 Documentation** 1
- Ten files (29%) contained all of the required information, while 21 (60%) contained some documentation.
  - The offender contract was most frequently absent.
- D1.7 End of programme review** 0
- There was very limited evidence in the seven completed files that post-programme reports had influenced supervision plan reviews and in only two cases were SMART objectives set.
  - Although there was some indication that attention had been paid to community reintegration issues, this was insufficient.
-

**D1.8 Reinforcement and relapse prevention work**  
*Criterion not assessed at original audit.*

N/A